Political Science 383/483
Health Policy and Politics in the U.S.
Professor Joseph White
Fall, 2017
Monday/Wednesday/Friday 3:20 – 4:05 p.m.
Clark Hall, Room 302
Revised Syllabus, September 8, 2017

Office: Mather House 113 Phone: 368-2426
Office Hours: Monday/Wednesday 10:30 a.m. – Noon jxw87@case.edu

The Topic:

This course is an introduction to a huge field. If your main interest is in how the U.S. political system works, it offers you a chance to focus on how process and power shape citizens' lives – especially access to, costs of, and quality of medical care. If your main interest is the U.S. health care "system," it provides an overview of what that includes, of the issues involved, and how public policy shapes that massive enterprise. From both perspectives, you may begin to learn why improvement seems necessary but is very difficult to achieve.

By the most objective measures available, the results of how the U.S. finances and provides health care are inferior to those of most comparable countries:

* It is extremely expensive. According to the Organization for Economic Cooperation and Development (OECD), in 2016 the United States spent an estimated 17.2% of its economy on health care while the closest other country, Switzerland, spent 12.4%.[1]

* It is, among other rich democracies, uniquely unequal (which you may or may not consider inequitable). According to the Census Bureau's estimates, the U.S. in 2012 had over 47 million people uninsured at any given time – so over 15% of the population and more than 21 percent of working-age Americans.[2] By 2015,

[1] The estimates are from OECD Health Statistics 2017, database released June 30, 2017, at http://stats.oecd.org/Index.aspx?DataSetCode=SHA
[2] 2012 data from Carmen DeNavas-Walt, Bernadette D. Proctor, and Jessica C. Smith, Income, Poverty, and Health Insurance Coverage in the United States: 2012. United States Census Bureau report P60-245 (September, 2013), available at http://www.census.gov/prod/2013pubs/p60-245.pdf The 47 million figure

two years into implementation of the 2010 health insurance expansion legislation (hereinafter referred to as the "ACA"),[3] the Census Bureau estimated that the number of uninsured had fallen to just under 29 million, so just over 9 percent of the population and 12.6 percent of working-age Americans.[4] Every other rich democracy, however, had universal or nearly-universal coverage for legal residents of its country.

* There is little reason to believe that, in return for the higher costs and much less equal access to care, the United States provides better quality of care. Overall health statistics for the United States are not good at all. For example, the U.S. ranks below all other rich democracies within the OECD (25 other countries) in life expectancy at birth. Much of this performance may be related to social ills that, in addition to poor health care access, make evils such as infant mortality and obesity more likely in the United States. Yet overall, the United States performs poorly on "avoidable" or "amenable" mortality: terms that refer to deaths that could have been prevented with good medical care.[5]

The health of individuals is affected by far more than access to and quality of health care. The American Public Health Association in fact calls for "health in all policies" – on the grounds that virtually anything affects health outcomes.[6] From one perspective they are right – national defense, for example, involves killing people or preventing them from getting killed. Yet if "health" applies to

---

is from Table 7, page 23. I calculated the percentages from the same table, defining "working age" as ages 19-64.

[3] The legislation passed in two stages: the "Patient Protection and Affordable Care Act," amended then by the "Health Care and Education Reconciliation Act," for reasons we will discuss in the course. For obvious reasons this is too much to repeat, and I prefer "ACA" to "Obamacare."

[4] 2015 data is from Jessica C. Barnett and Marina S. Vornovitsky, United States Census Bureau Current Population Reports, P60-257 (RV), Health Insurance Coverage in the United States: 2015 (September, 2016), available from U.S. GPO or at https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-257.pdf

[5] See Ellen Nolte and C. Martin McKee, "Measuring the Health of Nations: Updating an Earlier Analysis," *Health Affairs* 27, no. 1 (2008), pp. 58-71. The United States had the worst performance out of 19 countries. The authors compared more recent data for the U.S., France, Germany, and the United Kingdom in, "In Amenable Mortality--Deaths Avoidable Through Health Care—Progress In the US Lags That Of Three European Countries." *Health Affairs* 31, no. 9 (2012), pp. 2114-2122. That study found the U.S. doing better on preventing cancer deaths but worse overall. For more comparisons of health status between the United States and other countries, see Organization for Economic Cooperation and Development, *Health at a Glance, 2013* (Paris: OECD) Chapter 1, available at http://www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf

[6] See http://www.apha.org/programs/cba/CBA/health_all_policies?utm_source=Webinar:+Policy&utm_medium=Email&utm_campaign=Health+in+all+policies+release

everything then it is not a field; it might as well be nothing.[7] In this course we will not take such an unlimited view of "health politics and policy." But it surely involves issues such as access to tobacco or alcohol, safety of the blood supply, and regulation of medical drugs and devices. We will not address such issues nearly as much as I would like, but they will be raised from time to time.

From a political science perspective, U.S. health care poses a huge question: **Why? Why are costs so much higher, and access so much less equal, for little evident benefit, in the United States?** If health care outcomes are symptoms, then what aspects of the political process are their causes?

Politics and Public Policy

Health policy and politics involve interests and institutions, but the topic also reveals the importance of the politics of ideas: of how people think about facts and values, right and wrong, and how the world works. These factors always matter in politics, but perhaps are more visible in courses like this one which focus on the **policy process**.

From the policy process perspective, government decisions result from a process in which political actors select among the world's *conditions*, define some as *problems*, and place them on some form(s) of decision-making *agenda.* Then political actors (maybe the same, maybe different) attempt to attach *policies* (which they call *solutions*) to problems in a way that creates some new *authoritative decision* (such as legislation or a court decision). But no policy simply happens because of a single decision. There is always a further process of *implementation*, resistance, and perhaps *modification;* and one time's solution may become the next iteration's "problem," meaning something someone is trying to change - if it ever got implemented at all. In short, the policy process is endless; as the saying goes, "it's never over."

For any given concern (or *policy area*) some decisions will be made (for the moment) by political authorities who influence a wide range of policies, such as the legislature or chief executive or budget bureau or courts. But they have to get their ideas from somewhere, and that means that policy areas also involve ***policy communities***, groups of experts, organized interests, journalists,

[7] For a similar argument see Aaron Wildavsky, "If Planning is Everything, Maybe it's Nothing," *Policy Sciences* 4 (1973), 127-53.

politicians and other public officials who engage continually in problem definition and policy promotion. In order to understand health policy and politics, therefore, we need to look at the ideas about health policy that are promoted in the health policy community.

Such conglomerations influence all fields – there is a defense policy community, an elementary-and-secondary-education community, an energy policy community, and so on. In all cases, policy results from the interaction between the specialist community and other political factors – such as party politics and public opinion. But the politics of health and health care involves an especially complex and divided policy community, with its own very peculiar dynamics. Different people emphasize different "problems" – not only access or cost or quality, but whether the "problem" is health care or health. What we might call tribes of experts promote their conflicting views of how the world works. Parties and economic actors look for experts whose opinions fit their ideological biases or immediate material interests. Both citizens and political authorities can be bewildered by the resulting range of "solutions" that are proposed.

This class will offer an overview of many (but not nearly all) of the issues that get called "health policy," and of the worldviews involved. We will try to make sense of how the blooming, buzzing confusion of the debate affects what governments do.

Learning Objectives, Assignments, and Grading:

This course has many objectives, and I hope you will gain some wisdom and understanding that fits each of them.

* Simply to introduce you to the field, and perhaps interest some students in working on it further.

* To give you a working understanding of key dimensions of public policy that influence the health, or at least access to medical care, of residents of the United States.

* To help you understand the value disagreements that shape political conflict. This includes understanding why people could disagree with you.

* To help you understand what disagreements could in principle be resolved by evidence, and which could not.

* To give you a sense of the human stakes and drama in health policy and politics.

* To enable you to follow reports about "Obamacare" or "Repeal and Replace" in particular with a sophisticated understanding of the issues and politics involved.

* To introduce you to understanding politics as a policy process.

* To help you form an understanding of when policy "reform" is likely to achieve what its advocates claim it will achieve.

The work and readings for this class are designed to build towards these objectives.

Graded assignments will include three exams, a book review, and a policy analysis paper. Class participation will also be graded, as explained below.

1) **Exams**: **Two in-class exams** will be in short-answer form. For each you will be expected to identify and discuss core concepts or terms from the readings. Study guides will be provided during the class session before each exam. They will be administered on **September 25** and **October 16**.

A take-home essay exam will be due on the last day of class, **December 8,** in class. We will discuss the topic during the final class session. The prompt will have something to do with comparing the politics and policy dilemmas discussed in the Cohen et al. book about Medicare and Medicaid, with the politics and policy dilemmas involved in passage of (and the attempt to repeal) the Affordable Care Act.

2) Each student will write **a book review about one of four books**. Each book is about an important health policy conflict or set of conflicts, written from a personal perspective. The class will be divided into four groups, one for each book. Each student will prepare a report on the book she or he read, which will be due for delivery by the beginning of class on **October 27.** During the class sessions on October 27 and October 30, each book will be presented to the class by the students who read it.

For the presentations, each student should prepare to focus on one or two main points that she or he thinks would help other students learn about health care policy and politics.

Each of the written reports should be n**o less than 2000 words, double-spaced**. It should include:

* A description of the basic events that the book discusses. This includes what the issues were; key aspects of the policy and political background before the story begins; what the protagonists in the story (which in two cases clearly include the author) were trying to do, and with what results.

* A summary of the main political divisions that shaped the decisions made. This includes the core cast of characters, as the story is presented.

* The perceptions about how health politics and policy work that stand out from the book.

* Your comments on to what extent those perceptions might stand up as broader generalizations, and how one could decide.

The four choices are:

David Kessler, *A Question of Intent: A Great American Battle with a Deadly Industry.* New York: Public Affairs, 2001. Kessler was Commissioner of the Food and Drug Administration and sought to regulate, and so restrict and reduce use of, tobacco.

Richard Kirsch, *Fighting for Our Health: The Epic Battle to Make Health Care a Right in the United States*. Albany: The Rockefeller Institute Press, 2011. Kirsch was national campaign manager for Health Care for America Now (HCAN) during the conflict over what eventually became the ACA.

John McDonough, *Experiencing Politics: A Legislator's Stories of Government and Health Care*. Berkeley: University of California Press, 2000. McDonough was a state representative in Massachusetts who decided to get a Masters at the JFK School and a doctorate in Public Health while he was at it. So he became interested in how his experience fit his studies, and vice versa. After he left the state legislature he became a professor and advocate who helped pass the 2006 Massachusetts health care legislation and then was a senior aide in the Senate during 2009-10 health care reform debate. The book is about his earlier experiences.

Randy Shilts, *And the Band Played On: Politics, People, and the AIDS Epidemic*. Various editions. The most recent is New York: St. Martin's Griffin,

2007. My copy is New York: Viking Penguin, 1988. You may have seen the movie. As lead reporter on the epidemic for the *San Francisco Chronicle*, Randy Shilts lived it. This is his report on AIDS, from the first cases through 1988.

Please note: I would like to have roughly equal proportions of students writing on each book. Therefore I ask that you **submit choices to me by September 15.** Once more than a quarter of the class has asked for a given book, I will require that other members of the class choose a different book.

3. Each student will also do **a final paper, due on December 14 at Noon,** though there is no reason a student could not complete the paper much earlier. Each paper should be **at least 2500 words, double-spaced**. Instead of having a final exam, the class will meet at Noon on December 14 and each student will be asked to make a short presentation about his or her paper. I'll provide lunch, including dessert.

For this paper, imagine that you have been newly hired as the health policy (and politics) advisor to a United States Senator. Your senator believes she needs to be "for" some sort of health care reform, to show that she is addressing her constituents' problems. But he is also well aware of the potential problems of reforms: they could be unpopular and so hard to enact; or get enacted but fail miserably, with the blame being traced back to him. And your senator also has a rather sophisticated understanding of "constituents" (as might be expected given that she got elected), so may think in terms of different groups of voters or organized interests, and how to appeal to some without angering others. Last but not least, your senator is serious about policy; became a politician to do good; and so would like to fight for something that would actually (by his values) make the U.S. a better place.

So your task is to write a memo to your boss in which you explain why she should promote a particular health care policy. It could be quite broad or relatively narrow (sometimes discretion is the better part of valor). As part of your recommendation, you should address issues of the knowledge (technical capacity), power (institutional capacity) and will (political capacity) needed for the reform to succeed. You should include discussion of:

* The "problem(s)" that the reform idea is supposed to solve.

* The arguments for the idea and what would be involved in implementing it.

* Whether there are concrete examples of the idea being implemented, and with what results. More generally, the evidence that it would have the intended effects.

* The political support for and opposition to the idea. (Note: there can be a substantial difference between support for the idea "in principle" and support for any concrete version of it).

* Some discussion of why you are recommending this policy rather than others.

I would like you to start thinking about this topic early in the course, but recognize that you might need to go through a lot of the course material before you know what you want to recommend. For example, you presumably would not have a good understanding of the politics of Medicare or Medicaid, or of specific reforms to the ACA, until we have covered some of that course material. So I will just ask you to report twice, in advance, about what you are thinking about as a topic. I would like to be able to advise you about sources you might consult and issues you might think about. Those **short updates will be due on October 11 and November 6.**

There is a hidden danger in this assignment: you might decide an idea sounds really good, have reasons why it makes sense for your senator, do a lot of research and then, as you get towards the end of your research, discover that it's a turkey (technical term used on Capitol Hill) or, more precisely, it's probably a turkey and you don't feel that, in good conscience, you could recommend it. If that happens, please consult me about what to do next; the probable solution is to reframe the assignment as something like: "Dear Senator, as we discussed with some of your other advisers, I have been investigating whether you should invest your time and credibility in pushing for a proposal to… I regret to say that this does not seem like a good use of your time, for the following reasons."

4. **Class Participation will count for ten percent of your grade**. It is not fair to grade class participation by volume of talk. Some people are more comfortable with that than others. It is reasonable to expect students to do the reading, think about it, and attend class. I will grade participation in such a way that it

helps students who make particularly good contributions, and only lowers students' grades if their performance is particularly poor.

As part of your participation, you should **post on Canvas a short comment about one reading each week**. These comments should take a specific form. First, for each post identify the reading and date! Then identify one or more *conditions* that the reading is about; the *problem definition* that the reading suggests (if any); the *values or assumptions* that appear to be used by the author(s) in the analysis or report; and any *propositions about cause and effect* that the reading provides. Conclude by identifying what you find convincing or problematic about the statements you've identified.

I will divide up the class and assign each student a day (so Mondays, Wednesdays, or Fridays) on which she or he is expected to submit a comment. The division as of Sept 8 is listed under that date below.

Your class participation grade can be reduced if you post fewer than eight comments, or miss more than six classes, unless in either case you have provided me with compelling reasons.

Extra Assignment for POSC 483 students

The regulations of the College of Arts and Sciences require that, when a class is offered at both 300- and 400-levels, the 400-level version require some extra work. POSC 483 students will therefore be required to write a longer final paper, so of at least 3500 words.

Grades Will Be Calculated as Follows

In-class Exams	36%
October 27 Book Review	18%
Final Paper	36%
Participation	10%

Classroom Procedures and Academic Integrity

I prefer that students arrive on time. I understand that this is sometimes difficult, particularly if you have a class immediately previous on the other side of campus. If that is your situation, please let me know (and tell me which class it is). I will note lateness in my attendance records, and systematic lateness, without a good excuse, will be noted as part of the participation grade.

Some of the topics of this class are quite politically controversial. I have my own views, and they will likely be obvious (since I write pieces that are both analytical and, to some extent, advocacy). We should all understand that views about government policies relating to health and health care will be shaped in part by deeply held beliefs about both values and facts. These include, for example, the importance of equality; under what circumstances government's power can legitimately be used to take from some people and give to others; and how well "government" and "markets" tend to work. We must be very careful to recognize that people legitimately have different values.

This does not mean everything is subjective. I will seek to show in this class that, in spite of the strong value preferences, it is possible to consider issues with analytical rigor. We can be careful about the claims we make and think hard about both the evidence and what general values explain a specific policy preference. That includes taking seriously the views of anyone with whom you disagree: thinking hard about why those views might make sense to someone who starts from different premises than you do. That does not mean you can't conclude they're wrong! But you need to know the reasons you disagree.

I expect students' work to be their own. Plagiarism in any form is punishable by a failing grade on the assignment in question; and I may initiate university disciplinary proceedings.

I expect students to submit their work by the time assigned. This is especially important because I often want to discuss the assignment in the class on which it was due, which means that if you are late but attend the class you would get an unfair advantage. **As a general principle, students will be punished half a grade for each day that an assignment is late.** I will make exceptions if given a good (and documented) reason. If you have been sick, for example, I will want a

note from an appropriate medical person. (By the way, this is one course in which I would prefer to have as little "experiential learning" as possible!").

Cellphones and other electronic devices, other than laptops, should not be used in class.

Schedule of Assignments and Readings

There are two required texts and a series of other readings that will be posted on Canvas. The texts are:

Thomas S. Bodenheimer and Kevin Grumbach. 2016. *Understanding Health Policy: A Clinical Approach 7th ed.* (Lange Medical Books)

Alan B. Cohen, David C. Colby, Keith A. Wailoo and Julian E. Zelizer eds. 2015. *Medicare and Medicaid at 50: America's Entitlement Programs in the Age of Affordable Care*. (New York: Oxford University Press)

In the list that follows I will refer to the first book as "B&G" and the second as "Cohen et al."

Introduction

Aug 28 *Introduction and explanation of the course.*

Aug 30 *A First View of the Issues*

Commentaries from *The New England Journal of Medicine* Vol. 327, No. 11 (September 10, 1992), pp. 800 -811:

Marcia Angell, "The Presidential Candidates and Health Care Reform"
Louis W. Sullivan, "The Bush Administration's Health Care Plan"
Governor Bill Clinton, "The Clinton Health Care Plan"
Alain C. Enthoven, "Measuring the Candidates on Health Care"
Uwe E. Reinhardt, "Politics and the Health Care System"

Sept 1 **Class Will Not Meet**

But please read, as important background, Joseph White, "American Health Care in International Perspective," Chapter 25 in James Morone and

Daniel Ehlke eds., *Health Politics and Policy 5th ed.* (Cengage, 2015) pp. 366-384. I will bring up international comparisons throughout the course.

Sept 4 ***No Class, Labor Day***

Sept 6 *Why Policies Succeed, or Fail*

Joseph White (2003), "Three Meanings of Capacity: Or, Why the Federal Government Is Most Likely to Lead on Insurance Access Issues." *Journal of Health Policy, Politics and Law* 28:2-3, pp. 217-244.

Sept 8 *Values*

James A. Morone (2005), "Morality, Politics, and Health Policy." From David Mechanic et al. eds., *Policy Challenges in Modern Health Care* (New Brunswick: Rutgers University Press), pp. 13-25.

Rudolf Klein, "Acceptable Inequalities," from Theodore R. Marmor and Rudolf Klein, *Politics, Health, & Health Care: Selected Essays* (New Haven: Yale University Press, 2012), pp. 521-537.

Student assignments for writing comments on readings, as of September 8:
Mondays: Ramya Chandrakumar, Anmol Gupta, Kayla Kowalski, Andrea Paquet
Wednesdays: Bhargavee Gnanasambandam, Sidd Hariharan, Jacob Sandstrom, Ben Toole
Fridays: James Gibson, Parker Glotfelty, Brian O'Rourke

Sept 11 *Assumptive Worlds: Health Services Research*

Donald M. Berwick, Thomas W. Nolan and John Whittington (2008), "The Triple Aim: Care, Health and Cost". *Health Affairs* 27 (3): 759-769

Lisa Rosenbaum (2015), "Scoring No Goal – Further Adventures in Transparency." *New England Journal of Medicine* 373 (15): 1385-1388.

Lisa Rosenbaum (2015), "Transitional Chaos or Enduring Harm? The EHR and the Disruption of Medicine." *New England Journal of Medicine* 373 (17): 1585-1588.

First reading comments due, by time of class (though by Noon would be really nice)

Sept 13 *Assumptive Worlds: Health Economics*

Mark V. Pauly (1999), "Trading Cost, Quality, and Coverage of the Uninsured: What Will We Demand and What Will We Supply?" In Stuart Altman, Uwe E. Reinhardt, and Alexandra E. Shields eds., *The Future U.S. Healthcare System: Who Will Care For the Poor and Uninsured?* (Chicago: Health Administration Press), pp. 353-373

Deborah Stone (2011), "Moral Hazard". *Journal of Health Politics, Policy and Law* 36(5), 887-896.

The Health Care "System" and Health Care Issues

In this section we will mainly use the textbook to do an overview of policies about health care in the United States, including how the money is collected, how it is paid to providers, and how the delivery of care is organized.

Sept 15 *Finance and Access in the U.S.*

B & G, Preface, Chapters 1-3; pp. v-vii, 1-31

Note: Students should have submitted their book choices by today

Sept 18 *The Organization of Health Care Delivery*

B&G Chapters 5-6; pp. 45-74.

Ateev Mehrotra (2015), "Improving Value in Health Care – Against the Annual Physical," and Allan H. Goroll (2015), "Toward Trusting Therapeutic Relationships – In Favor of the Annual Physical." *New England Journal of Medicine* 373 (16): 1485-1489.

Sept 20 *The Health Care Workforce*

B&G Chapter 7, pp. 73-90

Gail R. Wilensky and Donald M. Berwick (2014), "Reforming the Financing and Governance of GME," *The New England Journal of Medicine* Vol. 371 (online July 30)

David A. Asch and Debra F. Weinstein (2014), "Innovation in Medical Education," *The New England Journal of Medicine* Vol. 371 (online July 30)

Supplementary Handouts: OECD , "Health Workforce Policies in OECD Countries" (March, 2016) Reports on "Trends in Medical Education and Training in the United States" and "Trends in Nursing Education in the United States."

Sept 22 *Divisions of Labor*

Arthur L. Kellerman and Robin M. Weinick (2012). "Emergency Departments, Medicaid Costs, and Access to Primary Care – Understanding the Link." *New England Journal of Medicine* 366(23), pp. 2141-2143

Lucie Michel (2017). "A Failure to Communicate? Doctors and Nurses in American Hospitals." *Journal of Health Politics, Policy and Law* 42(4), pp. 709-717,

Joseph White (2015). "Is organizational complexity the way to improve medical care? Unscientific reflections from going to the doctor in Cleveland and Paris." *Journal of Health Services Research and Policy* 20(2): 126-128.

Sept 25 ***First In-Class Exam***

Sept 27 *Paying for Care and Controlling Spending (1)*

B & G, Chapter 4, "Reimbursing Health Care Providers," and Chapter 8, "Painful vs. Painless Cost Control," and "Mechanisms for Controlling Costs," pp. 33-44, 93-104.

Sept 29 *Paying for Care and Controlling Spending (2)*

B&G, Chapter 9, "Mechanisms for Controlling Costs," pp. 105-116

Health Affairs *Health Policy Brief* (Dec 13, 2012):" Reducing Waste in Health Care," (5 pp).
http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_82.pdf

Neeraj Sood et al. (2017). "The Flow of Money Through the Pharmaceutical Distribution System." USC Leonard D. Schaeffer Center for Health Policy and Economics
http://healthpolicy.usc.edu/documents/USC%20Schaeffer_Flow%20of%20Money_2017.pdf

Oct 2 *Paying for Care and Controlling Spending (3)*

Paul B. Ginsburg (2008). "High and Rising Health Care Costs: Demystifying U.S. Health Care Spending." Robert Wood Johnson Foundation Research Report #16.
http://www.rwjf.org/content/dam/farm/reports/reports/2008/rwjf32703

Drew Altman (2014). "Health Care Cost Growth Is Down, Or Not. It Depends Who You Ask." Kaiser Family Foundation Perspective (March 5). At http://kff.org/health-costs/perspective/health-cost-growth-is-down-or-not-it-depends-who-you-ask/

Mary Williams Walsh, "A Whistle-Blower Tells of Health Insurers Bilking Medicare," *New York Times* (May 15, 2017)

Optional Reading: Joseph White (2010), "The Cost of Health Care in Western Countries." In David A. Warrell et al. eds., *The Oxford Textbook of Medicine* 5th ed., Vol. 1, pp. 112-116. I will lecture based on this reading.

Oct 4 *Quality, Part 1*

B & G, Chapter 10, "Quality of Health Care," pp. 115-134.

Note: If you want to look more closely at the controversies about malpractice insurance – purely as an option – you might start with David M. Studdert et al., "Claims, Errors, and Compensation Payments in Medical Malpractice Litigation," New England Journal of Medicine 354, No. 19 (May 11. 2006), which is posted on the course website.

Oct 6 *Quality, Part 2*

Mark R. Chassin and Jerod M. Loeb (2011). "The Ongoing Quality Improvement Journey: Next Stop, High Reliability." *Health Affairs* 30 (4), pp. 559-568.

Peter J. Pronovost and Richard Lilford (2011). "A Road Map For Improving The Performance of Performance Measures." *Health Affairs* 30 (4), pp. 569-573.

Christine K. Cassell et al. (2014). "Getting More Performance From Performance Measurement." *New England Journal of Medicine* 371 (23): 2145-2147.

Nikola Biller-Adorno and Peter Jüni (2014). "Abolishing Mammography Screening Programs? A View from the Swiss Medical Board." *New England Journal of Medicine* 370 (22): 1965-1967.

Note: for an entirely different view of quality issues, you might check out the stunning series in The Seattle Times earlier this year:

https://projects.seattletimes.com/2017/quantity-of-care/talia/

https://projects.seattletimes.com/2017/quantity-of-care/hospital/

http://www.seattletimes.com/seattle-news/times-watchdog/swedish-neuroscience-institute-double-booked-overlapping-surgeries/

Oct 9 *Pharmaceutical Regulation*

Anthony D. Dell'Aera (2015). "Prescription Drugs: How a Pill Becomes the Law." Chapter 21 in Morone and Ehlke eds, *Health Politics and Policy*, pp. 328-348.

Oct 11 *Too Much Health Care, Not Enough Health?*

B & G, Chapter 11, "Prevention of Illness," 135-144.

David Mant (2010), "Avoiding disease and promoting health." In *The Oxford Textbook of Medicine 5th ed.* Vol. 1, pp. 86-94

Note: For a frightening and politically extremely relevant analysis of health trends in the United States, you might want to look at https://www.brookings.edu/bpea-articles/mortality-and-morbidity-in-the-21st-century/ But we would need about four weeks to discuss all the issues raised by that research.

Submit first short update on your thinking about your final paper topic

Oct 13 *Care or Medicine?*

B & G, Chapters 12=13. "Long-Term Care," and "Medical Ethics and Rationing of Health Care", 145-167.

Oct 16 ***Second In-Class Exam***

Oct 18 *Experts and the Persistent Dream of "Managed Care"*

David Mechanic (2004), "The Rise and Fall of Managed Care." *Journal of Health and Social Behavior* 45 (Extra Issue): 76-86.

Marsha Gold (2010), "Accountable Care Organizations: Will They Deliver?" *Mathematica Policy Research Policy Brief*, Jan. http://www.mathematica-mpr.com/publications/pdfs/health/account_care_orgs_brief.pdf

Oct 20 *The Public and "Managed Care"*

Bernstein, Jill (2009), "Public Perspectives on Health Delivery System Reforms," *Changes in Health Care Financing & Organization Policy Brief*. Robert Wood Johnson Foundation, June 22. http://www.rwjf.org/files/research/62209hcfopublicperspectivesbrief.pdf

Deborah Stone (1999), "Managed Care and the Second Great Transformation." *Journal of Health Politics, Policy and Law* 24(5): 1213 – 1218

Bruce Vladeck (1999), "Managed Care's 15 Minutes of Fame." *Journal of Health Politics, Policy and Law* 24(5): 1207-1211.

You might also find the following short piece by Uwe Reinhardt relevant: https://economix.blogs.nytimes.com/2012/12/07/how-medicare-is-misrepresented/?mcubz=0&_r=0

Oct 23 No Class, Fall Break

Living Health Policy and Health Politics

In this short section of the course, we pause and look at health policy from the standpoint of participant observers. We will discuss three books, each of which is a nonfiction story that reads much like a novel.

Oct 25 Background Reading on Experiencing Health Care (and Politics)

Christopher Booth (2010), "On Being a Patient." In *The Oxford Textbook of Medicine*, Vol. 1, pp. 3-6.

Excerpts from James A. Morone and Daniel C. Ehlke, *Health Politics and Policy 5th ed.* (Stamford, CT: Cengage Learning, 2013): "Dilemmas of Representation: How a Member of Congress Sees Reform" (pp. 123-24); "Confessions of a State Health Regulator" (pp. 210-12); "Adventures With Informed Consent" (pp. 362-63).

David R. Scrase (2017). "Point: How Quality Reporting Made Me a Better Doctor." David L. Hahn (2017). "Counterpoint: How Quality Reporting Made Me a Worse Doctor." *Annals of Family Medicine* 15(3): pp. 204-208.

Written Book Analyses Due at the Beginning of Class on October 27.

Oct 27 Class Presentations on Kessler, *A Question of Intent* and Shilts, *And the Band Played On*.

Oct 30 Book Discussions Continued

Class Presentations on Kirsch, *Fighting For Our Health* and McDonough, *Experiencing Politics*.

Politics: The Political Histories of Medicare and Medicaid

Nov 1 *Origins: Big Change, Big Compromises*

Cohen et al. Introduction, Introduction to Part I, Chapter 1 (Zelizer) and Chapter 4 (Oberlander and Marmor). Pp. xi-xix, 1-20, 55-76.

Nov 3 *Health Care and the Original Sin of American Politics*

Cohen et al. Chapter 2 (Barton-Smith). Pp. 21-38.

Nov 6 *Transforming Medicaid*

Cohen et al. Introduction to Part II, Chapter 5 (Quadagno) and Chapter 6 (Rosenbaum). Pp. 75-118.

Submit second update on your thinking about your final paper topic, including a list of potential sources

Nov 8 *How Popular, How Safe?*

Cohen et al. Chapter 8 (Peterson) and Chapter 11 (Campbell). Pp. 145-168, 213-229.

Nov 10 *Dilemmas of Federalism*

Cohen et al. Chapter 10 (Thompson). Pp. 191-212.

Nov 13 *Medicare and Cost Control – Past, Present, Future?*

Cohen et al. Chapter 9 (Reinhardt) and Chapter 14 (Hacker). Pp. 169-189, 273-293.

Nov 15 *The Elderly, and the Missing Piece*

Cohen et al. Chapter 7 (Schlesinger) and Chapter 13 (Feder). Pp. 119-144, 253-272.

Nov 17 *The Future of Social Insurance*

Cohen et al. Chapter 15 (Morone and Fauquert), Chapter 16 (Starr) and Conclusion. Pp. 287-340.

The "Affordable Care Act" and Beyond (or Back)

To general surprise, the Obama administration and Congressional Democrats combined to pass major legislation to expand access to health insurance. To their own surprise, this appears not to have made many people happy, and to have made quite a few people angry. Then the Republicans, having campaigned

on fervent promises to repeal the supposedly disastrous law, discovered that a great campaign issue did not look at all popular once they tried to deliver on their promises.

So what explains the legislation being passed, its contents, and the politics that followed?

****Note: This section of the course must be subject to change, as we need to be able to cover whatever happens between the time this syllabus was written and this time in the course. So this part of the syllabus would only be followed closely if nothing much is passed. *****

Nov 20 *What They Passed, or Tried to Pass*

Kaiser Family Foundation, "Summary of the Affordable Care Act" (including legislative changes as of April 23, 2013). Please download from *http://kaiserfamilyfoundation.files.wordpress.com/2011/04/8061-021.pdf*

Kaiser Family Foundation, Summary of Whatever the Heck the Most Recent Stage of "Repeal and Replace" Is at That Point in Time as Compared to the Affordable Care Act

Nov 22 **Class Canceled Because It Is Just Too Close to Thanksgiving**

Nov 27 *Tactics That Passed Legislation (1)*

Jonathan Cohn (2010), "How They Did It". *The New Republic* (June 10): 14-25.

Jacob Hacker (2010), "The Road to Somewhere: Why Health Reform Happened". *Perspectives on Politics* 8(3): 861-876.

Nov 29 Causes and Consequences of Weak or Unpopular Cost Controls

Joseph White (2017), "Policy Analysis and Cost Controls (or not) in the Affordable Care Act." Draft for *Journal of Health Politics, Policy and Law* special issue.

Dec 1 *Republican Backlash*

Daniel A. Gitterman and James P. Scott (2011). "Obama Lies, Grandma Dies". *Journal of Health Politics, Policy and Law* 36(3): 555-563.

Robert Blendon and John M. Benson (2014). "Voters and the Affordable Care Act in the 2014 Election." *New England Journal of Medicine* 371 (20): e31 (1-7).

Dec 4 *Public Opinion, Such As It Is*

Mollyann Brodie et al (2010), "Liking the Pieces, Not the Package: Contradictions in Public Opinion During Health Reform." *Health Affairs* 29(6), 1125-1130.

Tara Sussman Oakman et al (2010), "A Partisan Divide on the Uninsured." Health Affairs 29(4): 706-711.

Polling data from Kaiser Family Foundation. This will be updated through the 2017 debate.

Dec 6 *Litigation: Attempts to Kill the ACA in the Courts*

An assortment of blog posts on *NFIB v. Sebelius*, *Halbig (& King) v. Sebelius,* and *House v. Burwell*.

Dec 8 ***Take-Home Essay Exam Due****. The prompt will have something to do with how the politics discussed in the book on Medicare and Medicaid compares to the politics of passing and then the attempts to repeal the Affordable Care Act.*

Class discussion on essay topic

Final Papers Due on December 14 at Noon

Presentation and Discussion of Papers from Noon – 3:00 p.m.