Political Science 383/483
Health Policy and Politics in the U.S.
Professor Joseph White
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Monday/Wednesday/Friday 9:30 – 10:20 a.m.
Clark Hall 205
Syllabus as of January 7, 2019

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"It's an unbelievably complex subject. Nobody knew health care could be so complicated." – President Donald J. Trump to a meeting of state Governors, February 27, 2017
"If things don't work out, I'm blaming you anyway." President Donald J. Trump to CEOs of health insurance companies, February 27, 2017 (perhaps in jest).

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 a look at 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 other rich democracies:

* It is extremely expensive. According to the Organization for Economic Cooperation and Development (OECD), in 2017 the United States spent an estimated 17.1% of its economy on health care while the closest other country, Switzerland, spent 12.3%.[1]

[1] The estimates are from OECD Health Statistics 2018, at https://data.oecd.org/healthres/health-spending.htm

* Access to health care is 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 2017, in the fourth year of coverage under 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 under 9 percent of the population and 12.2 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

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[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 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] 2017 data is from Edward R. Berchik, Emily Hoods and Jessica C. Barnett, United States Census Bureau Current Population Reports, P60-264, *Health Insurance Coverage in the United States: 2017* (September, 2018), available at https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf. I am defining working age as ages 19-64.

[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

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 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."

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[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

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

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, 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 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.

Coursework will include reading, three exams, a book review, a policy analysis paper, and class participation.

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 with a set of questions from which the actual exam questions will be chosen will be provided during the class session before each exam.* Exams will be administered on **February 1 and March 4 in class**. Each exam will count for 12% of the grade (10% for POSC 483).

The **final exam** will be administered during the scheduled exam period, on **May 3** from 12:30 – 2:30. It will be a single essay on a topic related especially to the readings from March 22 through April 29. This exam will count for 20% of the grade (16% for POSC 483).

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 **March 18.** During the class sessions on March 18 and 20, 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 phenomena that the book discusses. This includes the issues involved, the policy difficulties, and the results.

* A summary of the main political divisions that shape the stories. 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 you find the major arguments within the books convincing, and why.

* Most important, what other members of the class could learn from the book you read.

The four choices are:

Eric Patashnik, Alan S. Gerber and Conor M. Dowling. *Unhealthy Politics: The Battle over Evidence-based Medicine.* Princeton, NJ: Princeton University Press, 2017. One of the main themes in the health policy world is that medical practice is surprisingly unrelated to evidence, and this leads to a great deal of wasteful care – wasteful because it is ineffective. In this book eminent scholars argue that this phenomenon is related to patterns of American politics. In doing so they illustrate important dynamics of health care politics and policy in the United States. Please note, however, that the evidence that "evidence" is used more effectively in other countries is quite weak.

Elisabeth Rosenthal, *An American Sickness: How Healthcare Became Big Business and How You Can Take It Back*. New York: Penguin Press, 2017. Rosenthal is a physician who became a reporter on health care for the New York Times and is now Editor in Chief of Kaiser Health News. The book derives from a series of stories she did on health care prices.

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.

Robert Wachter, *The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine's Computer Age*. New York: McGraw-Hill, 2015. Wachter is a professor, physician and Director of the Division of Hospital Medicine at the University of California, San Francisco. He was one of the leaders in creating the specialty now called "hospitalists," doctors who practice only in hospitals (and are not residents), which was a big innovation in the United States but is normal in some other countries. The title of this book tells you its subject; it is striking both for the ways it documents problems associated with Electronic Health Records and its explicit assumption that EHRs are the wave of the future anyway.

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 February 8.** 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. The book review assignment will count for 16% of the grade (14% for POSC 483).

3. Each student will also do **a policy memo, due on May 7 at Noon,** though there is no reason a student could not complete the paper much earlier. Each paper should be **no less than 2000 words and no more than 2500 words, double-spaced**. This memo will count for 25% of the grade (same for POSC 483).

For this paper, imagine that you have been newly hired as the health policy (and politics) advisor to a United States Senator. Your senator has asked you to write a memo about what position she should take on one of the following four health policy issues. There are interest groups or constituents wanting to know what she supports or asking for help or maybe the senator herself really cares about it for personal reasons. Your task is to report on the important questions about the issue, consequences (as best you can tell) of various responses and political risks and benefits of proposing action.

The issues are:

Prices of prescription drugs
Policies to encourage or improve use of electronic health records (EHRs)
Policies to encourage healthier behavior

Policies to make medical treatments more appropriate.

Please note that each of these topics arguably is somewhat related to the material in books you might choose for review: in order, Rosenthal, Wachter, Shilts and Patashnik.

For this paper you will have to make (and state) some assumptions about the ideology and political circumstances of your senator. It's OK and maybe advisable to use a real senator, as that makes it relatively easy to identify those ideological and political conditions.

You should report on available research, although your senator may not care about some of the research. So, for example, if your senator does not want to hear that drug prices could be regulated, you would describe that research as weapons that could be used against her position, of which she should be aware. Assume that your senator might worry if a policy had negative effects, because an opponent might blame her for the outcome. Assume also that your senator 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 support policies that would actually (by her values) make the U.S. a better place. 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.

It will be highly useful for you to be working on your projects throughout the course. To encourage that, I will require three preliminary submissions. First, on **February 1**, please give me a one-page statement of which topic you have chosen and why. Then, on **March 1**, please submit a statement in which you describe four sources you have found for your paper, and describe the senator to whom you will write the memo. On **April 1**, I will expect you to submit a short explanation of what you expect to argue in your memo, and why. I will, of course, give feedback at each point.

4. Students also will contribute to the class through posting comments about readings. This means they will **post on Canvas a comment of no less than 200**

words about one reading each week, for a total of five weeks. 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 his or her comments. **Comments should be submitted by midnight before the class for which the reading was assigned**. That should enable me to ask each day's commenters to talk about their comment in class. **Performance on the comments will count for 10 percent of your grade (8 percent for POSC 483).**

5. **Class oral participation and attendance will count for five 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 they either have more than six unexcused absences from class, or participate in class in a rude and abusive manner.

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 second book review, about a book to be determined in consultation with me. The book to be reviewed and date the review is due will be worked out in consultation between myself and each student. This review will count for 12% of a POSC 483 student's grade.

Summary of How Grades Will Be Calculated

	POSC 383	POSC 483
First Exam	12%	10%
Second Exam	12%	10%
Book Review	16%	14%
Final Exam	20%	16%
Policy Memo	25%	25%
Reading Comments	10%	8%
Other Class Participation	5%	5%
(POSC 483 Second Book Review)		12%

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, so 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 or can be downloaded using the links on this syllabus. The texts are:

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

Paul Starr. 2011. *Remedy and Reaction: The Peculiar American Struggle Over Health Care Reform* (New Haven: Yale University Press)

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

I do not expect students to read more than the required material. However, I will list below further material that can be consulted by students who are interested, and some of which I expect to mention in my lectures.

Introduction: Values and Perspectives

Jan 14 *Introduction and explanation of the course.*

Further Background: Rudolf Klein and Theodore R. Marmor, "Politics and Policy Analysis: Fundamentals," and part of "What's Special About Health Care And Its Politics?" Chapters 1 & 2 in Marmor and Klein, *Politics, Health, & Health Care: Selected Essays* (New Haven: Yale University Press, 2012).

Jan 16 *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.

Theodore R. Marmor (2018), "Social Insurance and American Health Care: Principles and Paradoxes." *Journal of Health Politics, Policy and Law* 43(6): 1013-1024.

Jan 18 *Assumptive Worlds: Health Services Research and "Rationality"*

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

Scott Greer (2019), Review of Ezekiel J. Emanuel, *Prescription for the Future: The Twelve Transformational Practices of Highly Effective Medical Organizations*. *Journal of Health Politics, Policy and Law* 44 (1): 157-164.

Jan 21 ***No Class, Martin Luther King Holiday***

Jan 23 *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.

Jan 25 *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.

Students will be assigned to groups of days for writing comments on reading by the end of this class

Jan 28 *Policy Analysis in Policy-Making*

Mark A. Peterson (2018), "In the Shadow of Politics: The Pathways of Research Evidence to Health Policy Making". Journal of Health Politics, Policy and Law 43(3), 341-376.

Jan. 30 *Current Politics*

Joseph White, "Principles, Politics, and the Republican Efforts to 'Repeal and Replace'" Unpublished Ms., July 21, 2017

PWC Health Research Institute, "Healthcare after the 2018 midterm election: As control shifts, certainty settles in." (November, 2018)

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.

Access

Feb 1 *Finance and Access in the U.S.*

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

Note: Students should have submitted a one-page statement about their choice of topic for their policy memo

Feb 4 *Medicare*

Kaiser Family Foundation *Issue Brief*, "An Overview of Medicare." November, 2017. At http://files.kff.org/attachment/issue-brief-an-overview-of-medicare

Juliette Cubanski and Tricia Neuman, "The Facts on Medicare Spending and Financing," Kaiser Family Foundation *Issue Brief*, July, 2018. At http://files.kff.org/attachment/Issue-Brief-Facts-on-Medicaid-Spending-and-Financing

Uwe E. Reinhardt, "Medicare Innovations in the War Over the Key to the U.S. Treasury." Chapter 9 in Alan B. Cohen et al. eds., *Medicare and Medicaid at 50: America's Entitlement Programs in the Age of Affordable Care* (New York: Oxford University Press, 2015), pp. 169-189

Feb 6 *Medicaid*

Robin Rudowitz and Rachel Garfield, "10 Things About Medicaid: Setting the Facts Straight," Kaiser Commission on Medicaid and the Uninsured *Issue Brief*, April 2018. At http://files.kff.org/attachment/Issue-Brief-10-Things-to-Know-about-Medicaid-Setting-the-Facts-Straight

Robin Rudowitz, "Medicaid Financing: The Basics," Kaiser Commission on Medicaid and the Uninsured *Issue Brief*, December 2016. At http://files.kff.org/attachment/Issue-Brief-Medicaid-Financing-The-Basics

Further Background: Samantha Artiga et al., "Current Flexibility in Medicaid: An Overview of Federal Standards and State Options," Kaiser Family Foundation *Issue Brief*, January, 2017. At http://files.kff.org/attachment/Issue-Brief-Current-Flexibility-in-Medicaid-An-Overview-of-Federal-Standards-and-State-Options

Larissa Antonisse et al., "The Effects of Medicaid Expansion Under the ACA: Updated Findings from a Literature Review," Kaiser Family Foundation *Issue Brief*, March, 2018. At http://files.kff.org/attachment/Issue-Brief-The-Effects-of-Medicaid-Expansion-Under-the-ACA-Updated-Findings-from-a-Literature-Review

Feb 8 *Employer-Sponsored Benefits*

Kaiser Family Foundation, "Employer Health Benefits: 2018 Summary of Findings." At http://files.kff.org/attachment/Summary-of-Findings-Employer-Health-Benefits-2018

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/

Students should have submitted their choice of book to review by today.

Feb 11 *First In-Class Exam*

Cost and Quality

Feb 13 *Paying for Care and Controlling Spending (1)*

B & G, Chapter 4, "Reimbursing Health Care Providers," and Chapters 8-9, "Painful vs. Painless Cost Control," and "Mechanisms for Controlling Costs," pp. 33-44, 93-116.

Feb 15 *Paying for Care and Controlling Spending (2)*

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

Sarah Kliff and Soo Oh, 2018, "America's health care prices are out of control. These 11 charts prove it." *Vox* (May 10). At
https://www.vox.com/a/health-prices

Elisabeth Rosenthal (2018). "When High Prices Mean Needless Death," *JAMA Internal Medicine* (online Dec 3), pp. E1-E2.

Further Background: 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.

"Reducing Waste in Health Care," *Health Affairs Policy Brief* (Dec 13, 2012)
https://www.healthaffairs.org/do/10.1377/hpb20121213.959735/full/healthpolicybrief_82.pdf

Feb 18 *Basics of Delivery System Organization*

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.

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.

Further Background: 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.

Feb 20 *Quality (Overview)*

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

Further Background: The usual literature does not generally pay much attention to the "greed and incompetence" explanation for poor quality. It is hard to collect systematic data. However… you might want to check out at some point a stunning series in the *Seattle Times*. The final reading in this section, by David Barton Smith, provides some further perspective on why such things could happen.

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/

Feb 22 *Quality: The Search for Better Evidence and Measurement*

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.

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.

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

Further Background: 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.

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

Feb 25 *Quality: Workforce*

B&G Chapter 7, 75-90.

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)

Further Background: OECD (March, 2016), "Trends in Medical Education and Training in the United States," https://www.oecd.org/unitedstates/OECD-Health-Workforce-Policies-2016-Doctors-United-States.pdf and, "Trends in Nursing Education in the United States," https://www.oecd.org/unitedstates/OECD-Health-Workforce-Policies-2016-Nurses-United-States.pdf

Feb 27 *Quality: Product 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.

Frederic S. Resnic and Michel E. Matheny (2018), "Medical Devices in the Real World," *New England Journal of Medicine* 378(7), 595-597

Further Background: Heather Hoden (2018), "Politics of the Medical Device Industry," CWRU Political Science Senior Project, December 13

March 1 *Quality: Malpractice and Self-Regulation*

David M. Studdert et al. (2006), "Claims, Errors, and Compensation Payments in Medical Malpractice Litigation," New England Journal of Medicine 354 (19), 2024-2033.

David Barton Smith (2019), "Beneath the Surface of Unnecessary Surgery: A Case Study on the Limits of Existing Protections," Journal of Health Politics, Policy and Law 44(2), 303-313.

Submit update on sources found for policy memo today. You should have at least four sources.

March 4 *Second In-Class Exam*

Healthcare vs. Health

March 6 *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

Further background: For a stunning 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/ Everybody should know about this if they want to understand modern America. But we would need about four weeks to discuss all the issues raised by that research.

Mar 8 *Care or Medicine?*

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

March 11-15 ***No Class, Fall Break***

Mar 18 ***Written Book Reviews Due at the Beginning of Class***

Class Discussion of Rosenthal and Shilts books

Mar 20 *Book Review Discussions Continue*

Class Discussion of Patashnik et al and Wachter books.

The Politics of Health Insurance Coverage

Mar 22 *Origins*

Starr, Introduction and Chapter 1, pages 1-50.

Mar 25 *Decline of the Medicare Model*

Starr, Chapter 2, pages 51-76

Jonathan Oberlander and Theodore R. Marmor (2015), "The Road Not Taken: What Happened to Medicare for All?" Chapter 4 in Alan B. Cohen et al. eds., *Medicare and Medicaid at 50*, pp. 55-74.

James Morone and Elizabeth Fauquert (2015), "Medicare in American Political History: The Rise and Fall of Social Insurance." Chapter 15 in Alan B. Cohen et al. eds., *Medicare and Medicaid at 50*, pp. 297-317.

Mar 27 *Defeat of the Clinton Plan*

Starr, Chapters 3-4, pages 79-128

Mar 29 *The Counterrevolution Begins*

Starr, Chapter 5, pages 129 – 158

Apr 1 *Passing the ACA (1)*

Starr, Chapters 6-7, pages 161 – 238.

Submit update on your thinking about your policy memo, summarizing what you think you will argue and why.

Apr 3 *Passing the ACA (2)*

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.

Apr 5 *The Missing Cost Controls*

Joseph White (2018), "Hypotheses and Hope: Policy Analysis and Cost Controls (or Not) in the Affordable Care Act." *Journal of Health Politics, Policy and Law* 43(3): 455-482.

Apr 8 *Meanings and Aftermath*

Starr, Chapters 8-9, pages 239-281

Drew Altman (2017), "The Health Care Plan Trump Voters Really Want," *New York Times*, at https://www.nytimes.com/2017/01/05/opinion/the-health-care-plan-trump-voters-really-want.html

Drew Altman (2018), "The Role Health Is and Is Not Playing in the Midterms, posted Oct 25 at https://www.kff.org/health-reform/perspective/the-role-health-is-and-is-not-playing-in-the-midterms/

Further Background: I will talk a bit about public opinion during this section of the course, and present some charts – particularly in order to show

how opinion changes once the Republicans had a real chance to repeal it. But if you're interested, some relevant readings would be:

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).

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.

Apr 10: The Politics of Medicaid (1)

Sara Rosenbaum (2015), "How the Courts Created The Medicaid Entitlement," Chapter 6 in Alan B. Cohen et al., *Medicare and Medicaid at 50,* pages 95-118.

Sara Rosenbaum (2018), "Medicaid Work Requirements: Inside the Decision Overturning Kentucky HEALTH's Approval," *Health Affairs* Blog, July 2, at https://www.healthaffairs.org/do/10.1377/hblog20180702.144007/full/

Apr 12 The Politics of Medicaid (2)

Frank J. Thompson, Michael K. Gusmano, and Shugo Shinohara (2018), "Trump and the Affordable Care Act: Congressional Repeal Efforts, Executive Federalism, and Program Durability," *Publius: The Journal of Federalism* 48(3): 396-424

Further Background: Federalism is not only an exceedingly important aspect of U.S. health policy and politics, but also offers all sorts of interesting ways for chief executives – both presidents and governors – to influence policy without direct approval from legislatures. Thompson has been explaining this dynamic for decades, and another good example is

Frank J. Thompson, "Medicaid Rising: The Perils and Potential of Federalism," Chapter 10 in Alan B. Cohen et al. eds., *Medicare and Medicaid at 50*, pages 191-212.

Politics, Policy, and the Campaign to "Transform" Health Care

Apr 15 *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

Apr 17 *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.

Apr 19 Payment Rates or "Payment Reform?"

Len Nichols et al. (2017), "What Should We Conclude From 'Mixed' Results In Payment Reform Evaluations?" *Health Affairs* Blog, Sept 14, at https://www.healthaffairs.org/do/10.1377/hblog20170814.061537/full/

Vox series, "Hospitals Keep ER fees secret. We're uncovering them."

- Sarah Kliff (2017), "The problem is the prices," Oct 16 at https://www.vox.com/policy-and-politics/2017/10/16/16357790/health-care-prices-problem

- Sarah Kliff (2017), "Emergency rooms are monopolies. Patients pay the price." Dec. 4 at https://www.vox.com/health-care/2017/12/4/16679686/emergency-room-facility-fee-monopolies

- Jenny Gold and Sarah Kliff (2018), "A baby was treated with a nap and a bottle of formula. His parents received an $18,000 bill." June 28 at https://www.vox.com/2018/6/28/17506232/emergency-room-bill-fees-health-insurance-baby

Sarah Kliff (2018), "He went to an in-network emergency room. He still ended up with a $7,924 bill." May 23 at https://www.vox.com/2018/5/23/17353284/emergency-room-doctor-out-of-network

Apr 22 *Physicians, Computers, and "Payment Reform" (1)*

New England Journal of Medicine (2018), Collected Articles, "Perspectives on Practice: Physician-to-physician perspectives on the evolving practice of medicine."

Apr 24 *Physicians, Computers, and "Payment Reform" (2)*

Atul Gawande (2018). "Why Doctors Hate Their Computers," *The New Yorker*, Nov 12, At https://www.newyorker.com/magazine/2018/11/12/why-doctors-hate-their-computers

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

Apr 26 *Physicians, Computers, and "Payment Reform" (3)*

Mark W. Friedberg et al. (2018), "Effects of Health Care Payment Models on Physician Practice in the United States: Follow-Up Study." RAND Corporation and American Medical Association. Through page 30.

Apr 29 *Physicians, Computers, and "Payment Reform" (4)*

Friedberg et al. (see above), from page 31 to end.

Further Background: Spivack, Steven B. et al. (2018), "No Permanent Fix: MACRA, MIPS, and the Politics of Physician Payment Reform." Journal of Health Politics, Policy and Law 43(6): 1025-1040.

Potential Essay Questions for Final Exam Will Be Handed Out Today

May 3, 12:30 – 2:30 p.m.: Final Exam

May 7, Noon, Policy Memo should be e-mailed to Professor White