

International Healthcare Systems

INTL - 442 - Section 81

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OFFICE HOURS:

MONDAY, TUESDAY, THURSDAY AND FRIDAY BY APPOINTMENT

COURSE GOALS:

The purpose of the course is to enable you to develop a framework for understanding and evaluating international health systems and the populations they serve. You will acquire this understanding through study of such topics as epidemiology, finance, organizational design, culture and ethics. This purpose will be attained through the following goals:

- a) Develop a framework for understanding major healthcare issues;
- b) Acquire a working knowledge of key facts and how to evaluate healthcare systems; and
- c) Develop a familiarity with the healthcare management literature.

These goals will be met through achievement of the objectives detailed at the beginning of each lecture session.

COURSE GRADING:

The purpose of grading is to assess how well you meet the goals of the course.

- 25 points - Class Participation (and attendance)
- Many of the topics assigned have a number of issues associated with them. In order to keep class discussions "on track," I may need to defer some questions to a more appropriate lecture. You should not infer in any way that this deferral is an indication of my lack of interest in the question. If I tell you to bring up the question again at a later date, I expect that you will do so.

I reserve the right to call on anyone at anytime. I expect you to be able to present the major issues for each topic and analyze them during class. Questions in the lecture outlines will help you think about these issues and guide you through the readings. I encourage small group discussion prior to class. At the end of the course, you should turn in an evaluation of your performance on a scale of 0 to 25. I will consider this evaluation in determining your score for this portion of the grading. Your evaluations are due with the final paper. *Attendance for all class sessions is essential.* If you miss more than one class session, you will be dropped from the course.

5 points - This grade will be based on your completion of an assessment of the readings. The honor code applies to this assessment, i.e., if you did not read an article - do not evaluate it. I will accept your evaluation of the readings as well as your self-assessment of class participation up to the time you submit your final paper. I will not accept any late evaluations. The evaluation form is in the case packet. This assessment is confidential and I grade you solely on the basis of its completion.

50 points You will be expected to prepare a short paper based on your analysis of international technology assessment policies. This paper is due Monday , February 20. Please see the class notes for that date for a further explanation of this assignment.

100 points - **Quizzes**
I will give you three take home quizzes one week before each is due. You may turn them in any time thereafter but I will **not** accept any quizzes after their due dates. The first quiz will be distributed on Monday, January 23 and will cover material covered from January 6th through the 23rd. It will be due on Monday, Jan. 30. The second quiz will be distributed on Monday, February 13th and will include material covered from January 30 through February 13. It is due on Monday, February 20. The third quiz will be distributed on Monday, February 27 and will be due on Monday, March 6 and will cover material from Feb. 20 through and including Aging and Long Term Care on March 6; it will cover only the readings and not class discussion for the March 6 session. The quizzes are due at the beginning of class on the due date specified. The quizzes are closed book/notes and are to be **individual** efforts. The Kellogg honor code applies. They will be mainly objective in format (short answer and true/false). There will be some short essays as well. The purpose of the quizzes is to test your knowledge gleaned from the readings and class discussions. Use the outlines to key on important concepts from the readings. Sometimes we will not have enough time to discuss all the readings in detail but you will still be expected to understand the major points from those sources. Feel free to ask me about any points in the readings that are unclear.

100 points - Group Final Paper
1. The purposes of the paper are to foster discussion about a current healthcare topic within small groups and to aid in learning the healthcare literature by conducting topical searches. The topic should be related to a

healthcare issue in the country you have chosen to study. You should use approximately 7 - 10 articles from the literature. The references should be from healthcare journals of some substance. Newspaper articles are acceptable as required citations *only* if they are part of a lengthy, in-depth report on your topic (rather than a short factual piece). The articles which are required reading in the case packet may be used but should not be "counted" in the 7 to 10 articles. List references in a bibliography at the end of the paper in a consistent manner (see articles in the case packet for examples). Number each article **only once** in the body of the paper.

Avoid bibliographies containing "op. cit." or "ibid." listings.

2. Papers should be a group effort with a group size of three or four persons (preferably four).
3. Choose topics either from the accompanying list or choose one of your own. Topics should address problems or major issues. I do not want a broad overview of a topic. Your group must see me no later than the end of the fourth week of class to discuss the topic and report your progress.
4. The paper should be approximately ten pages in length, exclusive of figures and exhibits, double spaced with one inch margins and size 12 font.
5. Format - a) summary; b) statement of problem; c) background material; d) discussion of problem based on issues drawn from group discussion and researched papers (try to present more than one side of each issue, as appropriate); e) conclusion; f) bibliography. The conclusion(s)/ recommendation(s) you make at the end of the paper should explicitly state what you believe should be done to address the problem/issue that is the theme of your paper. I do not want vague statements such as: "more research needs to be done before we can draw any conclusions."
6. Writing style - You should write clearly, with a succinct presentation of relevant issues. Please proof read the papers carefully before you submit them. I will deduct points for spelling errors and when it is clear that you did not proof read your paper, e.g., if it contains incomplete sentences or non sequiturs. You should also write using proper English. I prefer that you use the active tense whenever possible. *Do not use the word "this" as the subject of the sentence.* It often leads to an indeterminate reference and makes reading more difficult.
7. **Final papers are due Monday, March 13** by 5:00pm in the Health Industry Management Program office – Jacobs Center 5214. Late papers will not be accepted. Please submit these papers in duplicate.

8. You should submit a confidential evaluation of the relative contributions of the members in your group (including yourself) with **each** paper, i.e., technology assessment and final paper. If one group member does not “pull his/her weight” (as solely determined by the other group members), I will mark down that member one full grade on that particular paper (or all papers, if applicable).

GRADING

Note that the total points = 280. Grading scale: 92%-100% A; 82–91% B; 72-81% C; below 71% F. The course will not be graded on a curve.

SUPPLEMENTAL READING

Listed below are some journals of interest in the healthcare field which you may wish to use to augment the required readings and for your research papers:

AHA (American Hospital Association) News
American Medical News
Business and Health
Frontiers in Health Services Management
Health Affairs
Health Services Research
Healthcare Management Review
Healthcare Executive
Healthcare Forum
Hospitals
Inquiry
Journal of Health Politics Policy and Law
Journal of Hospital and Health Services Administration
Journal of the AMA (JAMA)
Medical Care
Medical Economics
Milbank Memorial Quarterly
Modern Healthcare
New England Journal of Medicine (NEJM)
Wall Street Journal, New York Times and other general readership publications.

These journals and other source materials can be found in the Evanston Campus Library as well as the Medical Library (downtown). The Program office has some of these journals on file. Additional sources for information are the American Medical Association, American Hospital Association and Blue Cross/Blue Shield Association - all located in Chicago.

See the "Glossary of Terms Used in Managed Care" (Medical Group Management Association, 1998) that is included in the casepacket immediately preceding the course schedule.

See lists of web addresses on "Medical Source - 1998 Internet Health & Medical Directory" sponsored by Medical Alliances, Inc. and Alliances Interactive that are included in the casepacket preceding the course schedule. *If you have any problems with any website, please let me know so I can advise others appropriately.*

In addition you may want to consult the following sites:

<http://www.medpac.gov/>

MedPAC is an independent federal body that advises Congress on issues related to the Medicare Program. It was established by the Balanced Budget Act of 1997 which merged the Perspective Payment Assessment Commission (ProPAC) that dealt predominantly with hospital payment issues and the Physician Payment Review Commission (PPRC) that handled physician reimbursement issues.

<http://www.nih.gov/health>

This site lists the resources available from the National Institutes of Health. There is a wide range of information available here from the National Cancer Institute, Office of Alternative Medicine, Women's Health Initiative, Health Services/Technology Assessment text (H Stat) and many other resources.

<http://www.nlm.nih.gov>

This site is the table of contents for the National Library of Medicine. It is probably the best site for researching a variety of health-related topics.

<http://www.facct.org/>

This site is the Foundation for Accountability's web site, containing many quality-related topics.

<http://www.healthscope.org>

This site is sponsored by the Pacific Business Group on Health to enable the public to evaluate comparative data about health plan and provider performances. Performance data is collected from the California Cooperative Health Care Reporting Initiative (CCHCRI), the Health Plan Employer Data and Information Set (HEDIS), the Health Care Financing Administration (HCFA), the National Committee for Quality Assurance (NCQA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and surveys conducted by other organizations that are commissioned by the PBGH.

<http://www.phrma.org> provides links to biotechnology publications; also offers industry profiles, information on new drugs and Food and Drug Administration approvals, précis of studies of various diseases, and articles on issues facing the industry, from the promise of genetic research to patent protection.

<http://www.biocentury.com> has links to information about the impact of legislation on the biotech industry; also links to agencies and organizations, such as the FDA and the National Human Genome Research Institute, and to upcoming biotech conferences.

<http://www.biotechnav.com> offers a history of the industry, with an outlook for the sector, and a primer for biotech-stock investing; also provides links to analyst research reports and other industry news-and-information sites.

<http://www.investhelp.com> provides information on industry trends, explains the drug approval process, and answers basic questions about biotech investing; also links to newsletters and other websites and information about mergers in the industry.

<http://www.centerwatch.com> offers information about clinical trials and FDA approvals; links to the National Institutes of Health website, and posts notification of clinical trials in your area.

<http://www.bioview.com> provides links to news, biotech-company annual reports, and analyst reports; offers information on FDA approvals, developments in biotech research, and company profiles; sends registered users biopharmaceutical industry news weekly to their desktop computers.

<http://www.biospace.com> lets you search for breaking news about the industry, or by company, subject, or the date an article appeared, and enables you to track stock performance; links to feature stories, publications covering the industry, and industry analysis, as well as IPO news.

<http://www.bio.org> has links to other biotech websites, publications, and educational resources; lists upcoming events, such as biotech conferences and seminars.

<http://www.biofind.com> carries events listings and has several chat rooms where you can listen in anonymously on what other people are saying about the sector.

<http://www.pharmalicensing.com> offers a list of the entire year's biotech conferences, seminars, and industry shows.

http://www.hc-sc.gc.ca/hppb/healthcare/pubs/clinical_preventive/index.html
Canadian Task Force on the Periodic Health Examination and Canadian Guide to Clinical Preventive Health Care is the full text of the Task Force guidelines on screening and other preventive health measures.

<http://www.guidelines.gov/> is the National Guideline Clearinghouse: Guidelines from the U.S. Agency for Health Care Policy & Research, the U.S. Preventive Services Task Force, and other agencies.

<http://www.istahc.org> ISTAHC is the International Society for Technology Assessment in Health Care and the main association for those involved in HTA. Check their web site for further HTA links and a database of abstracts from ISTAHC annual meetings and from the Society's journal.

<http://www.tripdatabase.com/> Turning Research Into Practice (TRIP) indexes the titles of reports from 26 different HTA and evidence-based health agencies.

<http://www.inahta.org> The International Network of Agencies for Health

Technology Assessment (INAHTA) members include the main publicly funded HTA agencies worldwide. The site includes links to all members' web sites (over 30 HTA agencies). This site also links to the Health Technology Assessment Database, a database of published and in progress HTA studies by INAHTA member agencies and others (compiled by the NHS Center for Reviews and Dissemination <http://nhscrd.york.ac.uk/hta.htm>).

<http://www.jr2.ox.ac.uk/Bandolier> is a wonderful evidence-based medicine newsletter. A search engine allows access to topics covered in previous issues (all of which are available in full text on the web site).

<http://www.elsevier.com/inca/publications/store/5/2/3/3/2/8/index.htm> The Elsevier web site is a commercial database covering the literature of biomedical sciences and pharmacology. Particularly good for coverage of European literature and drug information.

<http://www.econlit.org> The American Association of Economists web site gives information on the economics of healthcare, healthcare costs, methods for economic analysis, etc. available through commercial database vendors.

<http://www.healtheconomics.com> links to associations, research agencies, and information sources on the Internet in the areas of health economics, quality of life and outcomes assessment.

<http://www.nber.org> accesses working papers in the National Bureau of Economic Research (NBER) healthcare and health programs.

<http://www.qlmed.org/url.htm> Quality of Life Assessment in Medicine includes links to quality of life instruments and research organizations.

http://www.cche.net/principles/content_all.asp is the JAMA series of guides to appraising the literature. It is a users' guide to the evidence-based practice.

<http://www.nlm.nih.gov/nichsr/outreach.html> is the database for the U.S. National Library of Medicine, National Information Center on Health Services Research & Health Care Technology. It includes TA 101: Introduction to health care technology assessment: an introduction to HTA, by Dr. Cliff Goodman.

<http://www.fda.gov> is the Food & Drug Administration database.

<http://www.gao.gov> is the United States General Accounting Office (GAO) database responsible for audits and evaluations of government policies and programs, including those in healthcare.

<http://clinicaltrials.gov> is a database of clinical trials provided by the U.S. National Institutes of Health, through the National Library of Medicine.

<http://www.centerwatch.com/main.htm> is a clinical trials listing service.

<http://www.controlled-trials.com/> is a source of clinical trials, protocols and other information.

<http://www.sourceoecd.org>

This is the website for the organization for economic cooperation and development. This organization provides a tremendous amount of data about member countries, including healthcare statistics and resource utilization, e.g., pharmaceutical use in member countries.

<http://www.who.int/en/>

World Health Organization website

REQUIRED READING

Case packet and book *Medicine and Culture*, Payer, Lynn. New York: Henry Holt and Company, 1996. **Please read this short book before the first class.**

HONOR CODE AND CLASSROOM ETIQUETTE

1) General

The Kellogg Honor Code is applicable in this class. The complete text of the Honor Code is available on the Honor Code website:

<http://www.kellogg.nwu.edu/student/gma/honor/index.htm>

The Honor Code is enforced at Kellogg and violations are subject to disciplinary sanctions. Honor Code issues seldom arise because of Kellogg's culture. I do not want such issues to arise in my class.

The discussion in this syllabus of the Honor Code, while intended to be as comprehensible as possible, may not cover all applications of the Honor Code. If you believe something is unclear or has been omitted, please do not hesitate to speak to me.

2) Assignments

Write-ups must be your original work. You may not use materials prepared by current or former Kellogg students. If your analysis contains information from outside sources, then you must properly cite the sources.

3) Working in groups

You are encouraged to work in groups. However, I expect you to have a full understanding of any written material you, or somebody else on behalf of you, submit(s) with your name on it. You must come to this understanding in collaboration with your group and you must be completely familiar with the material and able to answer questions about the assignment. Substantial contribution by each group member on each case is expected. The act of placing your name on an assignment signifies that you have substantially participated in the preparation of the assignment.

4) Quizzes

No assistance may be given or received during the quizzes. Regardless of when you take a quiz, please return them. You may not discuss it with any other person before I grade it; even casual statements, such as “it was easy” or “it was hard”, are not permitted. You are not to use the case packet, notes or any information source except yourself to complete the quizzes. You should take the quiz in one uninterrupted time period.

5) Attendance

There is no formal attendance sheet for each class, however, on occasion an attendance sheet may be circulated to spot-check attendance. You are not allowed to sign this sheet on behalf of another person.

6) Exchange/Cross Registered students

The Honor Code and the rules in this syllabus are also applicable to any exchange or visiting student. I expect you to have signed the Honor Code before the first class. If you haven't done this yet, please do so immediately by contacting the Student Affairs Office.

Students are expected to comply with the school's current code of classroom etiquette. This etiquette applies particularly to four areas. 1) Minimize entering and leaving the classroom; there will be a short break in the middle of class. 2) Eating and drinking is permitted as long as it is not disruptive. I usually do not mind drinking, but eating is frequently a problem.

3) Laptops are only to be used for note taking or retrieval of web-based material that I send for class purposes. Emailing and/or web surfing are not allowed during class. 4) Pagers and cell phones are to be turned off during class. If you are expecting an emergency call, notify me before class and put the pager/phone on silent mode. If a pager or phone rings during class, please shut it off for the duration of the class.

Choosing Topics for Your Final Paper

You should choose a topic related to one aspect of international health systems and preferably for the country you chose for your tech assessment paper. You can use any of the topics covered in class, but be sure that your discussion does not duplicate what we covered there. Make sure the topics are focused! In the past, the single greatest problem for students writing the papers has been the lack of adequate focus. *If you have any questions about the scope of the paper, please ask me.* If you want to cite a case in the paper, it should demonstrate a particular point you wish to make. The paper should **not** be a case study. Any key fact you cite or conclusions you make should be supported by good research studies.

Before each class session, please read my lecture notes for that session.

Schedule
International 442 – Section 81

Date	Topic	Assignment
Friday January 6 (make-up class)	Course Introduction/ Framework for Health Industry Analysis/ Demand for Healthcare Services	1. Shalowitz, J: Chapter 1. Introduction, Definitions, Descriptions and Frameworks, 2005. (<i>Draft Only – Not for Reproduction</i>) 2. Shalowitz, J: Chapter 2. Determinants of Utilization of Healthcare Services, 2005. (<i>Draft Only – Not for Reproduction</i>) 3. Magnussen, L et al: “Comprehensive Versus Selective Primary Health Care: Lessons for Global Health Policy” <i>Health Affairs</i> 23: 167-176, 2004. 4. Fitzpatrick, R: “Social Status and Mortality.” <i>Annals of Internal Medicine</i> 134: 1001-1003, 2001. 5. Detsky, AS: "Regional Variation in Medical Care." <i>NEJM</i> 333: 589-590, 1995. 6. Newhouse, JP: “Consumer-Directed Health Plans and the RAND Health Insurance Experiment,” <i>Health Affairs</i> 23: 107-113, 2004.
Monday January 9	<i>Demand for Healthcare Services</i> (Cont'd) Managerial Epidemiology	1. Shalowitz, J. Chapter 3. Managerial Epidemiology: A Primer for Management Students, 2005. (<i>Draft Only – Not for Reproduction</i>) 2. Yach, D et al: “The Global Burden of Chronic Diseases, Overcoming Impediments to Prevention and Control” <i>JAMA</i> 291 (21): 2616-2622, 2004. 3. Gostin, LO: “International Infectious Disease Law, Revision of the World Health Organization’s International Health Regulations” <i>JAMA</i> 291 (21): 2623-2627, 2004. 4. Donnelly, J: “Chronic illnesses called epidemic among poor” <i>The Boston Globe</i> Oct. 5, 2005 (2 pages).

Monday
January 16 Hospitals and
Healthcare Systems

1. Some facilities and services offered at hospitals, *AHA Hospital Statistics*, 2005
2. Vladeck, BC: "The Dilemma Between Competition and Community Service." *Inquiry* 22: 115-121, 1985.
3. Horwitz, JR: "Making Profits and Providing Care: Comparing Nonprofit, For-Profit, and Government Hospitals." *Health Affairs* 24: 790-801, May/June 2005.
4. Reinhardt, UE: "Spending More Through 'Cost Control:' Our Obsessive Quest To Gut The Hospital" *Health Affairs* 15: 145-154, 1996.
5. Schactman, D: "Specialty Hospitals, Ambulatory Surgery Centers and General Hospitals: Charting a Wise Public Policy Course," *Health Affairs* 24: 868-873, May/June 2005.
6. Cuellar, AE and Gertler, PJ: "How the Expansion of Hospital Systems Has Affected Consumers," *Health Affairs* 24: 213-219, January/February 2005.
7. Markel, H: "Multiple Missions Put Teaching Hospitals at Risk," *New York Times* 2/3/04.
8. Cortinois, AA et al: "Hospitals in a Globalized World: A View from Canada" *Healthcare Papers* 4: 14-32, 2003.

The Role of Government
in Healthcare Systems

1. "Putting the world to rights" *The Economist* June 5, 2004; 63-65.
2. Public Private Partnerships (PPS) from the website (www.hm-treasury.gov.UK); pgs. 10-15 Crown Copyright 2000.
3. Dunnigan, MG and Pollock, AM: "Downsizing of acute inpatient beds associated with private finance initiative: Scotland's case study" *BMJ* 326: 905-908, 2003.
4. Belsky, L et al: "The General Agreement on Trade in Services: Implications For Health Policymakers" *Health Affairs* 23: 137-145, 2004.

5. Mutchnick, IS et al.: "Trading Health Services Across Borders: GATS, Markets, and Caveats." *Health Affairs web exclusive* W5 -42-51, January 25, 2005.
6. Anderson, GF et al: "Health Spending in the U.S. and the Rest of the Industrialized World." *Health Affairs* 24: 903-914, 2005.

Monday
January 23 Information Systems and
the Healthcare Industry

1. Medicare Payment Advisory Commission, Washington, DC: "Information Technology in Healthcare" from the *Report to Congress: New Approaches in Medicare*, Chapter 7, 157-181, June/2004.
2. Goldsmith, J: "How Will the Internet Change Our Health System?" *Health Affairs* 19(1) 148-156, 2000.
3. Aronson, B: "Improving Online Access to Medical Information for Low-Income Countries". *NEJM* 350: 966-967, 2004.
4. Kendall, DB and Levine, SR: "Pursuing the Promise of an Information-Age Health Care System" *Health Affairs* 17(6) 41-43, 1998.
5. McDonald, CJ: "Need For Standards in Health Information" *Health Affairs* 17(6) 44-46, 1998.
6. Below are a few key sites that will help to keep you informed about HIPAA.
www.aha.org/hipaa/hipaa_home.asp
www.os.dhhs.gov/ocr/hipaa/
www.hcfa.gov/hipaa/hipaahm.htm
www.wedi.org
7. Friedman, TL: "It's a Flat World, After All," *New York Times Magazine*, 33-37, April 3, 2005

Physician Payment

1. Barnum, H et al: "Incentives and Provider Payment Methods," *Human Capital Development and Operations Policy* working paper 51, from the World Bank (17 pgs). From the web site:
www.worldbank.org/html/extdr/hnp/hddflash/workp/wp_00051.html

Monday,
January 30

Principles of Insurance

1. Shalowitz, J: "The Healthcare System and Medicine - Current States" *In Search Of Physician Leadership*, Health Administration Press, 15-38, 1998.
Note: See insurance lecture notes for updated changes to this article.
2. Shalowitz, J: "Policy Challenges" *The 21st Century Health Care Leader*, Jossey-Bass, 39 -50, 1999.
Note: See insurance lecture notes for updated changes to this article.
3. Newhouse, JP: "Consumer-Directed Health Plans and the RAND Health Insurance Experiment," *Health Affairs* 23: 107-113, 2004. *Please review this article which was in the January 6th reading.*
4. Beichl, et al: "A Formula for Successfully Competing in Non-US Health Insurance Markets," *Managed Care Quarterly* 11(2): 22-28, 2003
5. Fleming, C: "Europeans Face Health Cuts, Insurers are Reluctant to Fill Gaps Arising in Government Systems" *New York Times*, 11/18/03.

Monday,
February 6

Government Sponsored
Healthcare Insurance

1. *Kaiser Family Foundation*: "Medicare at a Glance," Sept. 2005 (2 pgs); "The Medicare Prescription Drug Benefit," Sept, 2005 (2 pgs); Medicare Spending and Financing," April, 2005 (2 pgs).
2. Goldman, DP et al: "Consequences of Health Trends and Medical Innovation for the Future Elderly." *Health Affairs web exclusive* W5-R5-R17 9/26/05.
3. *Kaiser Commission on Medicaid and the Uninsured* "Executive Summary" pages 1-5, 2005; and "Summary of Findings" 2005, (3 pages).
4. Bodenheimer, T: "The Oregon Health Plan – Lessons for the Nation" (part one) *NEJM* 337: 651-655, 1997.
5. Review the Implementation Timeline (pages 3-11 from the Oregon Health Plan web site).

6. Maarse, H. and Paulus A. "Has Solidarity Survived? A Comparative Analysis of the Effect of Social Health Insurance Reform in Four European Countries." *Journal of Health Politics, Policy and Law* 28: 584-614, 2003.

Monday,
February 13

Managed Care

1. Miller, RH. Luft, HS: "HMO Plan Performance Update: An Analysis of the Literature, 1997-2001." *Health Affairs* 21:63-86, July/August 2002.
2. Berwick, DM: "Payment by Capitation and the Quality of Care." *NEJM* 335:1227-1231, 1996.
3. Slides on the principles of managed care, prepared by Professor Shalowitz. For additional information on Employer Health Benefits 2004, you can access the Kaiser Family Foundation and HRET charts on www.kff.org
4. Review Glossary of Terms Used in Managed Care - Medical Group Management Association - 1998 (in case packet preceding course schedule)
5. Peabody, JW and Luck, J: "When Do Developing Countries Adopt Managed Care Policies and Technologies? Part I: Policies, Experience and a Framework of Preconditions." *The American Journal of Managed Care* 8: 997-1007, 2002.
6. Peabody, JW and Luck, J: "When Do Developing Countries Adopt Managed Care Policies and Technologies? Part II: Infrastructure, Techniques, and Reform Strategies." *The American Journal of Managed Care* 8: 1093-1103, 2002.

Monday,
February 20

Technology Assessment
Technology Paper
Presentation

1. "Introduction to Health Care Technology Assessment – Fundamental Concepts and Issues" *National Library of Medicine* (pgs 1-19), 12/9/03, From the web site: www.nlm.nih.gov/nichsr/ta101/ta10104.htm

2. Fuchs, VR: "More Variation in Use of Care, More Flat-Of-The-Curve Medicine" *Health Affairs web exclusive* VAR-104-107, 10/7/04.
3. Pearson, SD and Rawlins, MD: "Quality, Innovation, and Value for Money" *JAMA* 294: 2618-2622, Nov. 23/30, 2005.
4. Henry, DA, et al: "Drug Prices and Value for Money," *JAMA* 294: 2630-2632, Nov. 23/30, 2005.
5. McKinley, JB and McKinley, SM: "The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the 20th Century." *MMFQ/Health in Society* pgs 422-423, 1977. [The entire article includes pages 405-428.]
6. Zook, CJ and Moore, FD: "High Cost Users of Medical Care." *NEJM* 302: 996-1002, 1980.
7. Danzon, PM and Furukawa, MF: "Prices and Availability of Pharmaceuticals: Evidence From Nine Countries." *Health Affairs – Web Exclusive* W3:521-536, 2004.
8. Christensen, CM et al: "Will Disruptive Innovations Cure Health Care?" *Harvard Business Review*, 103-111, Sept/Oct. 2000
9. Fleming, C and Morice, AM: "Europe Wants Citizens to Pop Fewer Pills" *WSJ*, 2/25/04.
10. Moïse, P: "The Technology-Health Expenditure Link." From: A Disease-Based Comparison of Health Systems. What Is Best and At What Cost? © OECD, 2003, Chapter 12, pp. 196-218.
11. Atella, V et al: "The Relationship Between Health Policies, Medical Technology Trends and Outcomes." A Perspective from the TECH Global Research Network. From: A Disease-Based Comparison of Health Systems. What Is Best and At What Cost? ©OECD, 2003, Chapter 13, pp. 219-241.
12. **NEW** The Health Strategies Consultancy LLC: "Follow The Pill: Understanding the

U.S. Commercial Pharmaceutical Supply Chain” *The Kaiser Family Foundation website*:

<http://www.kff.org/rxdrugs/upload/Follow-The-Pill-Understanding-the-U-S-Commercial-Pharmaceutical-Supply-Chain-Report.pdf>, 1-28, March, 2005.

Optional Readings (not in case packet)

1. Kaufman, D et al: "Recent Patterns of Medication Use in the Ambulatory Adult Population of the United States." *JAMA* 287: 337-344, January, 2002.
2. Evers, K: "European Perspectives on Therapeutic Cloning." *NEJM* 346: 1579-1582, 2002.
3. An update on the classical Zook and Moore article (with similar findings) is: Berk, MC and Monheit, AC: "The Concentration of Health Care Expenditures, Revisited." *Health Affairs* 20(2): 9-18, 2001.

Presentations of
Comparative Healthcare
Systems with Respect to
Health Technology Issues

1. Pritchard, C: "How Health Technology Assessment, Regulation and Planning Affect the Diffusion of Technology in Care Systems. From: A Disease-based Comparison of Health Systems What Is Best and at What Cost? ©OECD 2003, Chapter 14, pp. 243-257.

Monday,
February 27 Quality Assessment
(QA) and Quality
Improvement (QI)

1. McGlynn, EA et al: "The Quality of Health Care Delivered to Adults in the United States." *NEJM* 348: 2635 – 2645, 2003.
2. McGlynn, EA: "There Is No Perfect Health System." *Health Affairs* 23: 100-102, 2004.
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7. Joint Commission Definition (Slide)
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11. Epstein AM: "Volume and Outcome – It Is Time to Move Ahead." *NEJM* 346: 1161-1164, April, 2002.
12. Iezzoni, L: "The Risks of Risk Adjustment." *JAMA* 278: 1600-1607, 1997.
13. Berwick, DM: "Continuous Improvement as an Ideal in Health Care." *NEJM* 320: 53-56, 1989.
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15. Marshall, MN, et al: "The Public Release of Performance Data, What Do We Expect to Gain? A Review of the Evidence." *JAMA* 283(14): 1866-1874, 2000.
16. Viswanathan, H and Salmon, JW: "Accrediting Organizations and Quality Improvement." *The American Journal of Managed Care* 6 (10): 1117-1130, 2000. (This article is for your reference and can be skimmed).
17. www.cochrane.org Excellent website for reviews of quality indicators and reviews of disease-specific conditions.

Optional Reading (not in case packet)

1. Cleary, PD and McNeil BJ: "Patient Satisfaction as an Indicator of Quality Care." *Inquiry* 25: 25-36, 1990.
This article is essential reading for those of you interested in marketing health care products or services.

		Donabedian, A: "Quality and Cost: Choices and Responsibilities." <i>Inquiry</i> 25: 90-99, 1988. This article is a "classic: by one of the principals in the healthcare quality field.
Monday, March 6	Session I: Cultural Differences on Healthcare – International Perspectives Aging and Long-Term Care	Review <i>Medicine and Culture</i> book and power point slides for this section - Callahan, D: "Old Age and New Policy." <i>JAMA</i> 261: 905-906, 1989. - Wetle, T: "Age as a Risk Factor for an Inadequate Treatment." <i>JAMA</i> 258: 516, 1987. - Fialka, J "Senior Death Discount Riles Critics but OMB Favors Analyses That Weigh Life Expectancy", <i>WSJ</i> 5/30/03. - Slide: Number of People Age 15-64 for Every Person Age 65 or Older - Naik, G et al: "Nations that Skew Young Have Small Window to Try to Catch Up With the Wealthy," <i>WSJ</i>, 2/27/03. - Prystay, C and Ellison, S: "Time for Marketers to Grow Up?" <i>WSJ</i> 2/27/03. - Feder, J, Komisar, HL, and Niefeld, M: "Long-Term Care in the United States: An Overview." <i>Health Affairs</i> 19(3) 40-56, 2000. - Bodenheimer, T: "Long-Term Care for Frail Elderly People - The On Lok Model, <i>NEJM</i> 341: 1324-1328, 1999.