

PHP 310 Syllabus, Fall 2023

General Information

Course Director and Co-Director

Course Director: Ira Wilson
Email: ira_wilson@brown.edu
Office Hours: Friday, 1-2, on Zoom

Course Co-Director Ron Aubert
Email: ronald_aubert@brown.edu
Office Hours: TBD

Course Co-Director Cara Sammartino
Email: cara_sammartino@brown.edu
Office Hours: TBD

PREREQUISITES: none

Diversity Statement

This course embraces the notion our intellectual community is enriched and enhanced by diversity along a number of dimensions, including race, ethnicity and national origins, gender and gender identity, sexuality, class and religion.

Often forgotten is diversity of political views and perspectives. Health care issues like Medicare for All, the future of the Affordable Care Act, and prescription drug prices will continue to be hot political issues. In that context, we welcome and respect all political views and perspectives in this class. I encourage all students to take the opportunity of this class to engage constructively and positively with those who might see differently the issues that this course presents.

Students with Disabilities

Brown University is committed to full inclusion of all students. Please inform me if you have a disability or other condition that might require accommodations or modification of any of these course procedures. You may speak with me after class or during office hours. For more information contact Student and Employee Accessibility Services at 401-863-9588 or SEAS@brown.edu.

Course description

PHP310 is an introductory-level course designed to provide an overview of the U.S. health care delivery system. The course focuses on the ways in which health care is structured and how the different components of the system interact with one another. For pedagogical purposes, the course is divided into 3 parts: how health care is financed, how the delivery system works, and how the health care system is regulated. As you might anticipate, however, financing, delivery, and regulation of health care

are not actually separable, and one of the interesting parts of class is learning about the many ways in which they interact.

As an introductory course, PHP310 characterizes the U.S. health care system as it currently exists and operates, but it also often draws upon the historical roots of a given aspect or practice of the health care system in order to better understand it. However, because of the many changes produced by the Patient Protection Act and Affordable Care Act (the ACA or Obamacare), passed in March of 2010, this class will also necessarily have a strong “current events” focus. PHP310 is intended to be complementary to, but not substantially overlap with, the content that is covered in PHP320 (Introduction to Public Health).

PHP310 is designed to help students learn *how to* think about health care in the US, not *what to* think about health care in the US. It does not, in general, take a point of view or advocate for one kind of change versus another. If there is a dominant theme or perspective, it is that good data and valid research findings should guide policy, and that every solution creates new problems. Students will leave this course having some new tools and new kinds of knowledge that will enable them to think with more sophistication about these problems and trade-offs.

Course Format

LECTURES: There will be 3 lectures a week: Monday, Wednesday and Friday, at 10am, in Upper Salomon. Powerpoints of lectures will generally be available at the time of the lecture. Video recordings of all classes will be available for remote viewing shortly after the class concludes. Class attendance is not required or monitored (the class is simply too large for this).

SECTIONS: There are six section meetings during the course. The goal of sections is to provide a small group (about 20 students) in which to discuss both questions related to lectures and issues raised by the section assignments. There will be 20-25 sections, and they will be scheduled at different times of the week. The intent is for these to be face-to-face. There will be 1-2 virtual sections for students who cannot be on campus.

There is an assignment for every section meeting. Please plan to spend 1-3 hours on this assignment. Each assignment includes a 1-page written piece that needs to be submitted on time in order for you to receive credit. Note that **you should upload your section assignment in CANVAS by midnight THE SUNDAY BEFORE your section meets.**

You get 2 points for attending section, and 0 points for an unexcused absence. An excused absence is one for illness or school related commitment, for a total of 12 attendance points. For each section assignment you get 2 points if it is turned in on time, 1 point if it is late, and 0 points if it is not turned in, for a total of 12 assignment points.

EXAMS: There will be 2 mid-term exams and 1 final exam. Unfortunately, because of the virtual nature of the course and the exams, it will not be possible for you to review your exam once it is submitted.

READINGS: There are 2 required books for the course:

- Leiyu Shi & Douglas A. Singh. *Delivering Health Care In America: A Systems Approach (Eighth Edition)*. Burlington, MA: Jones and Bartlett Publishers, 2022. This is an excellent reference text.

- Ezekiel J Emanuel, *Reinventing American Health Care*. New York: Public Affairs, 2014. This book does an excellent job explaining how our health care system works (and doesn't work), and how the ACA is designed to improve it.

Readings not from the book are shown in CANVAS under the lecture that they pertain to. There are PDFs that can be downloaded. Readings should be done prior to the class or section which they are listed for.

QUIZZES ON THE READINGS: There are short quizzes (6 questions) on the readings for each of the lectures. You have to get 4/6 correct to “pass,” but you can take the quiz as many times as you would like to, and the highest grade will be the one recorded. There are 35 lectures, and 35 quizzes to take.

These are required and count 14% toward the final grade.

Evaluation

Final grades will be based on your performance on:

- Two in class mid-terms (16% each x 2 = 32%), multiple choice and true/false.
- Final exam (30%), multiple choice and true/false.
- Section assignments/attendance: 24% (details above Course Format section).
- Quizzes on Readings (14%)

LECTURE VIDEOS. All lectures will be videotaped and available for review shortly after each lecture.

MID-TERM EXAMS: The two mid-term exams will be based on lectures (including guest speakers), section content, and readings. You are expected to be familiar with all of these. The first mid-term exam covers the material that has been covered prior to that exam (lectures 1-12, health care financing); and the second mid-term exam covers the material covered between the first and second exams (lectures 13-22, the delivery system).

The midterm and final exams will be taken in person (not remotely).

FINAL EXAM: The final exam is cumulative and will be held during the scheduled exam time for this course, Thursday December 14, 9am.

SECTIONS: Attendance at all sections is mandatory, as are the 1-page written section assignments. Section assignments are to be turned in on-line (through CANVAS) **by midnight of the SUNDAY BEFORE your section meets.** Please attend only the section that you are assigned to.

NOTE ABOUT FINAL GRADES: Final grades will be based on the percent of the total points earned by each student. Assignment of final grades will be as shown below. **Please note that an 89.99% is a B, not an A. There will be no bargaining or haggling about final grades.**

90% or higher	A
80% to 89.9%	B
70% to 79.9%	C
Less than 70%	NC

Frequently asked questions

Am I required to go to class or review the video if the lectures? Yes. These are an essential part of the class. This will not be monitored. It will be assumed that as a responsible student that you will either go to class, view the lecture (or both!).

What do I do if I have a disability that affects my participation in the class? Brown University is committed to full inclusion of all students. Please inform me or Cara Sammartino if you have a disability or other condition that might require accommodations or modification of any of these course procedures. For more information contact Student and Employee Accessibility Services at 401-863-9588 or SEAS@brown.edu. NB: Please contact either me or Cara **during the first two weeks of class** so that we can best anticipate and meet any need you may have.

What do I do if I cannot pass a section assignment in on time? Email your section leader if there is a problem with a section assignment. HOWEVER, as a general rule you will not get full credit for late assignments. You are adults and have plenty of advance notice about these assignments. Exceptions will not be routinely granted.

What do I do if I cannot make a section meeting? You can go to a different section if on a particularly day you cannot make it to the section you are part of. It is your responsibility to make sure that the TA's for both sections know that you are doing this so that attendance can be properly recorded.

What do I do if I cannot complete an assignment or go to an exam because I am sick? Any and all excuses related to illness require that you contact someone in the Dean's office (401-863-9800). The Dean's office will then contact me making me aware that you have been excused for a medical reason. This approach is in accordance with University policy about illnesses that impact your ability to complete assignments on time.

What do I do if I cannot take an exam on the day it is offered? Email Cara Sammartino and arrange to take the exam at an alternative time. Please do this at least 2 weeks before the exam.

Can I audit this course? Yes. The expectation is that you view the lecture videos and do the reading, but NOT go to sections or take any exams.

Can I take the final on a different day? No. The Dean of Students does not allow any changes to final exam dates.

What happens if my final course average is 89.8 or 89.9; will the grade be rounded up to an "A"? No. There will be no rounding. You must get a 90.0 or above to get an "A." The same is true for all other grade cut-offs.

Expected course time commitments

Total time spent in and out of class for this course is expected to be ~180 hours. Over the 13 weeks of this course students will spend 2.5 hours a week in class, and 6 hours over the 13 weeks in section, or about 39 hours total. Although specific out-of-class time investments may vary for individual students, a reasonable estimate to support this course's learning outcomes is 150 hours total, or on average, ~11 hours weekly over a 13-week term. Out-of-class preparation will regularly include about 8 hours a week of reading, and on average 3 hours a week of integrating reading and lecture materials, preparing for section, and preparing for examinations.

Course Readings for each Lecture

Lecture 1, Wed Sept 6, 2023: Introduction to PHP 310 (Wilson)

REQUIRED READINGS

1. This 5-page Victor Fuchs article from the New England Journal of Medicine in 2012 describes trends in US health care in the last 50 years. The fact that it is now 10 years old **and is still timely and useful** is a testament to the value of the themes identified, all of which we will return to at various times during the course. After the first two parts of the course (which cover financing and providers) I suggest that you go back and read it again. It will make much more sense after we have covered these topics. [Fuchs Major Trends in the US Health Economy since 1950 NEJM March 2012.pdf](#)
2. Emanuel book, Intro, pages 1-13. This introduction uses several case studies to illustrate some of the problems in our health care system, and suggests how the Affordable Care Act tries to address them.
3. This online [Issue Brief from The Commonwealth Fund](#) (Jan, 2023) provides data on the performance of the US healthcare system. It examines costs and selected health outcomes by comparing the US with other high income countries, mostly in western Europe. There is a lot of data. Try to understand the main points of the Issue Brief, not the details of the data.

Lecture 2, Fri September 8, 2023: Introduction to the Health Care System (Wilson)

REQUIRED READING

1. Shi and Singh, Chapter 1 (pages 1-22, 37-40), and Chapter 2 (pages 51-84).
2. A course on health care assumes some understanding of what "health" is. Please be able to explain the main ideas that this article proposes. [Wilson Cleary Linking Clinical Variables to HRQL JAMA 1995.pdf](#)
3. Please read [this](#) carefully (it is short), from the Urban Institute. It helps to frame many of the issues that we will cover in this course. Begin to think about what factors produce or cause health. Please also look at this accompanying short [video introduction](#).
4. This 9-page piece from the Kaiser Family Foundation (May, 2018) builds on the principles introduced in the prior reading. It reviews, in more detail, the role of social determinants in the promotion of health and health equity. [2018 May KFF IB The Role of Social Determinants in Promoting Health and Health Equity.pdf](#)
5. This [TED Talk](#) by Dorothy Roberts discusses and criticizes "race based" medicine. A theme of this course, which will be addressed in more detail in the next lecture, is that health care in the US is situated in the history, culture, and politics of this country. As the course develops, be thinking about the many ways in which the history of race in the US impacts health care in the US.
6. This 2000 article by Camara Phyllis Jones proposes a theoretical framework that can be used to understand how systemic or structural racism works. While events in the last several years have given new life to the idea that racism has large systemic or institutional components, this article demonstrates that this is not a new idea. [2000 Jones CP Three Levels of Racism ajph.90.8.1212.pdf](#)

Lecture 3, Mon Sept 11, 2023: Values, Beliefs, and Health

REQUIRED READING

1. This [short article](#) from Jan 20, 2013 Sunday NYT has insights about interest groups, in this case drug manufacturers, interact with Congress. This is just as true today as it was in 2013. PDF: [Medicare Pricing Delay is Political Win for Amgen, Drug Maker - The New York Times.pdf](#)
2. This NYT Editorial, by Paul Krugman, "Why markets can't cure healthcare" The New York Times, July, 25, 2009, reviews the arguments that market are necessarily imperfect in healthcare: [Krugman health care and markets.pdf](#)
3. This WSJ Editorial, by John Mackey, "The Whole Foods Alternative to Obamacare" Wall Street Journal, Aug 11, 2009, makes the argument that markets are critical in healthcare: [2009 Mackey The Whole Foods Alternative to Obamacare WSJ.pdf](#) Think about how the approaches suggested by Krugman and Mackey differ.
4. David Brooks NYT editorial from 2017 on markets in health care. [Brooks Do Markets Work in Health Care NYT Jan 13 2017-1.pdf](#). Or [Link](#)
5. Excellent, short (2-page), article by one of the US's most eminent health economists, Victor Fuchs, reflecting on differences between the US and other OECD countries. [Fuchs US & OECD differences JAMA 2013.pdf](#)
6. Atul Gawande's very readable [New Yorker article](#) on whether health care is a right. Do you believe that health care is a right? Why or why not? If yes, think about how much care to people have a right to? PDF: [2017 Gawande Is Health Care a Right The New Yorker.pdf](#)
7. This [2021 NYT article](#), "Do you live in a political bubble," explores rising partisanship in the US. I recommend that you read this online because of the excellent graphics. Put in your home town address, and learn about partisanship there.
8. Shi and Singh, Chapter 2 (pages 84-101)
9. Emanuel book, Ch 1 (pages 17-33). This is a brief and very useful summary of the history of the US health care system.

Lecture 4, Wed Sept 13, 2023: Health Insurance Principles, Part 1

REQUIRED READING

1. This [5-minute cartoon](#) explains some basic facts about how health insurance works.
2. Austin Frakt makes the argument in a [NYT article](#) that health insurance is good for financial health. PDF: [2015 Frakt Medical Insurance Is Good for Financial Health, Too - The New York Times.pdf](#)
3. Brief summary of lessons learn from Oregon Health Insurance Experiment. [2014 JPAL Summary of Oregon Medicaid Experiment Jan 2014.pdf](#)
4. It is critical to understand how health expenditures are distributed in a population, and the implications of that for how insurance works. See this [very good explanation](#) from the Peterson-KFF Health System Tracker website.
5. Emanuel, Ch 2 (Pages 34-67). This is a good introduction to the topic of how health care in the US is financed.
6. Shi and Singh, Chapter 6 (241-256).

Lecture 5, Fri Sept 15, 2023: Health Insurance Principles, Part 2

REQUIRED READING

1. 2013 Uwe Reinhardt JAMA article on price transparency: [Reinhardt The Disruptive Innovation of Price Transparency in Health Care JAMA Nov 2013.pdf](#)
2. This short article describes what it is like for an educated and well-off woman and her family trying to purchase insurance on the private, individual market. [Dubinsky NYT article 2-19-11 on Health Insurance.pdf](#)
3. This [NYT article](#) explains how a reporter's epilepsy (a pre-existing condition) has affected all of his career choices. PDF: [2018 Eichenwald Opinion Held Hostage by Health Insurance - The New York Times.pdf](#)
4. This short [NY Times article](#), Patients' Costs Skyrocket; Specialists' Incomes Soar, NYT Jan 18, 2014, helps you to understand the problems with fee-for-service reimbursement. PDF: [2014 Rosenthal Patients' Costs Skyrocket; Specialists' Incomes Soar - The New York Times.pdf](#)
5. This [Aug 22, 2021 NYT article](#) discusses the current state of price transparency in the US. You will find this fascinating. Read it online because of the terrific graphics.
6. [Short article in NYT](#) by Kate Zernike article explaining how tax subsidies help pay for private/commercial health insurance. PDF: [2017 Zernike The Hidden Subsidy That Helps Pay for Health Insurance - The New York Times.pdf](#)
7. Shi and Singh, Chapter 3 (pages 111-145). This chapter provides excellent and very necessary historical context for the more current day topics we will discuss in lecture.

Lecture 6, Mon Sept 18, 2023: Private Insurance and the ACA

REQUIRED READING

In 2016, after operating for 2 years, a number of large insurers dropped out of the ACA health exchanges, saying that they couldn't make money if they stayed in. It was not clear at that time what would happen; long story short, the exchanges survived. But the reason that I have assigned several papers that were published in 2016 (readings 1-5) is that they discuss important aspects of how private insurance works, and it is on these *principles* that I want you to concentrate.

1. This 2016 Jama article discusses the problem of adverse selection in the ACA exchanges. [2016 Oct Reinhardt Why are Health Insurers Losing Money on Obamacare Jama.pdf](#)
2. Employer-based (private) insurance has problems, one of which is explored in [this 2016 NYT article](#) by two health economists, Nicholas Bagley and Austin Frakt. PDF: [2016 The Problem With One-Size-Fits-All Health Insurance - The New York Times.pdf](#)
3. This 2016 [NYT article by Sanger-Katz](#) explains how adverse selection impacts the Obamacare health exchanges. Make sure you understand the following from the article: "Who you serve influences how much it costs to serve them," said David Cutler, an economist at Harvard who has studied adverse selection in health insurance. "That's the biggest difference between insurance and every other market." PDF: [2016 Sanger-Katz Football Team at the Buffet Why Obamacare Markets Are in Crisis - The New York Times-1.pdf](#)
4. This [NYT article by Abelson](#) discusses the importance of cost in patients' insurance choices. [2016 Abelson Cost, Not Choice, Is Top Concern of Health Insurance Customers - The New York Times.pdf](#)

5. See this Healthcare Triage blog, and view the [7 minute video](#), which suggests how exchanges could be "fixed" using principles that have previously received bipartisan support in the Medicare program.
6. Do high-deductible plans make the health care system better? See this [NPR Marketplace story](#).
7. In this short, [NYT opinion piece](#) from July 2022, Aaron Carroll argues that deductibles are "ridiculous." PDF: [2022 Carroll Opinion Out-of-Pocket Costs Put Americans into Medical Debt - The New York Times.pdf](#)
8. This [2019 Commonwealth Fund paper](#) does an excellent job reviewing issues related to costs in commercial plans.

Lecture 7, Wed Sept 20, 2023: Managed Care

REQUIRED READING

The first two readings focus on how fee-for-service reimbursement works. It is important to understand how incentives work with FFS reimbursement. Readings 3-5 focus on the concept of narrow networks as a method of "managing" care. Reading 6 returns to the topic of high deductibles, again as a method of managing care. Reading 7 is a valuable overview chapter.

1. This Wall Street Journal Article: "A Device to Kill Cancer, Lift Revenue": December 7, 2010, provides insights into how incentives for providers work in the healthcare system. [WSJ prost CA IMRT treatment.pdf](#)
2. This NYT article provides more insight into provider incentives and provider behaviors. [Creswell Abelson NYT Medicare Payments Surge for Stents to Unblock Blood Vessels in Limbs Jan 29, 2015.pdf](#) or [Link](#)
3. This is a short description of the problems with [narrow insurance networks](#).
4. From CMS, what people should know about [narrow provider networks](#).
5. This Jan 20, 2014 Boston Globe article discusses the downsides of "narrow networks" in the NH health exchange. Note that this came out just weeks after the ACA exchanges went live. [Tracy NYT Narrow Networks in NH Marketplace plans Jan 20 2014.pdf](#) or [Link](#)
6. This NYT article discusses the problems that can be seen with high deductible plans. [Sanger-Katz NYT The Big Problem With High Health Care Deductibles Feb 5 2016.pdf](#) or [Link](#)
7. Shi and Singh, Chapter 9 (pages 393-426). Note that this is a particularly useful chapter.

Lecture 8, Fri Sept 22, 2023: Medicare 1

REQUIRED READING

It is essential to have good familiarity with what Medicare is and how it works. These readings, in places, cover some of the same material. This repetition is intentional; use it to better learn the material.

1. This is a very helpful KFF 2019 "Overview of Medicare" [2019 Feb KFF IB overview-of-medicare.pdf](#)
2. This KFF 2022 article discusses Medicare spending: <https://www.kff.org/interactive/the-facts-about-medicare-spending/>

3. This KFF 2023 article discusses Medicare spending and financing.
<https://www.kff.org/medicare/issue-brief/what-to-know-about-medicare-spending-and-financing/>
4. The CRS (Congressional Research Service) is an excellent source of information about many topics, including health care. This is a reference document that you may find helpful. Please read **only pages 3-6**, Medicare History. [2020 CRS Medicare Primer.pdf](#)
5. Shi and Singh, Chapter 6 (pages 257-265)

Lecture 9, Monday Sept 25, 2023: Medicare 2

REQUIRED READING

1. This Nov 2022 KFF article is an up-to-date description of the Medicare Advantage (MA) plans that are currently being used by Medicare beneficiaries. <https://www.kff.org/medicare/issue-brief/medicare-advantage-2023-spotlight-first-look/>
2. This 2023 May KFF article announces that MA penetration has exceeded 50% for the first time: <https://www.kff.org/policy-watch/half-of-all-eligible-medicare-beneficiaries-are-now-enrolled-in-private-medicare-advantage-plans/>
3. This short Oct 2022 article reviews what people like about MA.
<https://www.commonwealthfund.org/publications/issue-briefs/2022/oct/traditional-medicare-or-advantage-how-older-americans-choose>
4. This Nov 2022 article (in the middle of "enrollment season") discusses issues related to how to choose whether to enroll in MA.
<https://www.nytimes.com/explain/2022/11/20/health/medicare-open-enrollment> or PDF: [2022 Span Which to Choose Medicare or Medicare Advantage - The New York Times.pdf](#)
5. Medicare Advantage plans are private plans. Is there fraud in MA?
<https://www.nytimes.com/2022/10/08/upshot/medicare-advantage-fraud-allegations.html> or PDF: [2022 Abelson and S-K How Insurers Exploited Medicare Advantage for Billions - The New York Times.pdf](#)
6. This Oct 2022 KFF article discusses how Medicare Part D works.
<https://www.kff.org/medicare/fact-sheet/an-overview-of-the-medicare-part-d-prescription-drug-benefit/>
7. There are lots of Medicare Part D plans for beneficiaries to choose from, as shown by this Nov 2022 KFF article. <https://www.kff.org/medicare/slide/the-typical-medicare-beneficiary-has-close-to-70-different-medicare-advantage-and-medicare-part-d-stand-alone-plan-options-for-2023/>
8. Emanuel book, Ch 3 (pages 68-94)

Lecture 10, Wed Sept 27, 2023: Medicaid 1

REQUIRED READING

There is also a lot to know about Medicaid, and it is a little more complicated than Medicare because every state, some territories, and the District of Columbia have their own programs. Each of these programs has to comply with specific federal guidelines, but each also has some latitude to do things their own way.

1. This short (5 page) Medicaid Pocket Primer from KFF (2017) and another excellent resource. [2017 Jan Fact Sheet Medicaid Pocket Primer.pdf](#)
2. This 2-page 2023 Congressional Research Service (CRS) "Medicaid Primer" is very helpful. [2023 CRS Medicaid Primer.pdf](#)
3. This is a very up-to-date and useful 2023 June KFF article. <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid/>
4. This 2023 April KFF article covers the basics of Medicaid financing. <https://www.kff.org/medicaid/issue-brief/medicaid-financing-the-basics/>
5. This 2023 June article from the Peterson Foundation looks at Medicaid financing from the state perspective. <https://www.pgpf.org/budget-basics/budget-explainer-how-do-states-pay-for-medicaid>
6. This 2015 KFF article with several videos embedded helps dispel stereotypes that people often have about Medicaid. <https://www.kff.org/medicaid/video/faces-of-medicaid/>

Lecture 11, Fri Sept 29, 2023: Medicare 2

REQUIRED READING

1. This paper from the Commonwealth Fund compares Medicaid with Private Insurance. [2017 CWF IB Comparing Medicaid with Private Insurance.pdf](#)
2. This 2019 [Kaiser Health News article](#)[Links to an external site.](#) shows how Medicaid can vary from state to state, KHN, 2019.
3. This 2017 KFF [booklet](#) and accompanying videos has a series of stories about different patients with Medicaid that help you to get a clearer sense of who has Medicaid and how it helps them. It can help dispel some of the stereotypes many people have.
4. This KFF 2023 July site has an interactive map of how Medicaid expansion has been implemented to date in different states. Have a look at it, perhaps look at the state you are from, and get a sense of which states have expanded. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>
5. 2019 JAMA Viewpoint on the impact of Medicaid Expansion. [2019 Allen Sommers Impact Medicaid expansion JAMA.pdf](#)
6. It is important to understand how the Covid pandemic impacted Medicaid in the US, and why. See this KFF 2023 April article. <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>
7. What do Americans think about the Medicaid program? See these KFF 2023 March poll results. <https://www.kff.org/medicaid/poll-finding/5-charts-about-public-opinion-on-medicaid/>
8. There is recurrent discussion of requiring Medicaid recipients to work. Is this a good idea? See this KFF 2023 April article. <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-work-a-look-at-what-the-data-say/>

Lecture 12, Mon Oct 2, 2023: The Uninsured

REQUIRED READING

1. This KFF 2022 Dec article reviews facts about the uninsured. <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>
2. This KFF 2023 March article discusses coverage gaps in the US and how they relate to states that did or didn't expand Medicaid. <https://www.kff.org/medicaid/issue-brief/how-many-uninsured->

[are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/](#)

3. This KFF 2022 Dec article discusses how insurance or lack thereof relates to race/ethnicity in the US. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-by-race-and-ethnicity/>
4. Can immigrants get health insurance coverage? See this KFF 2022 Dec article. <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/>
5. This [March, 2020 NYT column](#) by 4 health journalists reviews the accomplishments of the ACA. PDF: [2020 Obamacare Turns 10. Here's a Look at What Works and Doesn't. - The New York Times-1.pdf](#)
6. If you have health care insurance ... can you be underinsured? See this 2020 Commonwealth Fund article. <https://www.commonwealthfund.org/publications/issue-briefs/2020/aug/looming-crisis-health-coverage-2020-biennial>

EXAM 1, Wed Oct 4, 2023

Lecture 13, Fri Oct 6, 2023: Introduction to the Delivery System

REQUIRED READING

1. Zeke Emanuel editorial from NYT Feb 25, 2018, on the changing role of [hospitals](#) in the US healthcare system.
2. Oct 2018 NYT article in the [role of rural hospitals](#) and the risks that ensue when they close.
3. This [Harvard Business Review article](#), March 16, 2020, argues that we could have a better and more efficient healthcare system if we organized how we deliver primary care differently.
4. In this short 2022 Dec JAMA Health Forum piece, noted health economist David Cutler discusses how Covid has impacted the US health workforce. [2022 Cutler Workforce Issues post Covid Jama HF.pdf](#)
5. Shi and Singh, ch 4 (p 153-190)
6. Emanuel, Ch 4, (pages 95-124). The 5 problems that are identified in this chapter pull together a number of the themes emphasized in the course so far.

BROWN HOLIDAY, No Lecture, Mon Oct 10, 2022. Indigenous People's Day

Lecture 14, Wed Oct 11, 2023: Primary Care 1

REQUIRED READING

1. There is a wonderful Jan 2017 New Yorker article by Atul Gawande that is very much about primary care. See full article, [Gawande The Heroism of Incremental Care full article Jan 2017.pdf](#) or here is the link to the [New Yorker article](#).
2. This NEJM commentary (short, 2 pages) discusses the challenges of having to ration time and energy during primary care encounters. [Koven The Doctor's New Dilemma NEJM Feb 24 2016.pdf](#)

3. July 2018 perspective (short, 2 pages) on the rewards of being a physician, which can easily be lost, missed or forgotten in the face of the challenges of current practice. [2018 Rosenbaum Twitter Tailwinds Little Capsules of Gratitude NEJM.pdf](#)
4. This 2019 *Lancet* commentary (1 page) reviews some of the data about primary care spending in the US, and the challenges and difficulties faced by those trying to prioritize primary care in the US. [2019 Primary Care in the US Lancet.pdf](#)
5. This 2017 paper by Simon et al. describes the findings of an empirical study that tries to identify attributes of high value primary care. Please skim the Methods but pay more attention to the Results and the Discussion. [2017 Simon et al Attributes of high-value primary care Ann Fam Med.pdf](#)
6. Shi and Singh, Ch 7, pages 297-310 only.

Lecture 15, Fri Oct 13, 2023: Primary Care 2

REQUIRED READING

1. *2021 National Academy of Science Report on Primary Care*. Have a look at the Preface and the Abstract (so you have a sense of the purpose of the report. Then read Chapter 1, "A New Vision for Primary Care." (pages 19-37). [2021 NAS Report Final.pdf](#)
2. This *Chartbook of Facts and Statistics* about primary care is an outstanding resource. Please read pages 4-17 (it is mostly charts and tables). If you are interested, have a look at the rest of the booklet (up to page 38), but this is not required. [2021 Graham Center PrimaryCareChartbook.pdf](#)
3. Please read this 2022 Bodenheimer article "Revitalizing Primary Care, Part 1: Root Causes of Primary Care's Problems. [2022 Bodenheimer Revitalizing Primary Care Part 1.pdf](#)
4. Please read this 2022 Bodenheimer article, "Revitalizing Primary Care, Part 2: Hopes for the Future." [2022 Bodenheimer Revitalizing Primary Care Part 2.pdf](#)
5. This short, October 2018 Kaiser Health News piece reviews the important role that [foreign medical graduates](#) have in our health care system.
6. This brief [Oct, 2020 article](#) from the AMA website discusses the positive contributions that international medical graduates make to the US healthcare system.
7. Please read this [2022 Commonwealth Fund](#) article on stress and burnout in primary care globally.

Lecture 16, Fri Oct 16, 2023: Ambulatory Care

REQUIRED READING

1. This 2-page JAMA opinion piece (2013) is a very nice summary of how options for ambulatory services for low acuity conditions are changing. [Mehrotra Low Acuity Conditions JAMA Viewpoint 2013.pdf](#)
2. This is an interesting 2 page NEJM commentary on how emergency departments have (and haven't) changed over the last 50 years. [Kellermann The ER 50 Years On NEJM 2011.pdf](#)
3. This 2018 JAMA Editorial discusses the relationship between trends in health care and how they could impact the future of retail clinics. [2018 Cassel Can Retail Clinics Transform Primary Care JAMA.pdf](#)
4. This [2021 New Yorker article](#) on "wellness" touches on a number of these that by know you will be familiar with. Make sure as you read to relate it to things that have been covered prior to this

in the class. Or in PDF form: [2021 Wapner Medicines Wellness Connundrum The New Yorker Annals of Medicine.pdf](#)

5. This [2022 article from the Millbank Foundation](#) by Chris Koller discusses the importance of having a usual course of care.
6. Shi and Singh, Chapter 7 (pages 293-340). This is a longish chapter, but is a very good overview.

Lecture 17, Wed Oct 18, 2023: Mental Health

REQUIRED READING

1. This 2016 [Kaiser Health News article](#) is a story about the struggles of a family to care for their daughter, who developed mental illness as an adolescent.
2. Why is mortality high in persons with mental illness? This is an easy to read, 2016 NEJM paper that makes a series of very important points about mental illness and caring for those with mental illness. [Rosenbaum Mortality Gap in Mental Illness NEJM 2016.pdf](#)
3. These are 3 short articles from the National Institute of Mental Health on suicide. I understand that this is a difficult topic, and might be triggering for some, but it is essential to learn about, and be able to talk about, this important mental health issue.
 - [Epidemiology and demographics](#)
 - [Youth suicide during Covid](#). If you are interested you can follow the links in this summary to the article that the summary is based on.\
 - [Suicide prevention](#). Please read this carefully. It contains a very useful information that you all should be familiar with.
4. This [March 2021 NYT editorial](#) touches on many of the issues that are important to understand about suicide in young people. PDF: [2021 Opinion I Don't Want Another Family to Lose a Child the Way We Did - The New York Times.pdf](#)
5. Please spend 15 or 20 minutes exploring this website: <https://seizetheawkward.org/>. Spend enough time on the site to get a feel for how you might have a conversation about a mental or behavioral health problem with a friend or classmate. Check out the [stories](#) of people like Billie Eilish.

Lecture 18, Mon Oct 20, 2023: Hospitals (TBA)

REQUIRED READING

1. The article discusses a very important topic -- market concentration in health care. [2017 Fulton Health Care Market Concentration HA.pdf](#)
2. This Nov 14, 2018 NYT article on [hospital mergers](#) touches on a number of important themes.
3. This interesting [2023 NYT article](#) discusses how one large not-for-profit health system handles medical debt. PDF: [2023 Allina Health System in Minnesota Cuts Off Patients With Medical Debt - The New York Times.pdf](#)
4. Are hospital mergers good for patients? Read this [2021 STAT article](#). PDF: [2021 Hospital mergers need more oversight from federal, state officials - STAT.pdf](#)
5. I haven't assigned a lot of podcases, but I couldn't resist this one. Here is the [Spotify link](#), but I'm sure you can find it wherever you get your podcasts.
6. Shi and Singh, Chapter 8 (pages 349-385).

Lecture 19, Mon Oct 23, 2023: Long Term Care and Nursing Homes (Harrison)

REQUIRED READING

1. Please read this concise 2015 review article on long-term services and supports written by Dr. Thomas. [Thomas and Applebaum LTSS PPAR 2015.pdf](#)
2. Shi and Singh, Chapter 10 (pages 433-462). Note that this chapter is a well written and comprehensive overview.
3. This 2016 paper by Harrison and Frampton discusses resident-centered care in nursing homes. [2016 Harrison Frampton Resident-Centered Care in 10 U S Nursing Homes J Nursing Scholar.pdf](#)
4. This 2021 Harrison et al. article is about vaccine hesitancy among staff at skilled nursing facilities. [2021 Harrison et al Vaccine hesitancy NH staff JAMDA.pdf](#)
5. This 2022 Grabowski paper discusses the importance of nursing in nursing homes. [2022 Grabowski Putting nursing and home in NHs Innov in Aging.pdf](#)

Lecture 20, Wed Oct 25, 2023: End of Life and Palliative Care in America (Rudolph)

REQUIRED READING

1. Useful Infographic. [EOL Demographics.JAMA.2016.pdf](#)
2. Quantity and quality of life: duties of care in life-limiting illness, by Atul Gawande (2.5 pages). [Gawande Quality and Quantity of Life JAMA Editorial in EOL Issue Jan 2016.pdf](#) Note that there is a wonderful full length treatment of this topic, also by Atul Gawande, below under Non-Required Readings, which I strongly recommend.
3. Improving quality of care for serious illness: findings and recommendations of the Institute of Medicine (IOM) Report on Dying in America, by James Tulsky, 2015 (1.5 pages). [IOM.Report Tulsky JAMAInternalMedicine 2015.pdf](#)
4. This [2017 KFF report](#) discusses a survey of patient experiences with End of Life care in the US. PDF: [2017 Report-Views-and-Experiences-with-End-of-Life-Medical-Care-in-the-US.pdf](#)
5. This is a short and useful [2022 article](#) on palliative care from the WHO.
6. What would an [aging friendly health care system](#) look like?

Lecture 21. Fri Oct 27, 2023: The VA and the Military Health System (Wilson)

REQUIRED READING

1. This [brief 2014 NPR piece](#) explains the difference between the VA and the Military Health System (MHS).
2. The [brief 2014 Vox piece](#) explains how the VA works. Note that both of these first 2 readings were written in the context of access problems in both systems, but particularly in the VA, which you can read more about if you are interested in links in the Vox article.
3. This 2-page article published by the Congressional Research Service (CRS) in 2020 describes key aspects of the MHS. [2020 MHS Primer CRS.pdf](#)
4. This 2-page article published by the CRS in 2019 describes key aspects of the VA. [2019 Intro to Veterans Health Care CRS.pdf](#)
5. This 2-page article in JAMA in 2017 describes important changes in the MHS which were the result of 2017 legislation. [2017 Smith Transforming the MHS JAMA.pdf](#)

6. This 2-page article from the CRS describes the various ways in which veterans can access health care. [2020 Vets and Health Care Choices.pdf](#)
7. The Table describes the 8 Enrollment Priority Groups for the VA. [2018 enrollment priority groups.pdf](#)

Lecture 22. Mon Oct 30, 2023: Why are prescription drug costs so high? (Aubert)

REQUIRED READING

1. This [brief 2014 NPR piece](#) explains the difference between the VA and the Military Health System (MHS).
2. The [brief 2014 Vox piece](#) explains how the VA works. Note that both of these first 2 readings were written in the context of access problems in both systems, but particularly in the VA, which you can read more about if you are interested in links in the Vox article.
3. This 2-page article published by the Congressional Research Service (CRS) in 2020 describes key aspects of the MHS. [2020 MHS Primer CRS.pdf](#)
4. This 2-page article published by the CRS in 2019 describes key aspects of the VA. [2019 Intro to Veterans Health Care CRS.pdf](#)
5. This 2-page article in JAMA in 2017 describes important changes in the MHS which were the result of 2017 legislation. [2017 Smith Transforming the MHS JAMA.pdf](#)
6. This 2-page article from the CRS describes the various ways in which veterans can access health care. [2020 Vets and Health Care Choices.pdf](#)
7. The Table describes the 8 Enrollment Priority Groups for the VA. [2018 enrollment priority groups.pdf](#) The most important thing is to appreciate that the VA has to prioritize, and to have a sense of who the high priority groups are.

EXAM 2: Wed Nov 2, 2022

Lecture 23, Fri Nov 3, 2023: Introduction into Regulation and Quality

REQUIRED READING

1. This book chapter is a good review of the roles that federal, state, and local governments play in the regulation of health and health care issues. [Jonas' US Health Care System 2021 Ch 5 Government and the Health Care System.pdf](#)
2. This short piece (2 pages) reviews the main themes in a book* that the author has written on the topic of why health care regulation is complex. [Field Why is Health Care Regulation so Complex P&T 2008.pdf](#)

* The book is *Health Care Regulation in America: Complexity, Confrontation and Compromise*. New York: Oxford University Press, 2007

Lecture 24, Mon Nov 6, 2023: Federal Agencies (TBA)

REQUIRED READING

1. This [Khan Academy video](#) is a useful introduction to the federal bureaucracy.

2. This [Khan Academy video](#) reviews the ways in which Congress has oversight over the federal bureaucracy.
3. Shi and Singh, Ch 13 (pages 581-613).
4. For reference. Please have a look at these sites so you understand how HHS is structured and so that you have links to more information about the relevant parts of HHS.
 - HHS [organizational chart](#)
 - HHS [offices and agencies](#)

Lecture 25, Wed Nov 8, 2023: Quality Measurement 1

REQUIRED READING

1. This 2016 NEJM article makes a strong argument in favor of measuring health outcomes, and not processes of care, in the pursuit of a higher quality health care system. [Porter ME et al Standardizing Patient Outcomes Measurement NEJM 2016.pdf](#)
2. Shi and Singh, Chapter 12 (pages 525-571). This is a long but comprehensive chapter that covers cost, access, and quality.
3. Please read the Executive Summary (pages 1-7) of the AHRQ Quality Report. [2022qdr.pdf](#)

Lecture 26, Fri Nov 10, 2023: Health Care Disparities (Aubert)

REQUIRED READINGS

1. This [Aug 2020 NYT article](#) that provides an example of how structural racism works.
2. This very recent [New England Journal article](#) discusses structural racism in health. Here is the PDF: [2021 Bailey et al How Structural Racism Works NEJM.pdf](#)
3. This short article provides definitions that are useful when discussing health and health care disparities. [2014 Braverman Disparities and Health Equity Pub Health Reports.pdf](#)
4. Please read this outstanding [March 2023 KFF summary](#) of key health data by race and ethnicity.

Lecture 27, Mon Nov 13, 2023: Quality Measurement 2

REQUIRED READING

1. This *New Yorker* article was widely read by policymakers in Washington when it came out in 2009, and President Obama recommended it to those interested in health care reform. Please read it carefully; it is a fun read. [Gawande The Cost Conundrum New Yorker 2009.docx](#)
2. This is a 2015 *New Yorker* article, again by Atul Gawande, about overtreatment, with a follow up on McAllen TX at the end. Very readable and interesting. [2015 Gawande Overkill New Yorker.pdf](#) If you prefer a link: [Link](#)
3. This 2017 short commentary by Berwick reviews issues related to unnecessary, overutilization of services. [2017 Berwick Quality and Overuse Lancet.pdf](#)
4. Please have a look at this 2023 NEJM article on the safety of inpatient care. [2023 Bates et al Safety of Inpatient Care NEJM.pdf](#) Look at the abstract, review the tables and figures, and try to understand the main arguments of the paper. Please also read the accompanying editorial. [2023 Berwick Editorial NEJM.pdf](#)

Lecture 28, Wed Nov 15, 2023: Quality Improvement and the EHR (Sarkar)

REQUIRED READINGS

1. This 2018 New Yorker article by Atul Gawande is titled, [Why Physicians Hate Their Computers](#). Or PDF: [2018 Gawande Why Doctors Hate Their Computers New Yorker.pdf](#)
2. This 2017 paper discusses some of the challenges the health IT still has to address and overcome in order to provide the value that many believe it can. [2017 Adler-Milstein et al Crossing the health IT chasm JMIA.pdf](#)
3. This short (2.5 pages) discussed health information exchanges. [2022 Sarkar HIE as a global utility Chest.pdf](#)
4. Shi and Singh, Ch 5 (pages 199-233)

Lecture 29, Fri Nov 17, 2023: ACOs and Pay for Performance (Wilson)

REQUIRED READING

1. This Feb 2018 JAMA Viewpoint describes some of the complexities of implementing ACOs "on the front lines." [2018 Ganguli Ferris Accountable Care at the front lines JAMA.pdf](#)
2. This Dec 2018 JAMA Viewpoint suggests that there are basic flaws in the ways in which Pay-For-Performance reimbursement models work. [2018 Khuller Wulfson Casalino Professionalism, Performance and the Future of Physician Payment Incentives JAMA.pdf](#)
3. This 2018 editorial by Koller reviews issues related to payment reform. [Link](#)
4. In this Sept 2019 NYT Upshot article, Frakt reviews whether payment reforms have improved "value." [Link](#)

Lecture 30, Monday Nov 20, 2023: Covid-19 and the US Healthcare System (Rivkees)

1. This is a summary of a Dec, 2022 poll of physicians and the public about Covid-related misinformation. [2022 Covid misinformation poll.pdf](#)
2. This is a short Feb 2023 Fortune article on how Covid has affected our healthcare system. [2023 Edelman Mussallem Pandemic has changed health care system Fortune.pdf](#)
3. This is a [Feb 2023 NYT article](#) on why doctors report burnout. PDF: [2023 Feb NYT MDs burned out by health system.pdf](#)
4. Please look at this March 2023 JGIM article on workload and burnout among health care workers. Read the abstract, review the tables and figures, and read the discussion. I only want you to have a sense of the main take home points. [2023 Rotenstein et al Covid work overload and burnout JGIM.pdf](#)
5. Please look at this May 2023 Nature Communications article about the impact of Covid on health care workers. Read the abstract, review the tables and figures, and read the discussion. This is a difficult article and I only want you to have a sense of the main take home points. [2023 Wang et al Covid and workforce Nature Comm.pdf](#)

Lecture 31, Monday Nov 27, 2023: The Role of the States in Health Care Regulation

REQUIRED READING

1. This is a 15-page chapter from a book edited by Jim Morone on the federal-state relationship in health. [Morone book ch 6 on federalism.pdf](#)
2. Shi and Singh, you have already read Ch 13, but please review pages 585-594.
3. Review Chapter 5 from Jonas' *Introduction to the US Health Care System*, which was previously assigned for the lecture on Introduction to Quality and Regulation (lecture 23). [Jonas' US Health Care System 2021 Ch 5 Government and the Health Care System-1.pdf](#)

Lecture 32, Wed Nov 29, 2023: Misinformation and Disinformation in Health Care (Wardle)

REQUIRED READING

1. This short (3 page) Spring 2023 Issues in Science and Technology article by Prof. Wardle discusses how we should think about misinformation. [2023 Wardle Misunderstanding Misinformation Issues in Science and Technology.pdf](#)
2. This 2020 publication is from First Draft News, the organization of which Dr. Wardle was Executive Director from 2015 to 2022. It identifies Covid-19 vaccine narratives, misinformation and data deficits on social media (and is not as long as it might appear) [2020 Feb FirstDraft Underthesurface Executivesummary Final.pdf](#)
3. In 2021, the Surgeon General published a set of recommendations, Confronting Health Misinformation, with the goal of slowing the spread of health misinformation during the Covid-19 epidemic and beyond. It identifies actions that different sectors of society can take. [2021 surgeon-general-misinformation-advisory.pdf](#)
4. Finally, check out this John Oliver show on misinformation: <https://www.youtube.com/watch?v=I5jtFqWq5iU>

Lecture 33, Fri Dec 1, 2023: Women's Health

1. This reading is Ch 12 from Liz Tobin-Tyler's 2022 book, *Essentials of Health Justice*. [Essentials of Health Justice Law Policy and Struct... ---- \(CHAPTER 12 Women\).pdf](#)
2. This [Feb 2023 KFF article](#) examines the experiences women have with providers in health care settings.
3. This [April 2022 Commonwealth Fund Issue Brief](#) compares the US to other high income countries on women's health issues.
4. This [July 2022 KFF-Peterson Health Tracker article](#) describes the costs of child bearing.
5. This short Jan 2023 Perspective in the NEJM discusses reproductive medicine in the post-Roe US. [2023 Mucherson Regulation reproductive medicine post-Roe NEJM.pdf](#)

Lecture 34, Mon Dec 4, 2023: Consolidation and Monopoly in Health Care (Singh)

As you will note, there were reading on the impact of hospital mergers (horizontal integration) earlier in the class in the hospital lecture. These readings have a bit of overlap, but approach the topic of consolidation and monopoly in our health care system from a more general perspective.

1. This is a [2020 podcast](#) (20 mins) on hospital mergers.
2. This is a [2019 NYT article](#) on the impact of hospital mergers on quality of care. PDF: [2019 Frakt Hospital Mergers Improve Health Evidence Shows the Opposite - The New York Times.pdf](#)

3. This is a short, 2022[summary of evidence](#) about the impact of hospitals buying physician practices (vertical integration).
4. This [July 2023 NYT article](#) is about the increasing role of private equity firms as owners of physician practices. PDF: [2023 Who Employs Your Doctor Increasingly, a Private Equity Firm. - The New York Times.pdf](#)

Lecture 35, Wed Dec 6, 2023: Why is Health in the US So Expensive

REQUIRED READING

1. This brief document compares healthcare costs in the US with other countries by looking at 4 different eras. [Politico Pro Datapoint a-brief-history-of-us-health-care-spending Sept 2016.pdf](#)
2. Jan 2018 Frakt and Carroll [NYT article](#) on why health care costs are more in the US than in European countries.
3. In this Sept 2018 JAMA article, eminent health economist Victor Fuchs discusses the efficiency of medical care in the US. [2018 Fuchs Is US Medical Care Inefficient JAMA.pdf](#)
4. This 2022 report from the International Federation of Health Plans compares 2019 prices in the US with prices in other developed countries: [2022 iFHP Price Report.pdf](#)
5. Shi and Singh, Ch 14 (pages 621-646).

FINAL EXAM, Thurs Dec 14, 2023