

<p style="text-align: center;">HSA7936: Healthcare Costs and Financing Summer 2021</p>
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Young-Rock Hong, PhD, MPH
Assistant Professor
Department of Health Services Research, Management and Policy
Phone (cell): 352-278-1580, E-mail: YoungRock.H@ufl.edu

COURSE DESCRIPTION

This course provides a conceptual foundation for evaluating, and reviews empirical evidence regarding, healthcare costs and financing. It is designed to enable students to demonstrate in-depth understanding of: 1) health system design, delivery and financing of different types in the U.S. and in other countries ; 2) major provider payment methods and how they interact with financing methods to impact cost, access, quality and outcomes 3) how health system design and organization impacts access and outcomes for poor and underserved populations including the uninsured and ethnic minorities; and 3) managed care (concepts and tools), and integrated delivery systems. It will deal with costs, access, market segmentation, insurance mechanisms, and payer issues, including Medicare, Medicaid, etc. The keywords for this course purpose are: understand, integrate, analyze, and synthesize. Performance is not judged on demonstrating information acquisition, but on what one does with the information to gain the tools to mastery over each topic.

COURSE OBJECTIVES

1. Students will demonstrate understanding of the determinants of health in populations.
2. Students will demonstrate the ability to describe the status of, key issues, and drivers of health status and health spending in the U.S. and globally.
3. Students will describe the patterns of availability and deployment of health-related resources worldwide, and the consequent impact on health system performance.
4. Students will describe the various health care financing mechanisms and impacts on various stakeholders: third party payer systems, global budgeting, fee-for-service, pre-payment models (managed care), and the Medicare and Medicaid programs in the U.S.
5. Students will describe current issues in health service delivery and financing as related to vulnerable populations, such as uninsured populations, poor, and disadvantaged minorities.
6. Students will demonstrate knowledge of the principles and tools of managed care.
7. Students will review current empirical evidence regarding the effects of costs and financing on healthcare utilization and health outcomes.
8. Students will analyze a current health policy issue related to costs and financing.

REQUIRED MATERIALS

NO TEXTBOOK required. Set of required readings

MEETINGS

May 13 – August 5, Thursdays 11:00 a.m. – 12:30 p.m. (*No meetings on June 24th & August 5th*)
Zoom Meeting (Online)

COURSE REQUIREMENTS

1. Conceptual Framework and Narrative Submissions. Work individually to prepare a conceptual framework and supporting narrative from the required readings for each week. In most cases, at least one key article is noted below per set of required readings to guide the conceptual framework for the week. This will provide the context for our weekly discussion of current empirical work.

Conceptual framework and narrative specifications and other comments:

- Submit your conceptual framework and supporting narrative to the instructor by email each week (Wednesdays by 6 pm). For each meeting day, except for the Medicare/Medicaid class day, the following describes the **conceptual framework and narrative submissions**. (No framework is due on the Medicare/Medicaid meeting day).
 - **How to develop a conceptual framework?** For each class, you will identify among the readings, a key or review paper(s) representing major issues on the topic. (I have identified such papers if such are available among the readings for the day, and ordered them to appear first in your set for each day. For some topics, there may be no paper to provide you starter material. In such case you will develop your framework based on the introductory sections, findings and discussion sections of research papers). You will use the major issues or factors to develop a conceptual framework that represents the core issues with the causal/ mediating variables impacting the core issues/ phenomena/ players within the topic. **A conceptual framework is a mental map of the territory (topic). It captures the key elements, identifies what are the causal and effect variables, the relationships and direction of relationships, in the topic.**
 - Additionally, you will prepare a brief (< 500 words), *integrative paper*, to capture the essence of the issues related to the topic. You will submit a detailed written narrative on the topic, identifying whatever support OR refutation of your conceptual framework you found from the readings for the day, with citation. Your paper is a vehicle to present a coherent written review of the essence of the issues on the topic. Use the paper to describe your framework systematically, and cite the paper sources as you go along (pretty much like “Conceptual Framework” section in peer-review articles). Your description should describe the relationships between your text boxes in your conceptual framework, at least the major breakout concepts and cause-and-effect concepts. You can add additional analytical comments, but *do not make the paper a serial brief summary of each reading*. It should be *integrative* and *analytical*. There should be cross referencing across papers. *Every* paper should be discussed for its main points or support/contradiction to other articles.
- We will spend the first 15 minutes or so of each meeting to discuss your conceptual framework. You will lead a discussion with the instructor on the topic to include: 1) What are the key phenomena/ issues/ causal and effect constructs in this topic? 2) Present your model/conceptual framework to represent the phenomena/ relationships/ players/ factors that emerge from the various readings under the topic. (Feel free to go to other journal articles through Pubmed / Google Scholar search if you need clarifications.) Describe your model to the instructor and peers.

2. Discussion of Current Empirical Work. Each student will describe and *critique* a current article related to the topic for that week. The article must have been published since 2015 in a peer-reviewed journal, and it must include a data analysis (i.e., review or commentary papers are not acceptable). Students must receive instructor approval of the article selected (email to instructor by 6 PM on Fridays). See the following links to peer-reviewed research published by researchers at RAND as a good place to start (or you can search on your own as well):

- Health Care Financing: <http://www.rand.org/topics/health-care-financing.html?content-type=research>
- Health Insurance: <http://www.rand.org/topics/health-insurance.html?content-type=research>

- Health Care Costs: <http://www.rand.org/topics/measuring-health-care-costs.html?content-type=research>
- Health Care Payment Approaches: <http://www.rand.org/topics/health-care-payment-approaches.html>
- Bundled Payment for Health Services: <http://www.rand.org/topics/bundled-payment-for-health-services.html>
- Fee-for-Service for Health Care: <http://www.rand.org/topics/fee-for-service-for-health-care.html>
- Health Care Accountable Care Organizations: <http://www.rand.org/topics/health-care-accountable-care-organizations.html>
- Health Care Pay for Performance: <http://www.rand.org/topics/health-care-pay-for-performance.html>
- Managed Health Care: <http://www.rand.org/topics/managed-health-care.html>
- Value-Based Purchasing in Health Care: <http://www.rand.org/topics/value-based-purchasing-in-health-care.html>

Article discussion specifications and other comments:

- Your discussion must include a *critical* evaluation of the article. Use the following guide to outline your discussion:
 - 1) Background;
 - 2) Study objectives and hypotheses;
 - 3) Data and statistical methods;
 - 4) Results;
 - 5) Critical assessment:
 - What are the strengths of the paper?
 - What are its weaknesses?
 - How could the study be improved?
 - 6) Policy implications;
 - 7) Future research (Discussion of future research that could be supported by these findings.);
 - 8) Conclusions.
- Each student will organize an informal discussion of 1 article per week (e.g., PowerPoint Presentation with 3-8 slides for meeting day). After receiving instructor approval of your article, share a PDF copy of your article with your fellow student (please copy the instructor in email). You will include the slides for your article discussion as a subsection for the “Conceptual Framework Submissions” submitted by email (so you can submit together with or separately in PPT, Word document, or PDF). The content for article discussions should also comprise at least 15 minutes per student.

3. Article Critique Paper. Each student will critically review an article that explores the effects of corporate and/or government healthcare financing policies on groups such as patients, businesses, hospitals, and physician-providers. The article must have been published in 2019 - 2021 (published in 2021 is recommended for the subsequent assignment, Letter to the Editor submission) in a peer-reviewed journal, and it must include a data analysis (i.e., review or commentary papers are not acceptable). Students must receive instructor approval of the article selected (see due date below).

Paper specifications and other comments:

- The review should be a *critical* evaluation of the article. Use the following guide to outline your critique:
 - 1) Background;
 - 2) Study objectives and hypotheses;
 - 3) Data and statistical methods;
 - 4) Results;
 - 5) Critical assessment:
 - What are the strengths of the paper?
 - What are its weaknesses?
 - How could the study be improved?

- 6) Policy implications;
- 7) Future research (Discussion of future research that could be supported by these findings);
- 8) Conclusions.
- Paper specifications: 5-10 pages, double spaced, 1 inch margins, 12 point font.

4. Letter to Editor Submission. Based on your article discussions (i.e., informal in-class) or critique paper, you will prepare and submit a Letter to Editor to the journal where the article was published. A letter to Editor is a means of communication between the author of an article (usually having a significant impact) and readers of the journal. It is a time to check and see how your critique is received and how the actual authors respond to it. You can pick one of your best critiques submitted before, or you may write up a new one for this assignment. The objective of this assignment is actual submission to the journal (via manuscript submission system) intending to improve skills in critical analysis and scientific writing. You will need to submit a copy of the submitted version of the letter (you can download it after submission) for full credit.

- **Tips on Writing a Letter to the Editor**

- **Pick a Recent Article:** If possible, it is best to target a recent article that was published (ideally within 6 months) in the journals you've selected and then write your letter as a response, building on what was reported and pointing out the article's primary strengths and weaknesses. It is important to note that this is not only identifying criticisms but suggesting constructive approaches to address concerns raised. This greatly increases the likelihood that your letter will be published (or online-only).
- **Be Clear and Concise:** A letter must have a purpose, and it should convey its message in a short and definitive fashion. Keep your letters brief and to the point (usually 1 or 2 points). Editors often edit for length, so try to keep your letter to less than 400 words. For example, for *Medical Care*, it must not exceed 300 words, and references are limited to 10 citations. For *JAMA*, it limits to less than 400 words of text and 5 references, 1 of which should be to the recent article published within the past 4 weeks.
- **You're Professional:** Don't forget that published letters to the Editor are scientific articles (indexed in MEDLINE/PubMed), thus professional quality in writing is essential! Being respectful and expressing gratitude for the authors' effort should come first.

5. Financing Policy Analysis and Paper. You will identify a research question relating to the effects of corporate and/or government healthcare financing policies on groups such as patients, businesses, hospitals, and physician-providers. The research question must be analyzed using publically available data. You must receive instructor approval of the project topic (see due date below). Please note, the objective is to submit this work for peer-reviewed publication. It is also your responsibility to identify potential contributors and mentors on this project after you completed the final draft (not during the semester).

Paper specifications and other comments:

- Identify a target journal for our submission. The journal's guidelines for authors will direct the content required for the paper. In general, the paper should include the following:
 - 1) Introduction (Discuss previous research. Describe the research question and explain why it is important. Clearly identify the research objectives.);
 - 2) Conceptual framework and hypotheses;
 - 3) Data and statistical methods;
 - 4) Results;
 - 5) Discussion (Include a discussion of policy implications);
 - 6) Conclusions.
- Paper specifications: Follow carefully the journal's "Guidelines for Authors" for formatting and word count limitations. Aim for 20 pages, double spaced, 1-inch margins, 12 point font.

Project Timeline:

- Phase 1: Provide one-page description of your topic choice and rationale. Potential journal outlets (3-5 journals) for the final product should also be identified and listed (including impact factor, journal scope).
- Phase 2: Develop an outline of the entire article using bullet points, subheadings, and short descriptions. You will also need to provide a comprehensive reference list sufficient to cover the points of the topic and scope (mainly for Introduction section).
- Phase 3: First draft of financing policy analysis paper. This draft will be submitted to the instructor for feedback and discussed during one-on-one meetings (TBD).
- Phase 4: Final draft of financing policy analysis paper. Your final draft should be “ready-to-submit” version, including a complete proofreading. Citation and paper formatting should also correspond with the selected target journal (pick your first target). You may include names of potential collaborators on the final submission; but remember, you are not allowed to contact or seek their help/advice. Feel free to reach out to them after the end of the semester.

COURSE GRADE

Weekly Discussions (Conceptual Frameworks and Weekly Article Critiques)	20%
Article Critique Paper	20%
Letter to the Editor	10%
Financing Policy Analysis & Paper	50%

DUE DATES

Fridays (starting on May 14 th) by 6 PM	Article selection for weekly discussion due
Wednesdays (starting on May 19 th) by 6 PM	Framework, narrative, article discussion due
Friday, June 4 th by 6 PM	Final project phase 1: topic selection due
Wednesday, June 9 th by 6 PM	Article selection for critique paper due
Friday, June 25 th by 6PM	Final project phase 2: outline & reference due
Friday, June 25 th by 6PM	Critique paper due
Friday, July 9 th by 6PM	Draft to Letter to Editor due
Friday, July 16 th by 6PM	Letter to Editor submission due
Friday, July 23 th by 6PM	Final project phase 3: first full draft due
Wednesday, August 4 th by 6PM	Final project phase 4: final draft due

All assignments should be submitted by email to the instructor.

COURSE OUTLINE & REQUIRED READINGS: Summer 2021

May 13	Class Begins – Welcome and Introduction to the Course
May 20	<p>International Health Statistics, Comparisons of Resources, Access and Outcomes - How the U.S. fares? - Inputs vs. Outputs</p> <p>NOTE: Hints for conceptual framework this week – Use the first article to map out the key drivers of growth in healthcare spending. The early pages give you the big picture elements to start your base framework. Then two of your big picture drivers are studied in</p>

depth – the legal system and the role of healthcare rationing, being achieved through waiting lists). Flesh out those on a separate sheet and then slide them into the big picture framework. Then the next articles help you flesh out other feeder concepts, and so on.

If you find a paper that does not fit into the big picture conceptual framework, do not force it in somehow. Prepare a separate little framework to map out what it addresses. Once you map it, you may have an insight that it actually fits or does not fit into the main map. Your map of the health spending territory should be information-rich, not a collection of a few captions. Also, distill down to the concept. Do not list questions or long phrases in each text box. What is the underlying concept? That is what you have to map.

Reading List

1. Anderson, G. F., Hussey, P. S., Frogner, B. K., & Waters, H. R. (2005). Health spending in the United States and the rest of the industrialized world. *Health Affairs*, 24(4), 903–914. <https://doi.org/10.1377/hlthaff.24.4.903>
(*Key article to start your framework*)
2. Papanicolas I, Woskie LR, Jha AK. Health Care Spending in the United States and Other High-Income Countries. *JAMA*. 2018;319(10):1024. doi:10.1001/jama.2018.1150
3. Dieleman JL, Squires E, Bui AL, et al. Factors Associated With Increases in US Health Care Spending, 1996-2013. *JAMA*. 2017;318(17):1668. doi:10.1001/jama.2017.15927.
(*Also key for some elements of your framework.*)
4. Cutler DM, Ghosh K, Messer KL, Raghunathan TE, Stewart ST, Rosen AB. Explaining The Slowdown In Medical Spending Growth Among The Elderly, 1999–2012. *Health Aff*. 2019;38(2):222-229. doi:10.1377/hlthaff.2018.05372
(*Also key for some elements of your framework.*)
5. Remler DK, Korenman SD, Hyson RT. Estimating the effects of health insurance and other social programs on poverty under the affordable care act. *Health Aff*. 2017;36(10):1828-1837. doi:10.1377/hlthaff.2017.0331

May 27

Employer-Based Health Insurance in the U.S.: Impacts & Problems

NOTE: You will need to develop 2 conceptual frameworks. [1st one] focus on employer-based health insurance system vs. health insurance access and coverage of the population (include in your framework other secondary factors that may affect access and coverage). [2nd one] focus on employer-based health insurance system vs. health care spending (include in your framework other secondary factors that may affect access and coverage).

Reading List

1. Enthoven AC, Fuchs VR. Employment-based health insurance: Past, present, and future. *Health Aff*. 2006;25(6):1538-1547. doi:10.1377/hlthaff.25.6.1538
(*Key article to start your framework*)

	<ol style="list-style-type: none"> 2. Gabel J, Hurst K, Whitmore H, Hoffman C. Class And Benefits At The Workplace. Health Aff. 1999;18(3):144-150. doi:10.1377/hlthaff.18.3.144 (Also key for some elements of your framework.) 3. Wilper AP, Woolhandler S, Lasser KE, McCormick D, Bor DH, Himmelstein DU. Health Insurance and Mortality in US Adults. Am J Public Health. 2009;99(12):2289-2295. doi:10.2105/AJPH.2008.157685 4. Sood N, Ghosh A, Escarce JJ. Employer-Sponsored Insurance, Health Care Cost Growth, and the Economic Performance of U.S. Industries. Health Serv Res. 2009;44(5p1):1449-1464. doi:10.1111/j.1475-6773.2009.00985.x 5. Ryu AJ, Gibson TB, McKellar MR, Chernew ME. The Slowdown In Health Care Spending In 2009–11 Reflected Factors Other Than The Weak Economy And Thus May Persist. Health Aff. 2013;32(5):835-840. doi:10.1377/hlthaff.2012.1297
<p>June 3</p>	<p>The Uninsured</p> <p>NOTE: For this week, you will need to develop 2 conceptual frameworks, 1st using #1-6, 2nd using #7</p> <p><u>Reading List</u></p> <ol style="list-style-type: none"> 1. Xirasagar S, Stoskopf CH, Samuels ME, Lin HC. Reducing the Numbers of the Uninsured: Policy Implications From State-Level Data Analysis. J Public Heal Manag Pract. 2005;11(1):72-78. doi:10.1097/00124784-200501000-00012 2. Collins SR, Bhupal HK, Doty MM. Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured. Commonw Fund. 2019;(February). https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca. 3. Ross JS, Bradley EH, Busch SH. Use of Health Care Services by Lower-Income and Higher-Income Uninsured Adults. JAMA. 2006;295(17):2027. doi:10.1001/jama.295.17.2027 4. Hall MA. Rethinking safety-net access for the uninsured. N Engl J Med. 2011;364(1):7-9. doi:10.1056/NEJMp1011502 5. he Henry J Kaiser Family Foundation. Key Facts about the Uninsured Population. Henry J Kaiser Fam Found. 2016;(December):1-14. https://kaiserfamilyfoundation.files.wordpress.com/2013/09/8488-key-facts-about-the-uninsured-population.pdf. 6. Hadley J, Holahan J, Coughlin T, Miller D. Covering the uninsured in 2008: Current costs, sources of payment, and incremental costs. Health Aff. 2008;27(5):399-415. doi:10.1377/hlthaff.27.5.w399 7. Hadley J, Ayanian JZ, Butler S, Davis K, Kronick R. Sicker and poorer - The consequences of being uninsured: A review of the research on the relationship between

	<p>health insurance, medical care use, health, work, and income. <i>Med Care Res Rev.</i> 2003;60(2 SUPPL.). doi:10.1177/1077558703254101</p>
<p>June 10</p>	<p>Health care Reform: Impacts and expected trends in health care services financing and delivery.</p> <p>NOTE: You will produce 3 frameworks. [1st] Health reform vs. health insurance coverage changes—refer to your frameworks on uninsured and small business health insurance, to draw in those determinants and how reform addresses or not those determinants. [2nd] Health reform vs. cost control—refer to frameworks that looked at healthcare spending and cost drivers and how those are addressed or not by reform in preparing your framework. [3rd] Health reform vs. care appropriateness and quality—refer to frameworks that looked directly and indirectly at care content, e.g., healthcare spending and cost drivers and how the reforms address the quality issues raised in those frameworks.</p> <p><u>Reading List</u></p> <ol style="list-style-type: none"> 1. Summary of the New Health Reform Law – Kaisernetwork summary http://www.kff.org/healthreform/upload/8061.pdf 2. Health Reform implementation timeline – Kaisernetwork summary http://kff.org/interactive/implementation-timeline/ 3. Newhouse JP. Assessing health reform’s impact on four key groups of Americans. <i>Health Aff.</i> 2010;29(9):1714-1724. doi:10.1377/hlthaff.2010.0595 4. Staiger DO, Auerbach DI, Buerhaus PI. Health Care Reform and the Health Care Workforce — The Massachusetts Experience. <i>N Engl J Med.</i> 2011;365(12):e24. doi:10.1056/NEJMp1106616 5. Sommers BD, Rosenbaum S. Issues in health reform: How changes in eligibility may move millions back and forth between medicaid and insurance exchanges. <i>Health Aff.</i> 2011;30(2):228-236. doi:10.1377/hlthaff.2010.1000 6. Keehan SP, Cuckler GA, Sisko AM, et al. National health expenditure projections: Modest annual growth until coverage expands and economic growth accelerates. <i>Health Aff.</i> 2012;31(7):1600-1612. doi:10.1377/hlthaff.2012.0404 7. Roby DH, Watson G, Jacobs K, et al. Modeling the Impact of the Affordable Care Act and the Individual Mandate on Californians. <i>J Fam Econ Issues.</i> 2013;34(1):16-28. doi:10.1007/s10834-012-9349-5
<p>June 17</p>	<p>Impacts of Managed Care and Prospects, New payment methods</p> <p>NOTE: You will develop 3 frameworks. [1st] Capture managed care types and key elements/features of each. [2nd] Impacts of managed care on costs, quality of care, access, overall health status, fairness of financing, and responsiveness. [3rd] Map the key features and elements of ACOs and show on what features/elements ACOs are better than HMOs and on what features ACO can be potentially worse for cost, quality, good health status achievement, and care access.</p>

	<p><u>Reading List</u></p> <ol style="list-style-type: none"> 1. Wagner ER, Kongstvedt PR. Types of Managed Care Organizations and Integrated Health Care Delivery Systems. https://pdfs.semanticscholar.org/d4d4/aa421204373dafd25d4787bdb61b4cbfd26c.pdf. Published 2007. (<i>Study thoughtfully and make your notes, to understand the essentials and variations of managed care</i>) 2. Robinson JC, Yegian JM. Medical management after managed care. Health Aff. 2004;23(SUPPL.):269-280. doi:10.1377/hlthaff.W4.269 (<i>Key article to start your framework</i>) 3. Baker LC, Cantor JC, Long SH, Marquis MS. HMO Market Penetration And Costs Of Employer-Sponsored Health Plans. Health Aff. 2000;19(5):121-128. doi:10.1377/hlthaff.19.5.121 4. Zhan C, Miller MR, Wong H, Meyer GS. The Effects of HMO Penetration on Preventable Hospitalizations. Health Serv Res. 2004;39(2):345-361. doi:10.1111/j.1475-6773.2004.00231.x 5. Fisher ES, Shortell SM. Accountable Care Organizations. JAMA. 2010;304(15):1715. doi:10.1001/jama.2010.1513 6. Greaney TL. Accountable care organizations - The fork in the road. N Engl J Med. 2011;364(1):1-2. doi:10.1056/NEJMp1013404 7. Fisher ES, Shortell SM, Kreindler SA, Van Citters AD, Larson BK. A framework for evaluating the formation, implementation, and performance of accountable care organizations. Health Aff. 2012;31(11):2368-2378. doi:10.1377/hlthaff.2012.0544
June 24	Summer Break!
July 1	<p>Health System Performance</p> <p>NOTE: ONE framework for this week. Your conceptual framework should comprise the components of health system objectives, and determinants of performance on those components.</p> <p><u>Reading List</u></p> <ol style="list-style-type: none"> 1. World Health Organization. The world health report 2000 - Health systems: improving performance. https://www.who.int/whr/2000/en/. [<i>*Focus on the first three parts: 1) Overview, 2) Chapter 1 (focus on pp. 1-11) and 3) Chapter 2.</i>] 2. Blendon RJ, Kim M, Benson JM. The public versus the World Health Organization on health system performance. Health Aff. 2001;20(3):10-20. doi:10.1377/hlthaff.20.3.10

<p>July 8</p>	<p>Comparative Health Systems : Health Risk Pooling and Financing – Canada & the U.K</p> <p>NOTE: You will develop a framework of <u>tax-funded health systems with <i>exclusively</i> publicly owned healthcare delivery organizations</u>, and how this impacts health system performance components. Use elements identified from the readings below and feel free to add more from your own literature search.</p> <p><u>Reading List</u></p> <ol style="list-style-type: none"> 1. The Commonwealth Fund. International Health Care System Profiles: Canada. https://www.commonwealthfund.org/international-health-policy-center/countries/canada 2. Canadian Foundation for Healthcare Improvement. Towards the Triple Aim of Better Health, Better Care and Better Value for Canadians: transforming regions into high performing health systems. https://bit.ly/3xJs1kv 3. Hutchison B, Levesque JF, Strumpf E, Coyle N. Primary health care in Canada: systems in motion. Milbank Q. 2011;89(2):256-288. doi:10.1111/j.1468-0009.2011.00628.x 4. Blackwell DL, Martinez ME, Gentleman JF, Sanmartin C, Berthelot JM. Socioeconomic status and utilization of health care services in Canada and the United States: findings from a binational health survey. Med Care. 2009;47(11):1136-1146. doi:10.1097/MLR.0b013e3181adcbe9 5. The Commonwealth Fund. International Health Care System Profiles: England. https://www.commonwealthfund.org/international-health-policy-center/countries/england 6. Business Law & Governance. Cross-Border Healthcare— The U.S. and U.K. Healthcare Systems. https://www.blankrome.com/publications/cross-border-healthcare-us-and-uk-healthcare-systems 7. Gillam SJ, Siriwardena AN, Steel N. Pay-for-performance in the United Kingdom: impact of the quality and outcomes framework: a systematic review. Ann Fam Med. 2012;10(5):461-468. doi:10.1370/afm.1377
<p>July 15</p>	<p>Comparative Health Systems : Health Risk Pooling and Financing – France & Germany</p> <p>NOTE: You will develop a framework of <u>health care systems with <i>mixed</i> public-private ownership of healthcare delivery organizations</u>, and how this impacts health system performance components. Use elements identified from the readings below and feel free to add more from your own literature search.</p> <p><u>Reading List</u></p> <ol style="list-style-type: none"> 1. The Commonwealth Fund. International Health Care System Profiles: France. https://www.commonwealthfund.org/international-health-policy-center/countries/france 2. Bergeron H, Nathanson CA. Construction of a policy arena: the case of public health in France. J Health Polit Policy Law. 2012;37(1):5-36. doi:10.1215/03616878-1496002

	<ol style="list-style-type: none"> 3. Rodwin VG. The health care system under French national health insurance: lessons for health reform in the United States. <i>Am J Public Health</i>. 2003;93(1):31-37. doi:10.2105/ajph.93.1.31 4. Saliba, B., & Ventelou, B. (2007). Complementary health insurance in France. Who pays? Why? Who will suffer from public disengagement?. <i>Health policy</i> (Amsterdam, Netherlands), 81(2-3), 166–182. https://doi.org/10.1016/j.healthpol.2006.05.017 5. The Commonwealth Fund. International Health Care System Profiles: Germany. https://www.commonwealthfund.org/international-health-policy-center/countries/germany 6. Busse R, Blümel M, Knieps F, Bärnighausen T. Statutory health insurance in Germany: a health system shaped by 135 years of solidarity, self-governance, and competition. <i>Lancet</i>. 2017;390(10097):882-897. doi:10.1016/S0140-6736(17)31280-1 7. Altenstetter C. Insights from health care in Germany. <i>Am J Public Health</i>. 2003;93(1):38-44. doi:10.2105/ajph.93.1.38
<p>July 22</p>	<p>Comparative Health Systems : Health Risk Pooling and Financing – S. Korea, Japan, & Taiwan</p> <p>NOTE: You will develop a framework of <u>health care systems with social and universal insurance approach</u>, and how this impacts health system performance components. Use elements identified from the readings below and feel free to add more from your own literature search.</p> <p><u>Reading List</u></p> <ol style="list-style-type: none"> 1. Song, Y. J. (2009). The South Korean health care system. <i>JMAJ</i>, 52(3), 206-209. https://www1.med.or.jp/english/journal/pdf/2009_03/206_209.pdf 2. Lee JC. Health care reform in South Korea: success or failure?. <i>Am J Public Health</i>. 2003;93(1):48-51. doi:10.2105/ajph.93.1.48 3. The Commonwealth Fund. International Health Care System Profiles: Japan. https://www.commonwealthfund.org/international-health-policy-center/countries/japan 4. Hashimoto H, Ikegami N, Shibuya K, et al. Cost containment and quality of care in Japan: is there a trade-off?. <i>Lancet</i>. 2011;378(9797):1174-1182. doi:10.1016/S0140-6736(11)60987-2 5. The Commonwealth Fund. International Health Care System Profiles: Taiwan. https://www.commonwealthfund.org/international-health-policy-center/countries/taiwan 6. Kwon S. Health care financing in Asia: key issues and challenges. <i>Asia Pac J Public Health</i>. 2011;23(5):651-661. doi:10.1177/1010539511422940

	<p>7. Kamae, I. Value-Based Approaches to Healthcare Systems and Pharmacoeconomics Requirements in Asia. <i>Pharmacoeconomics</i> 28, 831–838 (2010). https://doi.org/10.2165/11538360-000000000-00000</p>
<p>July 29</p>	<p>Paying for Health Care: How it impacts providers, patients, and cost</p> <p>NOTE: ONE FRAMEWORK EACH of an analysis of each method of provider compensation/ reimbursement: [1st] framework for Fee-for-service, [2nd] for Capitation, [3rd] for Case-based reimbursement (or bundled payment), [4th] global budgeting. Include an assessment of its impact on the World Bank measures of health system performance: COST, QUALITY, ACCESS to needed care, EFFICIENCY of care production, and EFFICIENCY of producing health per unit cost.</p> <p><u>Reading List</u></p> <ol style="list-style-type: none"> 1. Barnum H, Kutzin J, Saxenian H. Incentives and provider payment methods. <i>Int J Health Plann Manage.</i> 1995;10(1):23-45. doi:10.1002/hpm.4740100104 (Key article to start your framework) 1. Wagner ER, Kongstvedt PR. Types of Managed Care Organizations and Integrated Health Care Delivery Systems. https://pdfs.semanticscholar.org/d4d4/aa421204373dafd25d4787bdb61b4cbfd26c.pdf. Published 2007. (This item helps you think through the incentives, it is repeated under Managed care later) 2. Berenson RA, Rich EC. US approaches to physician payment: The deconstruction of primary care. <i>J Gen Intern Med.</i> 2010;25(6):613-618. doi:10.1007/s11606-010-1295-z 3. Reinhardt UE. The pricing of U.S. hospital services: Chaos behind a veil of secrecy. <i>Health Aff.</i> 2006;25(1):57-59. doi:10.1377/hlthaff.25.1.57 4. Chen F, Laditka JN, Laditka SB, Xirasagar S. Providers' Response to Global Budgeting in Taiwan: What Were the Initial Effects? <i>Health Services Management Research.</i> 2007; 20:113-120. 5. Cheng S-H, Jin H-H, Yang B-M, Blank RH. Health Expenditure Growth under Single-Payer Systems: Comparing South Korea and Taiwan. <i>Value Heal Reg Issues.</i> 2018;15:149-154. doi:10.1016/j.vhri.2018.03.002 6. (Optional reading): Lin HC, Xirasagar S, Tang CS. Cost per Discharge and Hospital Ownership Under Prospective Payment and Cost-based Reimbursement Systems in Taiwan. <i>Health Policy & Planning.</i> 2004; 19(3): 166-176.
<p>Aug 4</p>	<p>Final Paper Due</p>

SUPPORT SERVICES

Accommodations for Students with Disabilities

If you require classroom accommodation because of a disability, it is strongly recommended you register with the Dean of Students Office <http://www.dso.ufl.edu> within the first week of class or as soon as you believe you might be eligible for accommodations. The Dean of Students Office will provide documentation of accommodations to you, which you must then give to me as the instructor of the course to receive accommodations. Please do this as soon as possible after you receive the letter. Students with disabilities should follow this procedure as early as possible in the semester. The College is committed to providing reasonable accommodations to assist students in their coursework.

Counseling and Student Health

Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: <http://www.counseling.ufl.edu>. On line and in person assistance is available.
- You Matter We Care website: <http://www.umatter.ufl.edu/> If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.
- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: <https://shcc.ufl.edu/>
- Crisis intervention is always available 24/7 from: Alachua County Crisis Center: (352) 264-6789
<http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx>

Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

Inclusive Learning Environment

Public health and health professions are based on the belief in human dignity and on respect for the individual. As we share our personal beliefs inside or outside of the classroom, it is always with the understanding that we value and respect diversity of background, experience, and opinion, where every individual feels valued. We believe in, and promote, openness and tolerance of differences in ethnicity and culture, and we respect differing personal, spiritual, religious and political values. We further believe that celebrating such diversity enriches the quality of the educational experiences we provide our students and enhances our own personal and professional relationships. We embrace The University of Florida's Non-Discrimination Policy, which reads, "The University shall actively promote equal opportunity policies and practices conforming to laws against discrimination. The University is committed to non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, gender identity and expression, marital status, national origin, political opinions or affiliations, genetic information and veteran status as protected under the Vietnam Era Veterans' Readjustment Assistance Act." If you have questions or concerns about your rights and responsibilities for inclusive learning environment, please see your instructor or refer to the Office of Multicultural & Diversity Affairs website: www.multicultural.ufl.edu