Please note: this is a sample syllabus for the class Dr. Barth is presenting here at UD. Dates, course number and administrative details will be updated as Spring Semester approaches. The content of the class will be similar to that presented in this syllabus.

Thomas Jefferson University
Jefferson School of Population Health
HPL 500: Healthcare Delivery and Organization (3 Credits)

Instructor: Sanford M Barth, Ph.D.
Office Hours: By Appointment

Description
An overview of how health care is organized, delivered (including quality issues), and financed (insurance, provider payment, and capital formation) in the United States. Traces the historical evolution in political, economic, and social contexts, including the distribution and access to medical and other services, the roles of public and private insurance for health care, and the structure of healthcare delivery mechanisms and providers. Addresses current issues in US healthcare organization, delivery, and financing as well as policies and approaches that impact changes in healthcare delivery. Compares and contrasts US approaches with respect to access, quality, and cost to those of other selected societies.

Learning Objectives: Upon completion of this course, students will be able to
1. Identify the historical foundation and inherent tensions in organized health care in the United States.
2. Contrast the types of health care provided in private vs. public health sectors and organizations, and examine the effects of market competition and government regulation.
3. Define and articulate current issues in the organization, delivery, and financing mechanisms of the US healthcare system in economic and political terms. Particular attention will be given to understanding how quality and safety have been identified and addressed.
4. Classify the stakeholders (providers, payers, insurers, purchasers, patients/consumers, government and private organizations) who influence and are influenced by the delivery of care and compare/contrast their values, cultural orientation, interest positions and expectations.
5. Define the current health insurance system and provider payment mechanisms for Medicare, Medicaid, and commercial insurance plans.
6. Compare and contrast healthcare delivery in the US, selected industrialized nations, and selected developing nations, and identify relationships between organization, delivery, financing, and outcomes of care.

Required Materials:
- Ezekial, Emanuel, J. Healthcare Guaranteed; Public Affairs Press, 2008
- Institute of Medicine (http://www.iom.edu), 3 report series on “Crossing the Quality Chasm,” “To Err is Human,” and “A New Health System for the 21st Century.”
- Other articles and current publications as assigned.
Shi/Singh and Ezekial texts can be purchased at the Jefferson University Bookstore, 1009 Chestnut Street, Philadelphia, PA.

**Suggested reading** for those needing a refresher on the basics of managed care:


**Course Description and Class Schedule:**

**Instructional Format:**

Each class meeting is approximately 3 hours long, with appropriate breaks included, and designed to be presented in 14 sessions with two exams built into that timetable. The course format includes lecture and discussion. The course is organized into four modules:

**Module A: History and Development of the US Healthcare System**

Explores the evolution of health care in the United States up to the present time, incorporating social, political and economic forces that shaped it and continue to do so. Taken together, the lecture and discussion series in this first module explore the influencing factors that have shaped and positioned the health care system as we know it today. Students are invited to share their perceptions and beliefs about the health care system to better understand myths and truths related to the system.

- **September 11** - Historic developments from the late 1800s through the 1930s (the birth of modern medicine and its compensation in the USA). Historic developments from the 1940s through the 1960s (a time of change and progress).
- **September 18** – Historic developments from 1970 to the present (setting the stage for our current state of affairs)
- **September 25** – Understanding health care from the perspective of economic thinking and analysis. Using economic tools for placing health care as goods and services in the context of the total economy.

**SUBMISSION OF TERM PAPER TOPIC DUE**

**Module B: Components of US Healthcare Delivery and Financing and Their Interrelationships**

Attempts to define the US healthcare “system”. Students share their experiences and understandings of what does and does not constitute the US healthcare delivery system. Also explores current methods for reimbursing provider segments and the issues this creates. Student experiences as purchaser, payee, or processor will be solicited as case studies.

- **October 2** - Hospital industry trends and developments in the context of organizational, social, and professional trends in health care delivery
- **October 9** - Physicians and ancillary staffing. Supply of and demand for human resources dedicated to the delivery of health care with an emphasis on compensation methods and other incentives impacting quality and quantity of services. In addition to the text, discussion will focus on two recent articles (“Too Much Money for Too Much Medicine” and “The Cost Conundrum”) that are influencing current health reform thinking.
October 16 – The pharmaceutical industry. Explores the complex way in which this component impacts the rest of health care delivery from the perspective of development to market, and in terms of how care has been changed as a result of the products of this sector.

October 23 - Long term care and mental health. Explores roles played by two peripheral components of the delivery system. Presents the challenges to integrating the contributions of these sectors into a holistic model of care and concern.

MID TERM EXAM (Multiple Choice)

Module C: Mechanics of Financing and Payment

Presented from the perspective of major demand (payers, insurers, and patients) and supply (doctors and other caregivers, hospitals, etc.) components. Guest speakers from Medicare, Medicaid, and private arenas will be invited to present motivating factors that drive how various payers arrive at their particular view of payment for health care.

October 30 – Insurance from the payers’ (employers, Insurers, HMOs, government) perspective. This and the next three classes provide a structured view of how health care is accessed and paid for in the United States in terms of influence on the structure of health care’s components, availability of care in terms of financial-geographic-language and other access factors, delivery of care organization and institutions, and compensation for care-methods and incentives. Particular attention is given to the “Managed Care Movement.”

FIRST DRAFT OF TERM PAPER IS DUE.

November 6 – Insurance from the consumers’ (patients, et al) and providers’ (institutional and individual) perspectives

November 13 – Managed Care Part 1- characteristics, structure, and how it has altered the payment and delivery of medicine.

SECOND DRAFT OF TERM PAPER IS DUE.

November 20 - Managed Care Part 2 - its influence on quality, disease and care management, and demand management.

Module D: Healthcare Issues and Policy Development

Explores stakeholders and current topics of concern (i.e., national health insurance) and introduces elements of health policy development. Student led group presentations provide analysis of three major health policy initiatives: health reform as viewed in the Ezekial text, quality improvement needs as identified in the IOM series; and the Healthy People 2010 initiative.

December 4 – Quality of Care; evidence, measurement, and influence. Discussion will focus on the redefinition, evolution, and development of quality aspects of medicine in terms of processes and metrics, including a brief visit to the concept of electronic medical records.

December 11 – Health policy: stakeholders and processes. This session will define and explore the relative roles and objectives for 8 key stakeholders in the health policy process. In addition, the policy
December 18 – Health policy; some models and issues (includes Healthy People 2010 and reform considerations).

**FINAL EXAM (multiple choice).**  **FINAL VERSION OF TERM PAPER IS DUE.**

Required Term Paper:  You are to develop a 25-35 page paper using APA format that assesses the influence of at least three historical developments or issues that impact the current health system’s structures and roles. You are strongly encouraged to use a minimum of 3-5 sources that reflect a range of views such that your paper covers the broad scope of perspectives, understandings, and stakeholder interests that is characteristic of health policy debates in our country. Instructor approval of paper topic is required.

The paper will be graded on the following components totaling 100%:

- Application of content from class lectures and discussions (40% as broken down as follows)
  - Does the paper reflect specifically discussed developments or policies? (10%)
  - Does the paper cite at least two points of view regarding each development? (10%)
  - Does the paper tie the development to a current issue, concern, or criticism of the current system (20%)

- Quality of writing and use of APA format (10%) – A 1% reduction will be assessed for each grammatical or formatting error up to a total of 10%.

- Strength of argument or presentation concerning the relationship of the selected historical developments and their influence on contemporary issues (50%).
  - For each correlation identified between the development and a contemporary issue, a total of 5% will be awarded, up to 25%.
  - The description of the influence each correlation has had on the contemporary issue is also worth 5%, up to 25%.

**Course grading:**

Each of the two exams is worth 30 points. The assigned paper is worth 40 points.

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**Course Policies:**
• Since class lectures and discussions are essential for optimal learning, prompt and consistent attendance is encouraged.

• Exams are given on the dates specified. Make-up exams are not provided unless serious reasons (documented illness; family emergencies; preexisting work commitments) are presented to the instructor.

• Term papers are not accepted after the due date.

**Additional Information:**

**Compliance with College Policies:** This course will adhere to the Code of Conduct and Academic Policies and Procedures (Grading System, Academic Integrity, Confidentiality of Student Records, Course Drop/Add, Course Withdrawal, Disability Accommodations, Grade Appeal Protocol, Registration, etc.) as contained in the Jefferson School of Population Health 2009-2010 Student Handbook. Students not in possession of the Handbook may secure a copy from the school office, 150 College Building.

**Registration Status:** Students are responsible for the status of their registration at all times. The instructor will advise that a change in status has occurred when so informed by the College/University. Only students who are properly registered in this course can earn credit and receive a grade.

**Add/Drop/Withdrawal:** In accordance with University policies, students may drop (or add) this class without financial penalty for a short period (approximately two weeks) after the start of classes. Add/drop dates are posted in the official University calendar available from the University Office of the Registrar. A student who withdraws from this course after the official drop / add date remains responsible for all tuition and fees.

**Class cancellations:** Cancellations due to weather or other emergency will be announced on KYW AM radio (school closing number: day 73, night 2173), on the TJU emergency hotline 1-800-858-8806) and/or via the class emergency phone/email chain.