Class details
Topics in Health: Policy, Politics and Power (UPADM-GP 9236/ POL-UA 9317)
Fall 2012, Wednesdays, 6:15-9:15
Location to be confirmed.

Instructor Details
Daniella Fridl, PhD
dfridl@umd.edu
Office Hours: By appointment

Prerequisites
N/A

Class Description
This course is an introduction to major health policy issues and examines the role of government in the health care system. An important focus of the course is an assessment of the role of policy analysis in the formation and implementation of national and local health policy. Because much of government health policy relates to or is implemented through payment systems, several sessions involve some discussion of the policy implications of how government pays for care. The role of the legal system with respect to adverse medical outcomes, economic rights, and individual rights is also discussed. Proposals for health policy reform at the national and local level are examined throughout the course, as well as Medicare and Medicaid reforms currently being implemented and considered.

Desired Outcomes
- Introduce major health policy issues and examine the role of government in the health care system
- Analyze the of policy analysis in the formation of national and local health policy
- Obtain essential knowledge regarding the new U.S. health reform and evaluate its effectiveness
Two papers are required for the course (both 8 pages), each accounting for 40% of the final grade. Class discussion, presentations and debates are integral to the course and will account for 20% of the final grade. Papers can be submitted in class or via email. There is no midterm or final exam.

Students are expected to have studied the assigned readings. The readings for the course are primarily journal articles that will be on Blackboard. There is no textbook for the course. The books required for the second paper are readily available at area bookstores or on the web (e.g., amazon.com, barnesandnoble.com, etc.). Copies of PowerPoint materials used in class will be posted on the Blackboard site.

REQUIRED PAPERS

**Paper 1 – The Dartmouth Atlas Memo** (40% of final grade)

Take a look at the website for the Dartmouth Atlas of Healthcare. There is an interactive site, where you can pick out specific utilization or resource use measures for specific areas or hospitals ([http://www.dartmouthatlas.org/](http://www.dartmouthatlas.org/)) and there is also an area of the site where you can download Excel or pdf files with the data ([http://www.dartmouthatlas.org/downloads.aspx](http://www.dartmouthatlas.org/downloads.aspx)) – this latter site can be a little easier to navigate.

Pick an example of variation in utilization that you believe is unwarranted and describe the range of factors that are likely to contribute to the differences among areas (or hospitals). Then pick one contributing factor that you think is important (or that you think something can be done about it) and make some suggestions about what might be done to reduce variation. Be specific and detailed in your suggestions, including who ought to do what to whom. Be realistic, don’t make suggestions that cannot be implemented because of technical, financial, or political considerations. This is a conceptual piece and not a research paper, but footnote sources of ideas from others that you use for the causes of variation (or the suggested solutions if the ideas come from a specific source).

**Paper 2 – Book Memo** (40% of final grade)

You are a newly hired policy staff person for some senator, the governor of any state, a health commissioner, the president of the National Association of Community Health Centers, CEO of a large health insurance plan/managed care plan, or some other health organization of your choice (domestic or international). Your boss walks by your cubicle and plops down one of the books listed below and asks you to read it and tell her/him i) what it says, ii) why it is important, and iii) what it means to your organization/constituency. Select a book from the list below and write a brief memo (remembering your boss has a very short attention span and will stop reading if it goes 8 pages). Make sure you identify your hypothetical employer.

Adrian Nicole LeBlanc – *Random Family: Love, Drugs, Trouble, and Coming of Age in the Bronx*.
Anne Fadiman – *The Spirit Catches You and You Fall Down*.
John M. Barry – *The Great Influenza: The Epic Story of the Deadliest Plague in
History
Sherwin Nulin – *How We Die*.
Laurie Kaye Abraham – *Mama Might Be Better Off Dead: The Failure of Health Care in Urban America*.
Sheldon Krimsky – *Science in the Private Interest: Has the Lure of Profits Corrupted Biomedical Research*.
Tracy Kidder – *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, A Man Who Would Cure the World*.
Jerry Avorn – *Powerful Medicines: The Benefits, Risks, and Costs of Prescription Drugs*.
Andrew Solomon – *The Noonday Demon*.
Richard Deyo and Donald Patrick – *Hope or Hype: The Obsession with Medical Advances and the High Cost of False Promises*.
Jerome Groopman – *How Doctors Think*.
John Abramson - *Overdosed America: The Broken Promise of American Medicine*
Ray Moynihan/Alan Cassels – *Selling Sickness*.
Julie Salamon – *Hospital: Man, Woman, Birth, Death, Infinity, Plus Red Tape, Bad Behavior, Money, God and Diversity on Steroids*.
Rebecca Skloot – *The Immortal Life of Henrietta Lacks*.

**Assessment Expectations**

**Grade A:** The student makes excellent use of empirical and theoretical material and offers well-structured arguments in his/her work. The student writes comprehensive essays / exam questions and his/her work shows strong evidence of critical thought and extensive reading.

**Grade B:** The candidate shows a good understanding of the problem and has demonstrated the ability to formulate and execute a coherent research strategy.

**Grade C:** The work is acceptable and shows a basic grasp of the research problem. However, the work fails to organize findings coherently and is in need of improvement.

**Grade D:** The work passes because some relevant points are made. However, there may be a problem of poor definition, lack of critical awareness, poor research.

**Grade F:** The work shows that the research problem is not understood; there is little or no critical awareness and the research is clearly negligible.
NYU Washington, DC uses the following scale of numerical equivalents to letter grades:

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<thead>
<tr>
<th>Numerical</th>
<th>Letter</th>
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<tbody>
<tr>
<td>100-94</td>
<td>A</td>
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<td>93-90</td>
<td>A-</td>
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<td>89-87</td>
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<td>86-84</td>
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<td>83-80</td>
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<tr>
<td>69-67</td>
<td>D+</td>
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<tr>
<td>65-66</td>
<td>D</td>
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<td>below 65</td>
<td>F</td>
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NYU Washington, DC has a strict policy about course attendance. No unexcused absences are permitted. All medical-based absence requests MUST be presented by the student to the Program Manager for Student Life (Candice Clawson) before or during the class that is missed. Candice can help arrange doctor's appointments. In case of a longer-lasting illness, medical documentation must be provided. All non-medical absence requests must be presented by the student to the Program Manager for Academic Affairs (Lauren Sinclair). Non-medical requests should be made in advance of the intended absence.

Unexcused absences will be penalized by deducting 3% from the student’s final course mark. Unexcused absences from exams are not permitted and will result in failure of the exam. If you are granted an excused absence from examination (with authorization, as above), your instructor will decide how you will make up the assessment component, if at all (by make-up examination, extra coursework, or an increased weighting on an alternate assessment component, etc.).

NYU Washington, DC expects students to arrive to class promptly (both at the beginning and after any breaks), to be attentive, and to remain for the duration of the class. If full class attendance becomes a problem, it is the prerogative of each instructor to deduct from the final grade for late arrival and early departure. Being more than 10 minutes late counts as an unexcused absence.

Please note that for classes involving a field trip or other external visit, transportation difficulties are never grounds for an excused absence. It is the student’s responsibility to arrive at the announced meeting point in a punctual and timely fashion. Staff members may always be reached by cell phone for advice regarding public transportation.

(1) Written work due in class must be submitted during the class time to the professor.

(2) Late work should be submitted in person to the instructor or to the Program Manager for Academic Affairs (Lauren Sinclair), who will write on the essay or other work the date and time of submission, in the presence of the student. Work cannot be left for Lauren under the door or on her desk, in her absence. If Lauren is not in her office, another member of the administrative staff can accept the work and write the
date and time of submission on the work, again only in the physical presence of the student.

(3) Work submitted within 5 weekdays after the submission time without an agreed extension receives a penalty of 10 points on the 100 point scale

(4) Without an approved extension, written work submitted more than 5 weekdays following the session date fails and is given a zero.

(5) **Please note:** end of semester essays must be submitted on time.

(6) If for whatever reason you feel you cannot submit any written work in time, you should discuss this with Lauren.

(7) Students who are late for a written exam have no automatic right to take extra time or to write the exam on another day.

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**Students with Disabilities**

Academic accommodations are available for students with documented disabilities. Please contact the Moses Center for Students with Disabilities at 212-998-4980 or see their website [http://www.nyu.edu/life/safety-health-andwellness/students-with-disabilities.html](http://www.nyu.edu/life/safety-health-andwellness/students-with-disabilities.html) for further information.

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**Plagiarism Policy**

The presentation of another person’s words, ideas, judgment, images or data as though they were your own, whether intentionally or unintentionally, constitutes an act of plagiarism.

NYU Washington, DC takes plagiarism very seriously; penalties follow and may exceed those set out by your home school. All your written work must be submitted as a hard copy AND in electronic form to the instructor. Your instructor may ask you to sign a declaration of authorship form.

It is also an offense to submit work for assignments from two different courses that is substantially the same (be it oral presentations or written work). If there is an overlap of the subject of your assignment with one that you produced for another course (either in the current or any previous semester), you MUST inform your professor.

For guidelines on academic honesty, clarification of the definition of plagiarism, examples of procedures and sanctions, and resources to support proper citation, please see:

- [http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/academic-integrity-for-students-at-nyu.html](http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/academic-integrity-for-students-at-nyu.html)
- [http://gls.nyu.edu/page/gls.academicintegrity](http://gls.nyu.edu/page/gls.academicintegrity)
- [http://cas.nyu.edu/page/academicintegrity](http://cas.nyu.edu/page/academicintegrity)
Introduction – Description of Course content, goals, and requirements

Session 1

Wednesday, September 5

The role of government in health/health care

- A discussion of the role of policy analysis in public policy formation and the impact of public policy on the health system
- Objectives of government in health and health care, discussion of limitations of government, and some examples
- Discussion of implications for policy

Required Reading:


Session 2

Wednesday, September 12

How health care is organized, financed, and paid for

- Brief overview of how health care is organized, where the money comes from, and how care is paid for
- A little bit about insurance and “managed” care

Required reading:

Sick Around America, the 2009 PBS Frontline documentary on healthcare in the United States:

http://www.pbs.org/wgbh/pages/frontline/sickaroundamerica/


Suggested reading on how the health care delivery system is organized:


**Discussion:**

Each student will be assigned a group and each group will be asked to review one of the two problems outlined below. The problems are:

- **Problem A** – More than half of emergency department use is for non-emergent conditions or for conditions that could be treated safely and effectively in a primary care setting. Many emergency rooms suffer from serious overcrowding, often resulting in long waits for care or diversion of ambulances. What can government do to promote/encourage/require more optimal emergency room use?

- **Problem B** – The Center for Medicare and Medicaid Services (CMS) requires hospitals to report results for patients for a set of “core performance measures” related to quality of care [such as percent of heart attack patients given aspirin at admission, fibrinolytic medication within 30 minutes, percutaneous coronary intervention (PCI) with 90 minutes, smoking cessation advice during the stay, beta blocker prescription at discharge, etc]. These process performance measures are reported publicly on the CMS website. Why does CMS believe it to be necessary to implement this reporting system for these very fundamental and widely accepted processes of care? What are the barriers to a hospital for actually improving results on these measures?

**Session 3**

**Wednesday, September 19**

- Review of the enormous variation in medical practice
- Discussion of causes of variation
- Discussion of the implications for policy

**Required reading:**


Web Exclusive (7 October 2004): VAR 33-44.


A. Gawande, “The Cost Conundrum,” New Yorker, June 1, 2009

**Session 4**

Wednesday, September 26

**Medicare: The basics and Issues for reform**

- A discussion of the role and objectives of government in health
- Description of who and what is covered by Medicare
- Review of how Medicare pays for health care
- Description of the recent expansion Medicare to provide coverage for prescription drugs
- Issues for reform

**Discussion:**

Interview a relative or close friend who is over 65 and is a Medicare beneficiary. Come to class prepared to report on your findings. More specifically report back on your conclusions as to the person’s understanding of his/her health coverage and describe, based on the interview, the strengths and weaknesses of the Medicare benefits the person receives.

**Required reading:**


Also take a look at:
Discussion:

Should federal policy promote participation of Medicare recipients in private plans (managed care and/or fee for service)? If yes, how should such participation be promoted? Discussion groups will be assigned one of the following roles:

- Lefty – government can/should solve most of society’s problems type
- Tea party members
- Health care providers
- Health insurance industry

Session 5

Medicaid: The basics

Wednesday, October 3

- History and financing of Medicaid
- Description of who and what is covered by Medicaid

Required reading:

Medicaid, The Basics
http://www.kaiseredu.org/tutorials/medicaidbasics2009/player.html

Brief Summaries of Medicare & Medicaid: Title XVIII and Title XIX of the Social Security Act, as of November 1, 2010.[1] The following document by the Centers for Medicare and Medicaid Services is electronic and searchable


Discussion:
It’s 1965 and Congress is designing a health coverage program for low income populations. What are your views on:

- Who should be covered?
- What should be covered?
- Federal/state/local?
- Role of private plans

*First Paper Due in Class

**Medicaid: Issues for reform**

- What needs to be fixed/Issues for reform
- Responding to the needs of high cost/high risk patients

**Required reading:**


Virtual Guest lecture by Robin Rudowitz, Kaiser Family Foundation, “Health Reform; How will Medicaid Change?” August 2010


**Discussion:**

Each discussion group to review one of the two problems outlined below. The problems are:

- **Problem A** – A large number of uninsured children and adults are eligible but not enrolled in Medicaid. Why? What can government/not-for-profit groups do to get more eligibles enrolled? What are the barriers? Who should do what?

- **Problem B** – It is possible to identify Medicaid patients from claims data who are at very high risk of future hospital admissions. These patients have high rates of chronic disease, mental health conditions, and substance abuse problems, and these patients are often homeless or precariously housed and socially isolated. What are the critical components of a program to respond the needs of these patients (reducing future hospital admissions), how can it be implemented (assuming there is no new money and the initiative would have to
break even with savings from reduced hospital admissions covering the costs of the intervention), and what are the barriers to implementation?

### Session 7

**Wednesday, October 17**

**The major challenges confronting the health “system”: Disparities, Uninsurance, and Costs**

- Overview of disparities in health services, utilization, and outcomes
- Discussion of the factors that are contributing to these disparities
- Description of the size and characteristics of the uninsured population
- Review of the causes of uninsurance
- Description of the dynamics of current cost increases
- Review of the causes and implications of cost increase
- Discussion of the implications of these challenges for policy makers and providers and for the current health reform initiative

**Required Reading:**


The Uninsured – A Primer - http://www.kff.org/uninsured/upload/7451-05.pdf


**Discussion:**
Each discussion group will consider how a state can respond to the challenges of disparities, uninsurance, and costs from perspective of one of four interest groups (recognizing that for some of these groups there could be within groups differences).

The interest groups to be assigned are:
- Health care providers
- Employers
- Low income advocacy groups
- Tea Party members

**Session 8**

**Wednesday, October 24**

**The role of the states, the Clinton Health Plan, and other federal initiatives**

- Overview of policies/programs at the federal, state, and local level to reduce disparities, expand coverage, and control costs
- Discussion of the strengths and limits of state/local initiatives
- Discussion of the Clinton health plan, what problems it might have solved or created, and why it failed
- Implications for current reform initiatives

**Required Reading:**


**Discussion:**

In discussing health reform in the session below, each discussion group will be asked to comment/respond from the perspective on one of four interest groups. At various points in the presentation on the health reform legislation that passed Congress two years ago,
these perspectives will be elicited. The four interest groups are:

- Health insurers
- Health care providers
- Lefty – reform didn’t go far enoughers
- Tea Party members

**Session 9**

**Presidential Election and Health Care**

Wednesday, October 31

- Overview of both candidates and their platforms

Students are expected to do their own research and come to class prepared to discuss what the two presidential candidates are proposing with respect to health care

The 2012 Presidential Election and its Effects on Health Care

CNN coverage: http://www.cnn.com/ELECTION/2012/

**Session 10**

**National Health Reform 2010**

Wednesday, November 7

- Overview of Patient Protection and Affordable Care Act (PPACA)
- Discussion policy, politics, and power

Required Reading:

Frontline, “Obama’s Deal: Inside the backroom deals and hardball politics that got Obama his health care bill”, April 2010. (56 minutes) This film will serve as reference. It is a history of the health care reform bill in the USA and an example of how policy is made. http://video.pbs.org/video/1468710007/


J Morone, “Presidents and Health Reform: From Franklin D. Roosevelt to Barack


**Session 11**  
*Wednesday, November 14*

**More policy issues concerning the pharmaceutical industry**

- Overview of the major policy issues concerning the pharmaceutical industry
- Discussion of the factors that are contributing to these emergence of these issues
- Discussion of the role of government with respect to the pharmaceutical industry

**Required Reading:**


**Session 12**  
*Wednesday, November 21*

**Medical errors – Medical malpractice**

- Brief overview of current malpractice law
- Description of what is known about medical errors
- Analysis of the effectiveness of the legal system and malpractice law in assuring quality and compensating victims of harm

**Required reading:**
Institute of Medicine, “Report Brief - To Err is Human: Building a Safer Health System” - [http://www.nap.edu/catalog/9728.html](http://www.nap.edu/catalog/9728.html)


**Discussion:**

In discussing malpractice reform (and efforts to reduce medical errors) in the session below, each discussion group will be asked to make recommendations for government and/or private action from the perspective of one of four interest groups. The four interest groups are:

- Health care providers
- Legal profession
- Lefty – government can/should solve most society’s problems types
- Tea Party members

**Session 13**

**Role of Patients – Making informed decisions**

**Wednesday, November 28**

- Patient’s rights to refuse/withdraw treatment
- What information do patients need to make health care decisions (choice of treatment, doctor/hospital, health plan, etc.)
- What’s the best way to get information to patients

**Required reading:**


M. Morgan, R Deber, H. Llewellyn-Thomas, “Randomized Controlled Trial of an Interactive Videodisc Decision Aid for Patients with Ischemic Heart Disease,” *Journal of General Internal Medicine* 15 No. 10 (2000): 685-693


**Session 14**

**Public Health Advocacy: Interest Groups, Lobbying, Stakeholders, and Campaign Finance Reform**

- General Introduction to Advocacy and Lobbying in Public Health
- History of Advocacy/Lobbying and Some Very Strange Alliances
- Advocating and Lobbying for the Health System Reform and the 2010 election

**Guest Speaker:**

Ivan Lanier, Director of State Government Affairs at the American Diabetes Association

**Required Reading:**


Session 15

Long Term Care and The Future of Health Care

Wednesday, December 12

- Overview of long-term care and the main types of services encompassed in the delivery of long-term care
- Discuss who needs long-term care and why
- Get acquainted with the main aspects of the nursing home industry and the patients it serves

Shi, Delivering Health Care in America: A Systems Approach, Ch. 10

Bodenheimer and Grumbach, Chapter 12, Long-Term Care in Understanding Health Policy, Lange, 5th edition 2005

Colombo et al, —Summary of Long Term Care in the USA, from Help Wanted? Providing and Paying for Long-Term Care, May 18, 2011, OECD,

* Final Paper Due in Class

Your Instructor

Dr. Daniella Fridl is the Director of the ICONS Project and the Assistant Director for the Center for International Development and Conflict Management (CIDCM). Dr. Fridl is also the Director of the Minor in International Development and Conflict Management and teaches courses in conflict management and negotiation. Daniella has designed and run training programs on effective negotiation, conflict management, crisis leadership, and cross-cultural communication. Recently, she helped design and deliver the Negotiation Leadership Workshop as a key component of USAID’s Governance Enhancement Project and Civil Society Enhancement Initiative (CSEI) in Guyana. Dr. Fridl is also Associate in the Department of International Health at the Bloomberg School of Public Health, Johns Hopkins University where she teaches a class in the area of health policy. She is also a visiting lecturer at Cornell University where she teaches a course in economic growth and development. Daniella has worked for a number of international organizations including the World Bank and the International Monetary Fund and has done consulting work in the private sector. She is an expert on the Balkans and has worked and conducted research in Bosnia and Herzegovina, Serbia, Croatia and Kosovo.

Dr. Fridl holds a B.A. in Political Science, International Relations and German Language from Drake University. She received her Masters Degree in International Economics and Conflict Management and PhD in International Relations from Johns Hopkins SAIS University. She is a recipient of a number of interdependent research grants from the International Research Exchanges Board (IREX) sponsored by the U.S. State Department. Dr. Fridl received the American Academy of Sciences fellowship for the post-doctoral work, which she completed at the International Institute for Applied Systems Analysis (IIASA) in Laxemburg, Austria. She is fluent in Croatian and German.