

**THE UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
SCHOOL OF PUBLIC HEALTH**

5210 Introduction to Health Management and Policy
Summer Institute 2009

INSTRUCTORS

Fernando Wilson
Office: 1-709D, By Appointment
Email: fwilson@hsc.unt.edu

Kristine Lykens
Office: 1-709, By Appointment
Email: klykens@hsc.unt.edu

MISSION OF THE SCHOOL OF PUBLIC HEALTH

The School of Public Health strives for excellence in education, research and service in order to provide leadership in the application of public health principles that foster group and individual behaviors that prevent disease and promote health among diverse cultures in the local and global community.

COURSE DESCRIPTION

This course will introduce the areas of Health Management and Health Policy, multidisciplinary fields of inquiry and practice concerned with the delivery, quality and costs of health care for individuals and populations. The course will have both a managerial and policy perspective examining the structure, processes and outcomes of health services, financing, organization, outcomes and accessibility of care. Health care management is in short supply and is sorely needed! This course will give an overview and prepare you for future study in health management and policy.

LEARNING OBJECTIVES

At the completion of this course, all students should be able to:

- Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the U.S.
- Discuss the policy process for improving the health status of populations
- Describe the legal and ethical bases for public health and health services
- Apply quality and performance improvement concepts to address organizational performance issues
- Demonstrate leadership skills for building partnerships
- Apply principles of strategic planning and marketing to public health
- Communicate health policy and management issues using appropriate channels and technologies

- Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives
- Explain methods of ensuring community health safety and preparedness
- Apply “systems thinking” to solve problems in health care organizations

COURSE REQUIREMENTS AND EXPECTATIONS

Attendance for class is expected. If a student must miss a class, he or she is expected to communicate with the instructor before class, if possible. All written assignments are due at the beginning of class on the due date. If a student must miss a class when an assignment is due, it is the responsibility of the student to get the assignment to the instructor before class begins. Class participation is necessary and a part of the student's overall grade.

GRADING SCHEME

| | |
|----------------------------------------|------------|
| 1. Midterm Exam | 30% |
| 2. Class Assignments | 20% |
| 3. Final Exam | 30% |
| 4. Class Participation & Attendance | <u>20%</u> |
| Total | 100% |

GRADE SYSTEM

| | |
|----|------------------|
| A | = 95 -100 points |
| A- | = 90 - 94 points |
| B+ | = 85 - 89 points |
| B | = 80 - 84 points |
| C+ | = 75 - 79 points |
| C | = 60 - 74 points |
| F | < 60 points |

RECOMMENDED TEXTBOOKS

Health Policy Analysis: An Interdisciplinary Approach, Curtis McLaughlin and Craig McLaughlin, Jones & Bartlett, 2008, ISBN13 - 978-0-7637-4442-7;

Assigned Readings

COURSE STRUCTURE AND REQUIREMENTS:

I. Examinations:

Exams will be in class (Mid-term & Final). They will be based primarily on the class lectures, but supplemented with questions from the text. The main objective will be to ensure you can demonstrate an understanding of the major theories and concepts associated with health policy and management. No electronic devices of any kind (cell phones, laptops, pagers, etc.) are allowed during the in-class exams. Exams will be closed book and closed notes.

II. The Cases

A set of health care cases will be analyzed and discussed in class throughout the semester. Cases will focus on applying the concepts we have learned in real-world settings. These will focus on a real problem or decision faced by a manager or organization.

Case teaching assumes that learning is enhanced if the learner builds knowledge with guidance of an instructor rather than passively receiving content from a distant “sage on the stage.”

For our purposes, a health care case can be thought of as a story from the real world of health organizations about various individuals and events. A case is a narrative of an actual problem that requires executive decision making. Each case should be read thoroughly to determine which problems are more relevant. Formulating strategies and recommendations for action is critical. You should assume that you are the consultant and the audience is the board of trustees, the CEO, or other managers or policy makers in the organization.

Case analysis will be done in groups consisting of 3-4 students. The group will prepare a written recommendation for each case. The case analysis should answer the following: What next steps should be taken? What should be emphasized? What are the strengths, weaknesses, opportunities, and threats? The case write-up should **not exceed 1.5 pages in length. Please use 1.5 line spacing and 12 point font. Please include all group members name on the assignment. Assignments are due at the beginning of class. These may also be e-mailed to the instructor before class.**

ATTENDANCE, PARTICIPATION AND COURSE DROP PROCEDURE:

Participation in class discussions is an important element of the class, even recognizing the large class size. Assignments collected immediately after the time the assignment is due will receive a one whole letter grade demotion. In

addition, students missing more than 2 classes will be asked to drop the class. Only documented family emergencies or military orders will be excused.

Use of laptops in class is not allowed, as this has proved to be a distraction in the past. All requests for a “re-grade” must be made in writing. There are other rules and procedures that pertain to “re-grade” requests.

Withdrawal from a course is a formal procedure that must be initiated by the student. Students who stop attending class and do not withdraw will receive a failing grade. Students should consult with the instructor prior to withdrawing. In some cases, a perceived problem may be resolved, allowing the student to continue in class. It is the student’s responsibility to be familiar with the policies and procedures of the School of Public Health as stated in the Student Handbook and Graduate School Catalog.

ACADEMIC ASSISTANCE

Please contact the Instructor if you are in need of any academic assistance. The UNTHSC Office of Student Affairs provides individualized tutoring to those students requesting assistance.

HONOR CODE

The University of North Texas Health Science Center’s primary concern is the student. It attempts to provide for all students an environment that is conducive to academic endeavor, social growth and individual self-discipline. Enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior promulgated by the health science center and the Student Handbook (available in UNTHSC Office of Student Affairs or on UNTHSC Web site) for which students are subject to discipline. Honor Code infractions by students constitute actions of dishonesty, cheating, plagiarism, stealing or lying to any school official. You should refer to the UNT Health Science Center regarding rules governing student academic conduct.

Academic dishonesty on class assignments or exams will be dealt with appropriately according to university rules and procedures.

AMERICAN WITH DISABILITIES ACT

The University of North Texas Health Science Center does not discriminate on the basis of an individual’s disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities.

The University of North Texas Health Science Center provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the institution’s academic and employment requirements. For assistance contact the Equal Employment Opportunity Office at the health science center.

SCHEDULE

June 29: Introduction & Overview

June 30: Hospital Market Structure

Altman SH, Shactman D, Eilat E. Could US hospitals go the way of US airlines? *Health Affairs*. 2006; 25(1): 11-21.

Guterman S. Specialty hospitals: a problem or a symptom? *Health Affairs*. 2006; 25(1): 95-105.

Barro JR, Huckman RS, Kessler DP. The effects of cardiac specialty hospitals on the cost and quality of medical care. *J Health Economics*. 2006; 25: 702-721.

Dobson A, DaVanzo J, Sen N. The cost-shift payment 'hydraulic': foundation, history, and implications. *Health Affairs*. 2006; 25(1): 22-33.

July 1: Illness & the US Health Care System

Thomasson MA. From sickness to health: the 20th century development of US health insurance. *Explorations in Economic History*. 2002; 39: 233-253.

Catlin A, Cowan C, et al. National health spending in 2005: the slowdown continues. *Health Affairs*. 2007; 26(1): 142-153.

Druss BG, Marcus SC, et al. The most expensive medical conditions in America. *Health Affairs*. 2002; 21(4): 105-111.

Zuvekas SH, Cohen JW. Prescription drugs and the changing concentration of healthcare expenditures. *Health Affairs*. 2007; 26(1): 249-257.

Fogel RW. Biotechnology and the burden of age-related diseases. In: *Biotechnology and healthy ageing: policy implications of new research*. Paris: OECD; 2002: 25-36.

Smith JP. Healthy bodies and thick wallets: the dual relation between health and economic status. *Journal of Economic Perspectives*. 1999; 13(2): 145-166.

July 2: Quality & Technology Adoption

Homework 1 Due

Newhouse JP. Why is there a quality chasm? Health Affairs. 2002; 21(4): 13-25.

Chassin M. Achieving and Sustaining Improved Quality: Lessons from New York State and Cardiac Surgery. Health Affairs. 2002; 21(4): 40 - 51.

Anderson GF, Frogner BK, et al. Health care spending and use of information technology in OECD countries. Health Affairs. 2006; 25(3): 819-831.

Jha AK, DesRoches CM, et al. Use of electronic health records in US hospitals. N Engl J Med. 2009.

Goldsmith J. Technology & the boundaries of the hospital: three emerging technologies. Health Affairs. 2004; 23(6): 149-156.

Cutler DM, Huckman RS. Technological development & medical productivity: the diffusion of angioplasty in New York state. J Health Economics. 2003; 22: 187-217.

July 3: Incentives & Organization Theory

Akerlof GA, Kranton RE. Identity and the economics of organizations. J Econ Perspectives. 2005; 19(1): 9-32.

Kerr S. On the folly of rewarding A, while hoping for B. Academy of Management Journal. 1975; 18(4): 769-783.

Gibbons R. Incentives in organizations. J Econ Perspectives. 1998; 12(4): 115-132.

Ellingsen T, Johannesson M. Paying respect. J Econ Perspectives. 2007; 21(4): 135-149.

Bolton P, Scharfstein DS. Corporate finance, the theory of the firm, and organizations. J Econ Perspectives. 1998; 12(4): 95-114.

July 6: Hospital Pricing

Homework 2 Due

Melnick G, Keeler E, Zwanziger J. Market power & hospital pricing: are nonprofits different? Health Affairs. 1999; 18(3): 167-173.

Norton EC, Staiger DO. How hospital ownership affects access to care for the uninsured. RAND J Economics. 1994; 25(1): 171-185.

Carreyrou J. Nonprofit hospitals flex pricing power. Wall Street Journal. August 28, 2008.

Reinhardt UE. The pricing of US hospital services: chaos behind a veil of secrecy. Health Affairs. 2006; 25(1): 57-69.

July 7: Pharmaceutical Markets

DiMasi JA, Hansen RW, Grabowski HG. The price of innovation: new estimates of drug development costs. J Health Economics. 2003; 22: 151-185.

Miller RD, Frech HE. Is there a link between pharmaceutical consumption & improved health in OECD countries? Pharmacoeconomics. 2000; 18 (S1): 33-45.

Berndt ER. Pharmaceuticals in US health care: determinants of quantity & price. Journal of Economic Perspectives. 2002; 16(4): 45-66.

Grabowski HG, Wang YR. The quantity and quality of worldwide new drug introductions, 1982-2003. Health Affairs. 2006; 25(2): 452-460.

Berndt ER, Mortimer R, et al. Authorized generic drugs, price competition, and consumers' welfare. Health Affairs. 2007; 26(3): 790-799.

July 8

Homework 3 Due
Mid-Term Exam (In Class)

HEALTH POLICY

July 9: Introduction & Overview of Health Care System

Reading: Chapter 1 & 2, McLaughlin text

July 10: Context of Health Policy & Policy Formulation

Readings: Chapters 3 & 4, McLaughlin text

July 13: Policy Formulation: Agenda Setting and Legislation Development

Readings: Chapters 5,6 McLaughlin text

July 14: Policy Issues and Analysis

Handouts: *Health Affairs* (3)

Homework Assignment Due

July 15: Policy Implementation, Evaluation and Modification

Readings: Chapters 7 & 9, McLaughlin text

July 16: Policy, Values and Ethics

Readings: Chapter 11, McLaughlin text

Handouts: Public Health Ethics

Health Affairs

July 17 - Final Exam