

The American Healthcare System

Course Syllabus – Fall 2020

Course Information

Course Number/Section: HMG 6320.501

Course Title: The American Healthcare System

Term: Fall 2020

Classroom: JSOM 2:106

Class Schedule: Wednesday 7 – 10 PM (Aug.19 – Nov.27)

Professor Contact Information

Professor: Jim Walton, DO, MBA

Phone/Text: 214-399-8993

Email: Jww160330@utdallas.edu

JSOM Office: 2.712 (I will not be having face-to-face student meetings during this Term due to COVID)

Office hours: After 5 pm Monday – Sunday by appointment only – Microsoft Teams; Zoom or Text discussions

Course Modality and Expectations Instructional Mode	Traditional Face-to-Face Mode: https://www.utdallas.edu/fall-2020/fall-2020-registration-information/
Course Platform	The Course will be delivered Face-to-Face once per week, with Traditional Lecture during the 1 st hour; Professor-guided Student Team Classroom Discussion during the 2 nd hour; and Student Team Presentations during the 3 rd hour. All three components will be recorded for student review.
Expectations	<p>Expectations of Students for weekly in-class participation:</p> <ol style="list-style-type: none"> 1) Read assigned articles for each week. 2) Work alone to prepare answers to each week’s assigned “Discussion Questions”. 3) Meet with Assigned Team members prior to weekly scheduled class meeting to develop “Team Answers” to Weekly Discussion Questions”. 4) Meet with Assigned Team members to prepare “Team Presentation” for your assigned week. 5) Complete Briefing Papers and turn in via on or before assigned deadline. 6) Complete Term Paper and turn in via Turnitin on or before assigned deadline.

<p>Asynchronous Learning Guidelines</p>	<p>If students wish to choose “Asynchronous instruction” at anytime after the beginning of the semester:</p> <ol style="list-style-type: none"> 1.) Watch recorded lecture weekly, completed before the next week’s lecture is delivered; 2.) Complete all assigned reading materials (see eLearning for weekly assignments); 3.) Develop at minimum 3 written answers to the weekly Discussion Questions and share them with your assigned “Team Members” before the end of Sunday evening 11:59 per Syllabus assignment each week; 4.) Meet virtually with assigned “Team Members” on a virtual call and develop a “Team” response to the weekly Discussion Questions and submit a written document to the professor and class on the Class eLearning site before the end of Tuesday evening 11:59 pm, per Team’s Syllabus assignment (see Syllabus for due date); 5.) Meet virtually with assigned “Team Members” to complete assigned “Team Presentations” and submit a written "Team" power point presentation to the professor and class on the Class eLearning site before the end of Tuesday evening 11:59 pm, per Team’s Syllabus assignment (see Syllabus for Team’s due dates); 6.) Complete assigned Briefing Papers and submit before the end of Sunday evening 11:59 pm, per Syllabus assignment (see Syllabus for due date); 7.) Complete assigned Term Paper and submit via Turnitin by 11:59 on assigned date (see syllabus for due date). <p>If you have any questions or concerns please don't hesitate to contact me by Text: 214-399-8993. See web link at: https://www.utdallas.edu/fall-2020/asynchronous-access-for-fall-2020/</p>
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COVID-19 Guidelines and Resources

The information contained in the following link lists the University’s COVID-19 resources for students and instructors of record.

Please see <http://go.utdallas.edu/syllabus-policies>.

Classroom Conduct Requirements Related to COVID-19

UT Dallas requires that all students must wear a face covering that covers the nose and mouth in all university buildings and classrooms. To help protect the health and safety of students, instructors, and the University community, students who choose not to wear a face covering may not attend class in person but may attend a course remotely. Anyone attending class in person without a face covering will be asked to put one on or leave. Instructors may end the class if anyone present refuses to appropriately wear a face covering for the duration of class. Students should also be sure they are at least six feet away from their fellow students and faculty, and seated in a seat that is designated to ensure that distance. Students who either refuse to wear face coverings appropriately or to adhere to other social distancing protocols may face disciplinary action for [Student Code of Conduct](#) violations. Students who are unable to comply with the university policies including wearing a face covering should consult the [Comets United](#) webpage for further instructions.

Students who have tested positive for COVID-19 or may have been exposed should not attend class in person and should instead follow required disclosure notifications as posted on the university's website (see "[What should I do if I become sick?](#)" webpage)

Class Attendance

The University's attendance policy requirement is that individual faculty set their course attendance requirements. Regular and punctual class attendance is expected regardless of modality. Students who fail to attend class regularly are inviting scholastic difficulty. In some courses, instructors may have special attendance requirements; these should be made known to students during the first week of classes. These attendance requirements will not be used as part of grading (see Class Participation below for grading information).

In-person participation records may be used to assist the University or local public health authorities in performing COVID-19 occurrence monitoring. Please note – in-person attendance requires consistently adhering to University requirements, including wearing a face covering and other public safety requirements related to COVID-19, as presented in this syllabus. Failure to comply with these University requirements is a violation of the [Student Code of Conduct](#).

Class Participation

Regular class participation is expected regardless of course modality. Students who fail to participate in class regularly are inviting scholastic difficulty. A portion of the grade for this course is directly tied to your participation in this class. It also includes engaging in group or other activities during class that solicit your feedback on homework assignments, readings, or materials covered in the lectures (and/or labs). Class participation is documented by faculty. Successful participation is defined as consistently adhering to University requirements, as presented in this syllabus. Failure to comply with these University requirements is a violation of the [Student Code of Conduct](#).

Class Recordings

Students are expected to follow appropriate University policies and maintain the security of passwords used to access recorded lectures. Unless the Office of Student AccessAbility has approved the student to record the instruction, students are expressly prohibited from recording any part of this course. Recordings may not be published, reproduced, or shared with those not in the class, or uploaded to other online environments except to implement an approved Office of Student AccessAbility accommodation. Failure to comply with these University requirements is a violation of the [Student Code of Conduct](#).

The instructor may record meetings of this course. Any recordings will be available to all students registered for this class as they are intended to supplement the classroom experience. Students are expected to follow appropriate University policies and maintain the security of passwords used to access recorded lectures. Unless the Office of Student AccessAbility has approved the student to record the instruction, students are expressly prohibited from recording any part of this course. Recordings may not be published, reproduced, or shared with those not in the class, or uploaded to other online environments except to implement an approved Office of Student AccessAbility accommodation. If the instructor or a UTD school/department/office plans any other uses for the recordings, consent of the students identifiable in the recordings is required prior to such use unless an exception is allowed by law. Failure to comply with these University requirements is a violation of the [Student Code of Conduct](#).

Class Materials

The instructor may provide class materials that will be made available to all students registered for this class as they are intended to supplement the classroom experience. These materials may be downloaded during the course, however, these materials are for registered students' use only. Classroom materials may not be reproduced or shared with those not in class, or uploaded to other online environments except to implement an approved Office of Student AccessAbility accommodation. Failure to comply with these University requirements is a violation of the [Student Code of Conduct](#).

Course Pre-requisites, Co-requisites, and/or Other Restrictions

There are no course pre-requisites

Course Description

The course introduces students to the historical development, structure, operation, and current and future directions of the major components of the American health care delivery system. It reviews the historical evolution of the health care system's features and examines the ways in which health care services are organized and delivered, the influences that affect health care public policy decisions, factors that determine priorities for the allocation of health care resources, and the relationship of health care costs to measurable benefits. The course enables students to assess the role of organized efforts to influence health policy formulation, and the contributions of medical technology, research findings, and societal values on our evolving health care delivery system.

Student Learning Objectives/Outcomes

Upon completion of the course students will be able to:

1. Describe the origin and history of the US health care system.
 2. Describe the private, governmental, professional and economic contributions to the development and operation of the health care system.
 3. Describe the types and interrelationships of health care facilities, services, and personnel.
 4. Understand the influences of public sector health policy making and implementation processes.
 5. Understand the major ethical, economic, professional and legal issues confronting providers, insurers, public policymakers and consumers.
 6. Describe special problems of high-risk populations and health system responses.
 7. Identify and describe the quality control activities of the current health care system and relate service provider behaviors to legal, ethical, and financial considerations.
 8. Understand the healthcare reforms currently being implemented and planned for the near future.
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Required Textbooks and Materials

No Textbook required for this course

Weekly Class Format

1. First Hour:

45-50 min Lecture – Lecture notes provided
10-15 min Break

2. Second Hour:

45-50 min Class Discussion
○ Team Debate/Open Class Discussion
10-15 min Break

3. Third Hour

45-50 min Class Presentation & Discussion
○ Teams Presentations

During the first week of class, the students will be randomly assigned to separate teams. These teams can be adjusted throughout the semester as needed, but the intent is for the respective teams to work together over the course of the semester, participating in Class Discussions, Team Debates, and Team Presentations described below.

Class Discussions - designed to help students learn to critically read relevant course materials and prepare to discuss with senior healthcare leaders, developing critical thinking and analysis skills while preparing for the world of work where “thinking on your feet” is a necessary skill for leadership and job success. The professor will utilize a Socratic method teaching style for these discussions, based on asking and answering questions to stimulate critical thinking and to draw out ideas and underlying presuppositions. Students will be expected to be prepared to answer questions about weekly reading material and support their answers with relevant background information. Your contribution to the class discussion will assist your classmates and future colleagues in their learning.

Teams Debates – designed to help students learn to work in teams, using time pressure and challenging topical questions to create a shared learning moment while working with a team to create logical and meaningful contributions to deeper understanding of information being presented. The format is a debate between two teams, one taking the protagonist and one the antagonist positions of the questions posed for the week. The professor will randomly select Teams for debate, ensuring that all students prepare for the discussion.

Team Presentations – designed to help student prepare to work in a team environment producing complete work products for classmates and colleagues. This activity simulates actual healthcare work expectations for the masters-prepared healthcare administration workforce. Presentations will be critiqued by the professor and classmates to help Teams make improvements over the course of the semester as students learn his/her strengths and weaknesses in work product preparation. One goal should be to learn how to identify individual team-member strengths to build the best work product in the shortest amount of time.

Required Materials

Current readings on the lecture topic will be posted on e-learning. Students should read all assigned articles prior to attending the scheduled class period. All necessary information to write the required briefing papers is contained in the posted articles.

A list of weekly Journal Articles will be provided on the Class eLearning Site:

Journal Articles. Current healthcare journal and newspaper articles are assigned for this course. They are revised each semester and are posted on e-learning. Students are expected to read the articles prior to class, and the articles form the basis for writing the briefing papers.

Suggested Course Materials

Read healthcare current events in major publications and trade journals. Follow activities on healthcare-oriented websites such as Kaiser Family Foundation, Commonwealth Fund, Health Affairs, and Deloitte.

Textbooks and some other bookstore materials can be ordered online or purchased at the [UT Dallas Bookstore](#).

Assignments & Academic Calendar

(Topics, Reading Assignments, Due Dates, Exam Dates)

WEEK/ DATES	TOPIC/LECTURE	READING	ASSESSMENT / ACTIVITY	DUE DATE
1 Aug 19	Course Intro & History of US Healthcare system	On e-learning	none	
2 Aug 26	Overview of the Healthcare System	On e-learning	none	
3 Sep 2	Employer & Govern.- based Insurance (Medicare and Medicaid)	On e-learning	Briefing Paper 1 (History/Values & Insurance)	Sep 6
4 Sep 9	Healthcare Costs	On e-learning	none	
5 Sep 16	Hospital Systems	On e-learning	none	
6 Sep 23	Physician Perspective	On e-learning	Briefing Paper 2 (Costs/Providers)	Sep 27
7 Sep 30	Managed Care	On e-learning	none	

8 Oct 7	Healthcare Quality	On e-learning	none	
9 Oct 14	Integrated Healthcare Systems	On e-learning	Briefing Paper 3 (Mgd.Care/Quality)	Oct 17
10 Oct 21	Healthcare IT and Telehealth	On e-learning	none	
11 Oct 28	Payment Reform	On e-learning	Briefing Paper 4 (IT/TeleHealth & Payment Reform)	Nov 1
12 Nov 4	Employer Insurance - directed Reform	On e-learning	none	
13 Nov 11	Government healthcare - directed Reform	On e-learning	none	
14 Nov 18	Course Summary & Wrap Up		Briefing Paper 5 (Employer & Government Payment Reform)	Nov 22
15 Dec 2	OFF		Term Paper	Dec 4
NOTE	Term Paper is due by 12/04/2020 before 11:59 PM			

HMG 6320 - The American Healthcare System - Dr. Walton										
Discussion Questions:					See Lecture Handouts for Specific Presentation Questions					
Week	DATE	Class Topic	SAMPLE Discussion Questions (See Lecture Handouts for Specific Discussion Questions)	In-Class Discussions	Team A	Team B	Team C	Team D	Team E	
1	8.19	Course Introduction/History of US Healthcare	Why do you think our history includes a failure to contain healthcare costs? What are some of Healthcare Industry Issues facing your generations of healthcare leaders?	Open Discussion Format						
2	8.26	Overview of the US Healthcare System	Why have American Presidents had an interest in healthcare reform over the last 60-75 years? Why are Social Determinants of Health gaining traction in predicting health outcomes?	Team B Debate/Discussion	Presentation #1					
3	9.02	Evolution of Employer & Government-sponsored Health Insurance	Why is America unique in the industrialized world when looking at healthcare insurance? Why is politics so important in the creation of progressive healthcare policies in the US?	Team C Debate/Discussion		Presentation #2				
4	9.09	Evolution of Healthcare Costs	Why did the American health costs escalate rapidly after the creation of Medicare & Medicaid? Why did the American medical community lag behind European discoveries?	Team D Debate/Discussion			Presentation #3			
5	9.16	Hospital & Post-Acute Care Systems	Why is it likely that US Hospitals with purchase/consolidate with Post-acute care providers? Why are Post-acute care providers becoming a driving force in the evolution of American healthcare?	Team E Debate/Discussion				Pres. #4		
6	9.23	Physicians & Ambulatory Providers	Why are physicians promoting the idea of "prospective payments" now, after resisting for so long? Why are physicians hesitant to care for people with government-sponsored healthcare insurance?	Team A Debate/Discussion					Pres #5	
7	9.30	Evolution of Managed Care	Why does Managed Care evolve after the scientific revolution and government-initiated health insurance? Why did Managed Care fail to deliver desired results of cost control and quality improvement?	Team B Debate/Discussion	Pres #6					
8	10.07	Healthcare Quality	Why did the US Congress develop a comprehensive program for improving healthcare quality? Why does healthcare quality in the US include such large racial and ethnic disparities?	Team C Debate/Discussion		Pres #7				
9	10.14	Integrated Healthcare Delivery Networks	Why did healthcare integration wait until the 21st century to grow? Why are the results of integrated healthcare so limited?	Team D Debate/Discussion			Pres #8			
10	10.21	Health IT & Telehealth	Why are personal security and privacy concerns so important in the digital conversions of healthcare data? Why is healthcare IT interoperability so difficult to achieve and how did the Health Information Exchange fail?	Team E Debate/Discussion				Pres #9		
11	10.28	Evolution of Payment Reform	Why does Payment Reform play such an important role in the future of US Economy? Why does Payment Reform drive political and healthcare policy creation?	Team A Debate/Discussion					Pres #10	
12	11.4	Employer-based Insurance Reform	Why do employers resist payment reform? Why do employers need payment reform to improve global competitiveness?	Encore Debate Discussion	Encore?	Encore?	Encore?	Encore?	Encore?	
13	11.11	Government-based Insurance Reform	Why does the US government resist single payer system? Why do state governments seek reform of state Medicaid/CHIP reform?	Encore Debate/Discussion	Encore?	Encore?	Encore?	Encore?	Encore?	
14	11.18	Course Wrap-Up/Summary		Open Discussion Format						

Grading Policy

(including percentages for assignments, grade scale, etc.)

Weights

Briefing Paper	Points	Percentage
Item 1 briefing paper	(Points)	10%
Item 2 briefing paper	(Points)	10%
Item 3 briefing paper	(Points)	10%
Item 4 briefing paper	(Points)	10%
Item 5 briefing paper	(Points)	10%
Item 6 term paper	(Points)	50%
Total	(Points)	100%

Grading Scale

Scaled Score	Letter Equivalent
94-100	A (min. 3 Briefing Paper As + Term)
90-93	A-
86-89	B+
83-85	B
80-82	B-
75-79	C+
70-74	C
Less than 70	F

Graded Assignments & Course Instructor Policies

Assignments

Communication skills are essential for a successful career as a healthcare executive. This course is designed to develop your writing and speaking skills. You will be required to submit: 1.) a series of five Briefing Papers which will constitute 50% of your grade; 2.) a 12-15 page Research Paper which will account for the other 50% of your grade.

Briefing Papers

When developing your Briefing Paper it may help to consider this scenario: you are a member of a small focus group of early healthcare careerists. The group meets regularly to learn about healthcare topics and keep up with changing trends. You are assigned a topic (the Briefing Paper) to research and present to your group.

Everything you need to compose the Briefing Paper is contained in the required assigned readings posted on e-learning, but you are welcome to read additional articles to broaden your understanding. The Briefing Paper is a 2 page (maximum) memo designed to educate your study group. Remember: your study group knows nothing about the subject. It is your responsibility to educate them on the topic. The paper should conclude with your personal opinion about the topic—do you support or oppose it.

The general format of the Briefing Paper should include the following:

- **Introduce and define the topic (your study group knows nothing about it)**
- **Discuss the details of the topic**
- **What are the pros and cons (or support vs opposition)**
- **What is your personal stand on the issue**

After reading the Briefing Paper, a member of your support group should have a general understanding of the issue. This is the type of assignment a young healthcare executive may expect from a supervisor.

YOU ARE EXPECTED TO CREATE THE BRIEFING PAPER BASED UPON YOUR READINGS. IT MUST BE TURNED ON THE SUNDAY EVENING BEFORE 11:PM, BEFORE THE NEW LECTURE FOR THE WEEK IS POSTED ON MONDAY. LATE SUBMISSIONS WILL NOT BE ACCEPTED.

Briefing Paper Assignment submission instructions

Locate the assignment in your eLearning course. Use MLA formatting for the paper. You will submit your assignments in the required file format with a simple file name and a file extension. Submit the briefing paper assignment via e-mail to: jww160330@utdallas.edu.

Research Term Paper

A research paper dealing with a healthcare management topic of your choosing is due at the end of the semester. This is to be an original in-depth research paper with a bibliography. It is not an opinion paper. Papers used in other classes are not acceptable. You should choose a narrow topic and explore it in-depth. The most common mistake made by students is to choose too broad an issue. If you have a question about your chosen topic, contact Dr Walton. The paper is to be submitted on e-learning using **Turnitin**. (Note: Do not submit via e-mail)

Use MLA formatting for the paper. If you have a question about the suitability of the chosen topic, contact Dr. Walton.

Off-campus Instruction and Course Activities

There are no off-campus course activities

Comet Creed

This creed was voted on by the UT Dallas student body in 2014. It is a standard that Comets choose to live by and encourage others to do the same:

“As a Comet, I pledge honesty, integrity, and service in all that I do.”

Academic Support Resources

The information contained in the following link lists the University’s academic support resources for all students.

Please see <http://go.utdallas.edu/academic-support-resources>.

UT Dallas Syllabus Policies and Procedures

The information contained in the following link constitutes the University’s policies and procedures segment of the course syllabus.

Please go to <http://go.utdallas.edu/syllabus-policies> for these policies.

WEEKLY READING LIST:

OVERVIEW OF US HEALTHCARE SYSTEM

Introduction to the Healthcare System (Module #1)

Aug 19

Required Reading

- Kaiser: “Healthcare costs-a Primer,” March 2012.
- Health Affairs: Presidents and Health Reform: from Franklin D Roosevelt to Barack Obama, June 2010
- Moses, H., et al: Anatomy of Healthcare in the US, JAMA Nov 13, 2013
- PwC: Top Health Industry Issues of 2019
- Keckley: Biggest Misconceptions About US Health System 2016
- Health Affairs: Multiple Determinants of Health Outcomes 2014
- Health Affairs: Evaluating Strategies for Reducing Disparities By Addressing the Social Determinants of Health, Aug 2016
- Kaiser: Summary of the Affordable Care Act, Jan 2017
- Wicks, E.: History and Primer on Cost Containment Efforts

System Overview: Characteristics, Values and Belief (Module #2)

Aug 26

Required Reading

- RWJF: What is Driving Health Care Spending? Sept 2012
- Kaiser: Assessing the Performance of the US Health System 2014
- HCCI: 2016 Health Care Cost Report
- Milliman 2018 Medical Index
- Deloitte: The Road to Value Based Care
- PwC: Healthcare Reform. Trends of the ACA at Five Years
- Gawande. A. Is Healthcare A Right? New Yorker, 2017

Employer & Government-based Health Insurance

Sep 2

Required Reading

- Kaiser: Employer Health Benefits Summary 2018
- Urban Institute: Characteristics of the Remaining Uninsured? 2018
- Commonwealth: How Well Does Insurance Coverage Protect Consumers 2017
- Health Affairs: High Deductible Health Plans Reduce Health Care Costs 2017
- Helmchen, L., Heath Savings Accounts: Growth concentrated Among High-Income Households and Large Employers, Health Affairs, Sept 2015
- “Medicare: A Primer,” Kaiser Family Foundation, 2015.
- Kaiser: Overview of Medicare 2017
- Kaiser Brief: Facts on Medicare Spending and Financing 2018
- Kaiser: Medicare Advantage fact sheet 2017
- Kaiser: Medicare’s role for under 65 with disabilities, 2016
- Kaiser: Turn Medicare Into Premium Support System
- CBO: Raising the Eligibility Age for Medicare
- “Medicaid: A Primer,” Kaiser Family Foundation, 2013.
- PwC: Complicated State of Medicaid 2017
- Kaiser: Medicaid at 50
- Kaiser: Medicaid financing 2015

Articles from Nov. 4th Module

- Health Affairs: Effects of Medicaid Expansion Under the ACA 2018
- Kaiser: Medicaid Coverage Gap in States Not Expanding 2018
- Commonwealth Fund: Medicaid Expansion in Texas 2016
- Kaiser: Implications of Medicaid Expansion 2018
- Kaiser: Medicaid Block Grants and Per Capita Caps
- Kaiser: Ten things about Medicaid 2018

Healthcare Costs Medicare and Medicaid (Module #4)

Sep 9

Required Reading

- Gawande, A.: The Cost Conundrum: New Yorker Magazine
- Why Americans Pay More for Health Care,” The McKinsey Quarterly, December 2008.
- Health Affairs: It’s Still The Prices, Stupid, 2019
- C. Wheelan, “The Top 10 Reasons for Soaring Healthcare Costs,” The Naked Economist, March 2006.
- E. Emanuel, “Who Really Pays for Health Care: The Myth of Shared Responsibility,” JAMA, March 2008
- Is Health Spending Excessive?: Health Affairs, Sept/Oct 2009
- Commonwealth: How High is America’s Health Care Cost Burden 2015
- Milliman: 2018 Medical Index
- HCCI: 2017 cost report
- PwC Medical Cost Trends 2019
- Keckley: Reducing Healthcare Costs 2018
- Keckley: After Drugs, Next Target is Hospitals 2019
- Health Affairs: What is the US Health Spending Problem? March 2018
- Commonwealth: Roots of High Drug Prices, June 2017
- Kaplan, R.: The Big Idea: How to Solve the Cost Crisis in Healthcare, HBR Sept 2011
- Jost, T., Eight Decades of Discouragement: The History of Health Care Cost Containment, Forum for Health Economics and Policy, 2012; 15(3) 53-82

The Hospital System (Module #5)

Sep 16

Required Reading

- U. Reinhardt, “The Pricing of US Hospital Services: Chaos Behind a Veil of Secrecy,” Health Affairs, Jan./Feb. 2006.
- Health Affairs: Hospitals Still Use Chargemaster Markups
- Availability of Consumer Prices from US hospitals, JAMA, Feb 11, 2013
- Shannon, M., No Method to the Madness: The Divergence Between Hospital Billed Charges and Payments, Health Affairs Blog, Oct 7, 2013 Rosenthal, J.
- Health Affairs Blog: Decline in Utilization Rates 2013
- K. Grote, “Transforming US Hospitals,” The McKinsey Quarterly, February, 2007.
- ACHE: Hospital Consolidation 2014
- Health Affairs: Hospital Consolidation and Insurance Premiums 2019
- Keckley, P. Hospital Cost Reduction, Navigant Healthcare, 2015
- AHA: Managing Population Health: the Role of the Hospital, April 2012
- AHA: Second Curve of Population Health 2014
- Health Affairs: Innovative Population Health Model—Baylor/SW April 2018

- K. Devers, “Specialty Hospitals: Focused Factories or Cream Skimmers,” Center for Studying Health System Change, April 2003.
- Health Affairs: ACA Effect on Physician Ownership of Hospitals
- Health Affairs: Hospitals’ Geographic Expansion In Quest of Well-Insured Patients
- Health Affairs: Hospital Prices Grew Faster than Physician Prices 2019
- Health Affairs: Health Reform Holds both Risks and Rewards for Safety-Net Providers October 2011
- Austin,M., National Hospital Rating Systems, Health Affairs, March 2015
- Health Affairs: Comparison of Hospital Administration Costs
- Keckley Report: Does a Hospital’s Ownership Matter? Sept 11, 2018
- NEJM Do Hospitals Still Make Sense? 2018
- Deloitte: 2017 survey of US health system CEOs
- Deloitte: Hospital of the Future (2019)
- Brill, S.: Bitter Pill: Why Medical Bills Are Killing Us, Time, Feb 20, 2013 (optional reading)

The Physician’s Perspective (Module #6)

Sep 23

Required Reading

- E. Lister “The Changing Nature of Hospital-Physician Relations” from Creating the Hospital Group Practice—ACHE
- A. O’Malley, “Hospital Emergency On-Call Coverage: Is There A Doctor In The House?” Center for Studying Health System Change, November, 2007.
- Deloitte: Primary care
- Commonwealth Fund: Primary Care Provider’s View of Recent Trends in Healthcare Delivery and Payment,2015
- Health Affairs: Complexity of Billing: April 2018
- Deloitte: Path to Physician Success in a Value Based World 2014
- Friedberg,M,: Effects of Health Care Payment Models on Physician Practice, RAND Quarterly,2015
- Keckley Hospital Employment of Physicians 2018
- Deloitte; Physician Hospital Employment
- Medical economics: top 10 physician challenges 2016
- Medical Economics: Millennials in medicine (p20-25)
- Deloitte: Preparing the Doctors of the Future 2016
- PwC: Preparing future primary care physicians for the New Health Economy 2017
- Health Affairs: Primary Care Office Visits Dropped , 2019
- Health Affairs: Medical Profession’s Future 2016
- AAMC: Physician Supply and Demand 2018 (read Executive Summary)
- Health Affairs Blog; Doctor of Osteopathic Medicine A Growing Workforce 2017
- Health Affairs: Landscape of Physician Practice 2016
- Health Affairs Physician consolidation 2016
- Merritt Hawkins 2017 survey of medical residents
- Health Affairs: MACRA and Corporate Transformation of Medicine , May 2017
- NEJM Physician Burnout 2017
- Physician foundation 2016 Survey (optional reading)

Optional Reading: Foreign Healthcare Systems

- Commonwealth Fund: International Profiles of Health Care Systems,2017 (selected countries)

- Deloitte: 2019 Global health care outlook
- Commonwealth fund; US healthcare from a global perspective 2015
- Health Care Cost Containment Strategies in 4 Other countries. Health Affairs, April 2013
- JAMA Healthcare Spending in the US and Other Countries , March 2018
- JAMA Overcoming Payment Reform 2018
- Deloitte: Medical Tourism: Update and Implications

Managed Care, Markets and Rationing (Module #7)

Sept 30

Required Reading

- J. Zwanziger: “Can Managed Care Plans Control Health Care Costs?” Health Affairs. Vol 15, No 2, Summer, 1996
- E. Friedman, Managed Care, Rationing, and Quality: A Tangled Relationship. Health Affairs May/June 1977
- R. Blendon: “Understanding the Managed Care Backlash” Health Affairs ,July/Aug 1998
- D. Draper, “The Changing Face of Managed Care,” Health Affairs, Jan./Feb. 2002
- J. Robinson, “The End of Managed Care,” JAMA, May, 2001.
- Public Health Reports: ACOs
- Health Affairs: Analysis of Early ACOs, 2014
- ACOs: National Landscape 2015
- Physicians in Medicare ACOs Offer Mixed Views 2017
- Leavitt: Options for ACOs 2019

Healthcare Quality (Module #8)

Oct 7

- Institute of Medicine, To Err is Human: Building a Better Health System, Executive Summary, 1999
- Health Affairs: Two Decades Since To Err is Human 2018
- Institute of Medicine, Crossing the Quality Chasm, Executive Summary, March 2001
- D. Berwick, A User’s Manual for the IOM’s Quality Chasm Report, Health Affairs, May/June 2002
- Deloitte: Paying for Performance—
- C. Damberg, Taking Stock of Pay for Performance: A Candid Assessment From the Front Lines, Health Affairs, March/April 2009
- Chassin, M. The Ongoing Quality Improvement Journey, Health Affairs, April 2011
- Werner, R. Effect of P4P in Hospitals Health Affairs, April 2011
- CBO: Lesson’s from Medicare’s Projects on Disease Management, Care Coordination, and Value-Based Payment
- Health Affairs Policy Brief: Pay-for Performance, Oct 11, 2012
- HCAHPS Fact Sheet
- McCullough, J. The Effect of Health IT on Quality in US Hospitals, Health Affairs, April 2010
- J Needleman, The Role of Nurses in Improving Hospital Quality, Health Affairs, June 2 2009
- Health Affairs: Long Wait for Medical Excellence 2013
- Chassin, M. Improving the quality of Healthcare. What’s Taking So Long? Health Affairs, October 2013
- Health Affairs: Few Receive Appropriate Preventive Services 2018

- Health Affairs: Slow Progress on Meeting Hospital Safety Standards—Leapfrog
- Markay, M: Medical Error—third leading cause of death. BMJ, May 2016
- Health Affairs: Physician Spending to Report Quality Measures 2016
- Health Affairs: National Hospital Ratings Systems 2015
- IHI Guide to Measuring the Triple Aim
- IHI: Comparing Lean and Quality Improvement
- Health Affairs: Primary Care Practice In Using EHRs for Quality Improvement April 2018
- Kaiser: Measuring the Quality of Healthcare in the US 2015
- Health Affairs“Improving the Quality of Healthcare: Who Will Lead?” Health Affairs Sept/Oct 2001.
- NEJM: Addressing Quality Measurement Problems 2018
- S. Spear, “Fixing Health Care from the Inside Today,” Harvard Business Review, September, 2005. (optional—purchase online)

INTEGRATED HEALTHCARE SYSTEMS (MODULE #9)

OCT 14

REQUIRED READINGS:

- DELOITTE: ACCOUNTABLE CARE ORGANIZATIONS: A NEW MODEL FOR SUSTAINABLE INNOVATION
- MCCLELLAN, A NATIONAL STRATEGY TO PUT ACCOUNTABLE CARE INTO PRACTICE, HEALTH AFFAIRS, MAY 2010
- DELOITTE: THE MEDICAL HOME
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- LANDON,B. PROSPECTS FOR REBUILDING PRIMARY CARE USING THE PATIENT-CENTERED MEDICAL HOME. HEALTH AFFAIRS, MAY 2010.
- NUTLING,P. TRANSFORMING PHYSICIAN PRACTICES TO PATIENT CENTERED MEDICAL HOMES. HEALTH AFFAIRS, MARCH 2011
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- INSTITUTE
- LEAVITT: TAXONOMY OF ACO’s, 2014
- NAVIGANT: THE FUTURE OF ACOS
- HEALTH AFFAIRS BLOG: 2017 SURVEY OF ACOS
- LEAVITT: ACO RISK CONTRACTS 2016
- KAISER: PAYMENT AND SYSTEM REFORM IN MEDICARE—MEDICAL HOMES, ACOS, 2016
- RWJF: ANALYSIS OF INTEGRATED DELIVERY SYSTEMS AND NEW PROVIDER-SPONSORED HEALTH PLANS 2017
- HEALTH AFFAIRS: HEALTH CARE MARKET CONCENTRATION TRENDS IN THE US, SEPT 2017
- HEALTH AFFAIRS: CORPORATE INVESTORS INCREASED COMMON OWNERSHIP IN HOSPITALS AND THE “POSTACUTE CARE SECTOR, SEPT 2017
- HEALTH AFFAIRS: GOVERNMENT AS INNOVATION CATALYST, FEB 2018
- HEALTH AFFAIRS: PHYSICIAN PERSPECTIVE ON VERTICAL INTEGRATION, SEPT 2017
- HEALTH AFFAIRS BLOG: SPREAD OF ACOS 2019

INFORMATION TECHNOLOGY AND TELEHEALTH (MODULE #10)

OCT 21

- DELOITTE: HITECH AT A GLANCE
- KAYYALI, B., BIG DATA REVOLUTION IN US HEALTH CARE: MCKINSEY, APRIL 2013

- BUNTIN, M. BENEFITS OF HIT—HEALTH AFFAIRS, MARCH 2011
- FLEMING, N. FINANCIAL AND NONFINANCIAL COST OF IMPLEMENTING EHR IN PRIMARY CARE, HEALTH AFFAIRS, MARCH 2011
- FURUKAWA, M., DESPITE SUBSTANTIAL PROGRESS IN EHR ADOPTION, HIE AND PATIENT ENGAGEMENT REMAIN LOW IN OFFICE SETTINGS, HEALTH AFFAIRS, OCT, 2014
- HEALTH AFFAIRS: PROGRESS IN INTEROPERABILITY, OCTOBER 2017
- KELLERMANN, A., WHAT IT WILL TAKE TO ACHIEVE AS YET UNFULFILLED PROMISES... HEALTH AFFAIRS, JANUARY 2013
- RAHURKAR, S., DESPITE THE SPREAD OF HIE, THERE IS LITTLE EVIDENCE OF IMPACT ON COST, USE, AND QUALITY, HEALTH AFFAIRS, MARCH 2015
- HEALTH AFFAIRS: INTEGRATING SOCIAL DETERMINANTS INTO EHR, APRIL 2018
- HEALTH AFFAIRS: USE OF TELEMEDICINE BY PHYSICIANS STILL THE EXCEPTION, DEC 2018
- DELOITTE: EHR CAN THE PAIN SHIFT TO VALUE 2018
- DELOITTE: ORGANIZING FOR ANALYTICS IN HEALTH CARE
- DELOITTE: HEALTH SYSTEM ANALYTICS KEY TO UNLOCKING VBC 2015
- DELOITTE: DEVICES AND DISEASES
- DELOITTE: MEDTECH FOR MHEALTH
- DELOITTE: ANALYTICS FOR ACOs
- DELOITTE: REALIZING THE POTENTIAL OF TELEHEALTH
- HEALTH AFFAIRS: CURRENT STATE OF TELEHEALTH, DEC 2018
- HEALTH AFFAIRS: USE OF TELEMEDICINE FOR ED PHYSICIAN COVERAGE, DEC 2018
- HEALTH AFFAIRS: TELEHEALTH IN HEALTH CENTERS: FACTORS, BARRIERS, DEC 2018
- HEALTH AFFAIRS: DIRECT TO CONSUMER TELEHEALTH MAY NOT REDUCE SPENDING 2017
- FOLEY: 2017 TELEMEDICINE SURVEY
- DELOITTE: BEYOND THE EHR 2019
- DELOITTE: DO HEALTH INFORMATION EXCHANGES IMPROVE OUTCOMES 2019
- IQVIA INSTITUTE: GROWING VALUE OF DIGITAL HEALTH (READ EXEC SUMMARY)

Healthcare Payment Reform (Module #11)

Oct 28

- REPORT OF THE NATIONAL COMMISSION ON PHYSICIAN PAYMENT REFORM: EXECUTIVE SUMMARY
- DELOITTE: EPISODE BASED PAYMENTS
- R. MECHANIC, PAYMENT REFORM OPTIONS: EPISODE PAYMENT IS A GOOD PLACE TO START, HEALTH AFFAIRS, 27 JAN 2005
- H. PHAM, EPISODE-BASED PAYMENTS: CHARTING A COURSE FOR HEALTH CARE PAYMENT REFORM, NATIONAL INSTITUTE FOR HEALTH CARE REFORM, JUNE 2010
- S. ZUVEKAS, PAYING PHYSICIANS BY CAPITATION: IS THE PAST NOW PROLOGUE? HEALTH AFFAIRS, SEPT 2010
- HEALTH AFFAIRS: HIGH LEVEL OF CAPITATION NEEDED TO SHIFT PRIMARY CARE, 2017
- LESSER, C. PHYSICIAN PAYMENT REFORM. HEALTH AFFAIRS, MAY 2010
- KAHN, C. PAYMENT REFORM ALONE WILL NOT TRANSFORM HEALTH CARE DELIVERY. HEALTH AFFAIRS, MARCH 2009
- GOLDSMITH, J. ANALYZING SHIFTS IN ECONOMIC RISKS TO PROVIDERS. HEALTH AFFAIRS, JULY 2010
- CUNNINGHAM, R.,: THE PAYMENT REFORM PARADOX, HEALTH AFFAIRS, MAY 2014

- S. ALTMAN, THE LESSONS OF MEDICARE'S PROSPECTIVE PAYMENT SYSTEM ...HEALTH AFFAIRS, SEPT 2012
- DELOITTE: VALUE BASED PURCHASING: A STRATEGIC OVERVIEW
- DELOITTE: VALUE BASED PURCHASING UPDATE
- Deloitte: Road to value-based care
- Deloitte: Value-based Care Executive Interviews 2015
- Deloitte: Navigating Bundled Payments
- Health Affairs: Medicare's New Physician Payment System (MACRA)
- Deloitte: MACRA: Disrupting the Healthcare System
- Deloitte: Rebuilding Foundation of Healthcare Under MACRA
- CHQPR: Ten Barriers to Healthcare Payment Reform
- NEJM: What's Next for Payment Reform? 2017
- Health Affairs: ACO Contracts with Downside Financial Risks July 2019
- Health Affairs: Maryland's Global Budget Program: April 2018

Healthcare Insurance, Consumer Healthcare (Module #12)

Nov 4

- Kaiser: The Uninsured and the ACA: A Primer 2019
- Kaiser: Key Facts About the Uninsured Population, 2018
- Kaiser: Effects of Medicaid Expansion under the ACA 2018
- Kaiser: Employer Health Benefits Summary 2018
- Deloitte: Consumer Directed Health Plans
- Deloitte: Rising Consumerism
- Deloitte: Quest for Value in Healthcare: A place for Consumers (Exec Summary)
- Haviland: Growth of Consumer-directed Health Plans to One-Half of all Employer-Sponsored Insurance Could Save \$57 billion Annually; Health Affairs, May 2012
- RAND: Skin in the Game: How Consumer Directed Plans Affect the Cost and Use of US Health Care
- Fronstin, P. Consumer Directed Health Plans Reduce the Long-term Use of Outpatient Physician visits....Health Affairs, June 2013
- HCCI: Consumer Driven Health Plans: Cost and Utilization Analysis 2016
- Health Affairs: High Deductible Health Plans Reduce Health Care Costs 2017
- Helmchen, L., Health Savings Accounts: Growth concentrated Among High-Income Households and Large Employers, Health Affairs, Sept 2015
- Journal of Risk: Consumer Directed Health Plans March, 2016
- Health Affairs: Survey of Americans With HDHP, March 2019
- Kaiser: The Coverage Gap in States That Did Not Expand Medicaid 2019
- Deloitte: Provider Sponsored Health Plans 2015
- Deloitte: Public Health Insurance Exchanges 2015
- Urban Institute: Characteristics of the Remaining Uninsured? 2018
- Commonwealth: How Well Does Insurance Coverage Protect Consumers 2017
- Health Affairs Blog: Single Payer Health Care 2017
- Health Affairs: Insurer Market Power Lowers Prices in Concentrated Provider Markets, Sept 2017
- Urban Institute: The Uninsured in Texas in 2018

Government Led Reform (Module #13)

Nov 11

Required Reading

- “Proposal of the Physicians’ Working Group for Single-Payer National Health Insurance,” JAMA, August, 2003.
- E. Emanuel, “Health Care Vouchers—a Proposal for Universal Coverage,” New England Journal of Medicine, March, 2005.
- Kaiser : Summary of the ACA, April 2013
- Davis,K.,: The ACA and Medicare: How the Law is Changing the Program, Commonwealth Fund, June 2015
- Holtz-Eakin, D. Health Care Reform is Likely to Widen Federal Budget Deficits Health Affairs, June 2010
- Health Affairs: National Health Expenditure Projections, 2018-27, March 2019
- Cutler, D. How Health Care Reform Must Bend the Cost Curve, Health Affairs, June 2010
- RAND: Flattening the Trajectory of Health Care Spending
- Neumann,P., ” Is the United States Ready For QALYs?” Health Affairs, Sept 2009
- JAMA: QALYs in 2018—Advantages and Concerns
- Commonwealth Fund: ACA payment and Delivery System Reforms: A Progress Report at 5 years, May 2015
- Health Affairs: Government as Innovation Catalyst Feb 2018
- Health Affairs: Arc of History Bends towards Coverage, March 2018
- Health Affairs: Orthopedic Bundled Payment Programs 2018
- Health Affairs: Comprehensive Primary Care Initiative 2018
- Health Affairs: Implementing MACRA 2017
- Kaiser: Effects of Medicaid Expansion Under the ACA 2018
- Kaiser: Medicaid: What to watch for in 2019
- Kaiser: Medicare for All and Public Plan Proposals 2018
- Urban Institute: Estimating the Cost of a Single Payer Plan 2018
- JAMA Rationing of Healthcare in the US editorial 2019
- JAMA Next Phase in Effective Cost Control editorial 2019
- Physician’s Foundation: The Medicare Program: An Instrument for Change June 2014 (optional reading)

Course Wrap Up Discussion (Module #14)

Nov 18

- **Work on Research Papers**
 - ✓ Final research paper due on or before Friday, Dec 4

Student Conduct

The University of Texas System and The University of Texas at Dallas have rules and regulations for the orderly and efficient conduct of their business. It is the responsibility of each student and each student organization to be knowledgeable about the rules and regulations which govern student conduct and activities. General information on student conduct and discipline is contained in the UTD publication, A to Z Guide, which is provided to all registered students each academic year.

The University of Texas at Dallas administers student discipline within the procedures of recognized and established due process. Procedures are defined and described in the Rules and Regulations, Board of Regents, The University of Texas System, Part 1, Chapter VI, Section 3, and in Title V, Rules on Student Services and Activities of the university's Handbook of Operating Procedures. Copies of these rules and regulations are available to students in the Office of the Dean of Students, where staff members are available to assist students in interpreting the rules and regulations (SU 1.602, 972/883-6391).

Academic Integrity

The faculty expects from its students a high level of responsibility and academic honesty. Because the value of an academic degree depends upon the absolute integrity of the work done by the student for that degree, it is imperative that a student demonstrate a high standard of individual honor in his or her scholastic work.

Scholastic dishonesty includes, but is not limited to, statements, acts or omissions related to applications for enrollment or the award of a degree, and/or the submission as one's own work or material that is not one's own. As a general rule, scholastic dishonesty involves one of the following acts: cheating, plagiarism, collusion and/or falsifying academic records. Students suspected of academic dishonesty are subject to disciplinary proceedings.

Plagiarism, especially from the web, from portions of papers for other classes, and from any other source is unacceptable and will be dealt with under the university's policy on plagiarism (see general catalog for details).

Withdrawal from Class

The administration of this institution has set deadlines for withdrawal of any college-level courses. These dates and times are published in that semester's course catalog. Administration procedures must be followed. It is the student's responsibility to handle withdrawal requirements from any class. In other words, I cannot drop or withdraw any student. You must do the proper paperwork to ensure that you will not receive a final grade of "F" in a course if you choose not to attend the class once you are enrolled.

Student Grievance Procedures

Procedures for student grievances are found in Title V, Rules on Student Services and Activities, of the university's Handbook of Operating Procedures.

In attempting to resolve any student grievance regarding grades, evaluations, or other fulfillments of academic responsibility, it is the obligation of the student first to make a serious effort to resolve the matter with the instructor, supervisor, administrator, or committee with whom the grievance originates (hereafter called "the respondent"). Individual faculty members retain primary responsibility for assigning grades and evaluations. If the matter cannot be resolved at that level, the grievance must be submitted in writing to the respondent with a copy of the respondent's School Dean. If the matter is not resolved by the written response provided by the respondent, the student may submit a written appeal to the School Dean. If the grievance is not resolved by the School Dean's decision, the student may make a written appeal to the Dean of Graduate or Undergraduate Education, and the dean will appoint and convene an Academic Appeals Panel. The decision of the Academic Appeals Panel is final. The results of the academic appeals process will be distributed to all involved parties.

Copies of these rules and regulations are available to students in the Office of the Dean of Students, where staff members are available to assist students in interpreting the rules and regulations.

Incomplete Grade Policy

As per university policy, incomplete grades will be granted only for work unavoidably missed at the semester's end and only if 70% of the course work has been completed. An incomplete grade must be resolved within eight (8) weeks from the first day of the subsequent long semester. If the required work to complete the course and to remove the incomplete grade is not submitted by the specified deadline, the incomplete grade is changed automatically to a grade of F.

The descriptions and timelines contained in this syllabus are subject to change at the discretion of the Professor.