CORE COURSE IN HEALTH POLICY 2009-2010
HEALTH POLICY 2000/HCP 597/HPM246ABCD

CLASS MEETINGS
Tuesday & Thursday, 4-6pm
124 Mt. Auburn, Room 100

INSTRUCTORS
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COURSE OVERVIEW
This course is intended to familiarize doctoral students with the health policy research literature
and selected questions in the field. It is a year-long course that includes a large number of guest
lectures by faculty from the Faculty of Arts & Sciences, the Kennedy School of Government, the
School of Public Health, the Medical School, the Business School, and the Law School.
Discussion sessions will be interspersed with the invited lectures and will examine the policy
relevance, research methods and technical details of many of the presented topics in more depth.

READINGS
Readings for the course will generally consist of journal articles to be read before each lecture.
“Course packs” of photocopied articles will be available throughout the year from the Kennedy
School Course Materials Office on the ground floor of the Belfer Building. It is also suggested
that you purchase the following books:

- Newhouse, J.P. and the Health Insurance Experiment Group. Free for All? Lessons from
  the RAND Health Insurance Experiment. (Available in paperback from Harvard
  University Press, located in the Holyoke Center)
  Press: 2002. (Also available in paperback)
- Oberlander, J. The Political Life of Medicare. Chicago, University of Chicago Press:
  2003. (Available from the Harvard Coop)
These titles are also on reserve at the Kennedy School library.
COURSE REQUIREMENTS

Attendance & Participation: 20%
This course meets twice per week. Students are expected to attend and participate in the 2-hour lecture and discussion sessions. This participation includes reading 3-4 relevant articles assigned by the lecturers prior to each class. If you are unable to attend a lecture, please let the teaching fellow know by email in advance of the session.

Written Assignments: (for the year) 80%
There will be written assignments for most of the 8 seminar sections, and a 10-15 page research proposal that students will develop throughout the Spring semester. Section assignments will include short essay questions, a literature review, and critical appraisals of published research papers. Due dates are as follows:

Fall
Essay #1 (Public Health): 10/8
Essay #2 (Politics of Health): 11/10
Essay #3 (Quality or Ethics): 12/3
Literature Review: 12/18

Spring
2-3-Paragraph Summary of Research Proposal: 2/16
Article Critique (Research Methods): 2/23
2-page Description of Study Design/Methods: 3/25 (reviewed by JN/AZ)
Assignment (Economics of Health): 4/18
Presentation of Research Proposal: TBD
Final Research Proposal: 4/27 (reviewed by JN/AZ)

Human Subjects Training:
To pass the Spring semester, students will be expected to complete an online Human Subjects Training Course and present verification. The training can be accessed through the following link:

http://vpf-web.harvard.edu/osr/support/human_subject/index.html
COURSE SYLLABUS

FALL SEMESTER 2008 (26 SESSIONS)
Please note that locations of readings are indicated in brackets below each citation. For readings that are available electronically, you can use the links below or search directly for the articles using the Harvard E-Research website: http://e-research.lib.harvard.edu.

SECTION I: OVERVIEW (SECTION LEADER: JOE NEWHOUSE)

09/3 Overview of the Course and Health Care Financing (J. Newhouse)
[Book-On Reserve at Littauer Library, KSG]

Be prepared to comment on the themes of the Fuchs book.

09/8 Introduction to U.S. Health Care (H. Huskamp)
[Available at: http://nejm.highwire.org/cgi/content/abstract/355/9/920]

[Available at: http://www.kff.org/medicare/upload/1066-10.pdf]

[Available at: http://www.kff.org/medicaid/7235.cfm]

[Available at: http://content.healthaffairs.org/cgi/content/abstract/hlthaff.28.4.w578?ijkey=kq.AYAeHKJBb6&key type=ref&siteid=healthaff]

Optional:
[Available at: http://content.healthaffairs.org/cgi/reprint/14/4/62]

[Available at: http://www.kff.org/uninsured/7494.cfm]
This session is intended to provide a basic overview of the U.S. health care system -- how much we spend, the role of the government in financing health care, gaps in our health insurance system, and issues of value and quality of care. Most of the topics we will cover will be addressed in greater length in individual sessions later in the year -- this session is intended to provide background. Although most of the class will be in lecture format given the amount of material to cover and the nature of the session, be prepared to discuss what you see as the strengths and weaknesses of our system.

09/10 Determinants of Health (D. Cutler)


This class discusses the evolution of human health over time, and briefly across space. The goal is to familiarize you with basic demographic trends that affect health policy debates.
SECTION IV: PUBLIC HEALTH (SECTION LEADERS: JOSH SALOMON AND MAJID EZZATI)

GENERAL OBJECTIVES:
Public health provides the theoretical basis for prevention and the practical tools for population-based care. A major emphasis of this section will be on the development, interpretation, and use of evidence for public health policy. The section aims to provide exposure to the techniques used to evaluate public health problems in the U.S. and globally, and to develop effective strategies to respond to these problems. Students should expect, through the sessions, discussions, and readings to gain the following:

1. A broad exposure to population-based information systems, intervention strategies and analytic methods with an emphasis on their real-world relevance via national and international case studies;
2. An understanding of the way that evidence drawn from diverse data sources, combined with analytic tools from disciplines such as epidemiology, economics and statistics, intersects with other considerations such as politics in the evolution of public health policy.
3. An appreciation for the role, magnitude, and nature of social, racial and cultural disparity in nearly all global public health problems;
4. Exposure to at least one case example relevant to a public health problem in each of the following regions of the world: Africa, Americas, Asia, Europe;
5. A recognition of how demographic, cultural, epidemiologic and other differences across regions contribute to differences in public health priorities and differences in the types of population-based interventions and strategies likely to be achievable, effective and affordable.

SPECIFIC OBJECTIVES:
1. **Assessment of health and disease problems in populations** – to gain an understanding of the major tools from epidemiology, biostatistics and health economics used in population health assessment; how data sources are used to identify health trends and establish associations between health outcomes and preventable or modifiable factors; how the quality of information may be evaluated and multiple data sources synthesized.
2. **Evaluation of public health policies** – to gain an understanding of methods for assessing the possible impact of different policies; comparing alternative courses of action in terms of costs and health benefits; incorporating other types of considerations (e.g. distributional concerns) in setting priorities for public health policy.
3. **Translation of evidence into action** – to gain an understanding of how governmental and other agencies affect public health, and how public health practitioners can influence and participate in formulating, advocating and implementing policy; to consider examples of how evidence is used (or manipulated or ignored) in policy formulation; be able to identify and critique the fundamental function of public health within the various case studies that will be presented; to identify the strengths and limitations of general public health approaches.
9/15 US Mortality: Trends & Risk Factor Determinants (M. Ezzati)

[Available at: http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0050066&ct=1&SESSID=47dcfbbefec208c6c669e4907f753133]

[Available at: http://www.sciencedirect.com.ezp1.harvard.edu/science?_ob=ArticleURL&_udi=B6T1B-4TVTJ12-X&_user=209690&_rdoc=1&_fmt=&_orig=search&_sort=d&_docanchor=&view=c&acct=C0000014438&_version=1&_userid=209690&md5=0e81d8b2337ca27d75539133581b8c12]


9/17 Measuring population health (J. Salomon)

[Available at: http://arjournals.annualreviews.org.ezp1.harvard.edu/doi/full/10.1146/annurev.publhealth.27.0201405.102141]

[Available at: http://bmj.bmjjournals.com.ezp1.harvard.edu/cgi/content/full/324/7342/860]


9/22 Technology assessment and resource allocation in health care (M Weinstein)
This session concerns the inevitable need to allocate (i.e., ration) health care services, and various approaches that have been attempted or proposed to apply explicit, outcome-based criteria (e.g., cost-effectiveness analysis) for resource allocation. Cost-effectiveness analysis is required in most industrialized countries as a condition for payment for pharmaceuticals and other medical technologies. The comparative effectiveness component of health reform has intensified the debate over whether cost-effectiveness should be among the criteria used to determine insurance coverage and/or provider payment levels.


*Note: this article was also included as a reading for Dan Brock’s lecture on 10/7* [Packet]


Wilensky GR: Cost-effectiveness information: yes, it's important, but keep it separate, please! Ann Intern Med 2008; 148:967-968. [Available at: http://www.annals.org/cgi/content/full/148/12/967]

9/24 The Public Health Response to the Obesity Debate (F Hu)


Brownell KD, Frieden, TR. Ounces of Prevention — The Public Policy Case for Taxes on Sugared Beverages NEJM April 30 2009 [Available at: http://nejm.highwire.org/cgi/content/extract/360/18/1805]

Angell SY; Silver LD, Goldstein GP; Johnson CM; Deitcher DR; Frieden TR; Bassett MT, Cholesterol Control Beyond the Clinic: New York City’s Trans Fat Restriction. Ann Intern Med. 2009;151:129-134. [Available at: http://www.annals.org/cgi/content/abstract/151/2/129]
9/29 Debate (J. Salomon)

NO READING IN ADVANCE
SECTION III: POLITICS OF HEALTH (SECTION LEADER: DAN CARPENTER)

10/1 Public Opinion and Health Politics (R. Blendon)


10/6 The History of US Health Reform (G. Steel-Fisher)

J Hacker. “The Historical Logic of National Health Insurance: Structure and Sequence in the Development of British, Canadian, and U.S. Medical Policy.” *Studies in American Political Development*, 12 (Spring 1998), 57-130. This is a long piece, so I suggest that you give the closest reading to the sections on the importance of historical analysis and the detail on the development of the United States' system. Skim the sections on Canada and the UK and do not get too caught up in the detailed facts of who, what, where, etc. [Available at: http://journals.cambridge.org.ezp1.harvard.edu/action/displayAbstract?fromPage=online&aid=38749]


Please think about the following questions with the readings:
1. Why does health reform fail in the United States?
2. How would you design a study to determine what causes health reform to fail?
3. Which reform approach would you recommend: individual tax credit, single payer, or public-private mix building on current system?
4. What is the difference between political analysis and policy analysis?

- Essay #1 (Public Health) DUE

10/8 Elites, Publics, and Institutions (A. Campbell)

[Book – On Reserve at Littauer Library, KSG]

10/13 The Congress and American Social Policy (S. Burke)

[Packet]

[Packet]

[Packet]

[Packet]


[Packet]

10/15 The Political Economy of Pharmaceuticals and the FDA (D. Carpenter)


Optional: As background reading, students may wish to consult the recent book by Philip Hilts, entitled *Protecting America’s Health: The FDA, Business and One Hundred Years of Regulation* (Knopf, 2003). This is an occasionally flawed book, always polemical, but accessible and interesting.

Please think of the following questions while doing the readings:
1. What is the structure of pharmaceutical regulation in the United States? How did that structure evolve ad what were its major influences?
2. What motives drive FDA behavior in regulating new products? What is the role of "politics"?
3. How does regulation condition R&D in pharmaceuticals? How do firms and FDA officials mutually anticipate each other's actions?
4. What might be done to reform the system? Are there issues beyond “speed versus safety” that American and foreign policymakers ought to be tackling?

**SECTION IV: ETHICS (SECTION LEADER: NORMAN DANIELS)**

10/20 Justice and Health (N. Daniels)
Norman Daniels, *Just Health*, Chs. 1-3

**10/22 Responsibility for Health (D. Wikler)**


Harald Schmidt, Patients’ charters and health responsibilities. *BMJ* 2007;335;1187-1189. [Available at: http://www.bmj.com/cgi/content/full/335/7631/1187]


**10/27 Priority Setting and Fair Process**

Norman Daniels, *Just Health* Ch. 4

**10/29 Commodification: Selling organs, eggs, and other things (G. Cohen)**

In Re Baby M, 537 A.2d 1227 (N.J. 1988) [Courseweb, taken from Joseph Singer, Property Law]

Margaret Jane Radin, Contested Commodities pp. 131-140 (1996) (Beginning of chapter on Prostitution and Baby Selling only until “A Special Case of Commissioned Adoptions”) [Courseweb]


11/3 Value Assumptions in Cost-Effectiveness Analysis (D. Brock and M. Weinstein)


*Note: This article is also assigned for Dr. Hammitt’s talk scheduled on 11/4. 


11/5 DISCUSSION (B. SALONER)

11/10 NO MEETING

➢ Essay #2 (Politics of Health) DUE

**SECTION IV: QUALITY (SECTION LEADER: BRUCE LANDON)**

11/12 Quality of Care I (B. Landon)


11/17 Medical Malpractice (A. Kachulia)


Sage WM, Medical Liability and Patient Safety, Health Affairs 2003; 22(4):26-36. [Available at: http://healthaff.highwire.org/cgi/content/abstract/22/4/26]


11/19 Quality of Care II (Bohmer) (Focus on QI in microsystems)

11/24: Quality of Care III (Jha) (Focus on VA activities)

Required:

Recommended:


12/1 Organizations & Quality (A. Tucker)


Questions for the above readings:
1. What enables a hospital to learn from failure and problems in hospitals?
2. Is it worthwhile for managers to try to remove underlying causes of operational failures? If yes, do you think that it requires different techniques to solve operational failures than larger impact problems such as sentinel events?
3. What drives successful implementation of new technologies, another form of organizational learning?
4. Please identify any aspects of the research methods and conclusions that you'd be interested in discussing in more depth.

Tucker, Anita L., and Amy C. Edmondson. "Cincinnati Children's Hospital Medical Center." Harvard Business School Case 609-109. (latest version) [Packet]

Assignment Questions:
1. Evaluate CCHMC’s performance on their goals of becoming “the best at getting better” and “the leader in improving child health.” What are the critical factors accounting for their success or failure in achieving these goals?
2. What do you think about CCHMC’s policy of transparency? Are they being too open with their data? Why or why not? What about the goal of zero safety events?
3. How strong is the business case for quality at CCHMC? Under what conditions might the business case be reduced or strengthened?
4. What would you advise that Uma Kotagal do to continue spreading quality improvement throughout the hospital? Should she advocate a centralized or a decentralized approach to project selection? To the location of quality improvement consultants? Consider the various problems described in the case – what approach would you recommend given the nature of these challenges?

➢ Essay #3 (Quality or Ethics) DUE

12/3 Patient Safety and IT (D. Bates)

A review of the ways that information technology can be used to directly improve safety.
[Available at: http://content.nejm.org.ezp1.harvard.edu/cgi/content/full/348/25/2526]

David W. Bates, MD; Lucian L. Leape, MD; David J. Cullen, MD; et.al. Effect of Computerized Physician Order Entry and a Team Intervention on Prevention of Serious Medication Errors. *JAMA*. 1998;280:1311-1316.
A trial demonstrating that computerized physician order entry (CPOE) reduced the medication error rate.
[Available at: http://jama.ama-assn.org.ezp1.harvard.edu/cgi/content/full/280/15/1311]

A review of the evidence demonstrating that information systems can be used to detect safety issues.

Ross Koppel, PhD; Joshua P. Metlay, MD, PhD; Abigail Cohen, PhD; et.al. Role of Computerized Physician Order Entry Systems in Facilitating Medication Errors. *JAMA*. 2005;293:1197-1203.
A study suggesting that CPOE can create new errors.
[Available at: http://jama.highwire.org/cgi/content/full/293/10/1197]

A study finding that introduction of CPOE in pediatric intensive care was associated with an increase in the mortality rate of children transferred in for special care. [Available at: http://www.pediatrics.org/cgi/content/full/116/6/1506]

FALL READING/EXAM PERIOD (Literature Review, due 12/18)

12/-11 WINTER RECESS
CORE COURSE IN HEALTH POLICY 2008-2009
HEALTH POLICY 2000/HCP 598/HPM246ABCD

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Tuesday & Thursday, 4-6pm
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*Written Assignments: (for the year)* 80%
There will be written assignments for most of the 8 seminar sections, and a 10-15 page research proposal that students will develop throughout the Spring semester. Section assignments will include short essay questions, a literature review, and critical appraisals of published research papers. Due dates are as follows:

**Spring**
- 2-3-Paragraph Summary of Research Proposal: 2/21
- Article Critique (Research Methods): 2/28
- 2-page Description of Study Design/Methods: 4/1 (reviewed by JN/RF/AZ)
- Presentation of Research proposal: 4/3
- Assignment (Economics of Health): 4/15
- Final Research Proposal: 5/6 (reviewed by JN/RF/AZ)

*Human Subjects Training:*
To pass the Spring semester, students will be expected to complete an online Human Subjects Training Course and present verification. The training can be accessed through the following link:

http://vpf-web.harvard.edu/osr/support/human_subject/index.html
COURSE SYLLABUS

SPRING SEMESTER 2008
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SECTION VI: RESEARCH DESIGN AND METHODS (SECTION LEADER: ALAN ZASLAVSKY)

01/26 Study Designs Overview I (A. Zaslavsky)

[Packet]

[Book - Also on reserve at KSG library]

➢ Literature Review Due

01/28 Study Designs Overview II (A. Zaslavsky)

[Packet]


[Available at: http://jama.highwire.org/cgi/content/abstract/272/11/859]
**02/02 Observational Studies of Crowdout (D. Cutler)**

The goal of this session is to compare and contrast different ways of addressing a health policy issue. The issue chosen is whether increases in public insurance eligibility lead to reductions in private insurance coverage. I would like you to be prepared to compare and critique the different approaches. How do the methodologies differ? Which methodology is best and which ones are less good? What would you use for policy purposes?


02/04 Experimental Design: A Case Study of the RAND Health Insurance Experiment
(J. Newhouse)

Joseph P. Newhouse, Free For All? Lessons from the Rand Health Insurance Experiment,
[Book - Also on reserve at KSG library]

In this session I will cover several issues of experimental design using the RAND HIE to
illustrate. Later in the semester we will have a session on the results and implications of the
RAND HIE.

02/09 Time Series and Experimental/Quasi-Experimental Design (S. Soumerai)

William R. Shadish, Thomas D. Cook, Donald T. Campbell, Experimental and Quasi-
Internal Validity, pages 53 – 63.
[Book - Also on reserve at KSG library]

Please skim these two chapters. While the lecture will not cover all of these designs, reviewing
the concepts and examples in these chapters may be helpful.
William R. Shadish, Thomas D. Cook, Donald T. Campbell, Experimental and Quasi-
Chapters 4 and 5, Pages 103 – 144.
[Book - Also on reserve at KSG library]

Sage; 1992; pp. 147-150.
[Packet]

Anita K. Wagner, Dennis Ross-Degnan, Jerry H. Gurwitz, Fang Zhang, MS, Daniel B. Gilden,
Leon Cosler, and Stephen B. Soumerai. “Effect of New York State Regulatory Action on
Benzodiazepine Prescribing and Hip Fracture Rates.” Annals of Internal Medicine, 2007;
146(2):96-103.
[Available at: http://annals.org/cgi/content/full/146/2/96]

Soumerai SB, McLaughlin TJ, Ross-Degnan D, Casteris C, Bollini P., “Effects of limiting
Medicaid drug-reimbursement benefits on the use of psychotropic agents and acute mental health
services by patients with schizophrenia.” New England Journal of Medicine, 1994; 331:650-655.
Just focus on the abstract, tables, and figures.
[Available at: http://content.nejm.org.ezp1.harvard.edu/cgi/content/abstract/331/10/650]

02/11 Discussion (B. Saloner)
SECTION VII: ECONOMICS OF HEALTH CARE (SECTION LEADER: J. NEWHOUSE)

02/16  Adverse Selection & Moral Hazard (H. Huskamp)

We will discuss two key phenomena affecting insurance markets -- moral hazard and adverse selection -- and ways that policymakers attempt to address these issues in the U.S. health care system. The session will be part lecture and part case study, with the case study covering Harvard University's attempts to address adverse selection in administering employee health benefits. Take a look at Cutler and Reber as background and be prepared to discuss options that Harvard could pursue.


➢ 2-3-Paragraph Summary of Research Proposal Due
➢ Article Critique Distributed

02/18  Health Insurance Markets and the Uninsured (K. Swartz)


Optional:


02/23 Pharmaceuticals (J. Friedman)


02/25 Health Insurance (R. Zeckhauser)


- Article Critique Due

03/02 The RAND Health Insurance Experiment (J. Newhouse)


Focus especially on chapters 3 and 11 because this class session will spend some time on the methods used to analyze the data as discussed in chapter 3 and some time on the policy implications of the RAND results as summarized in chapter 11. But to think about policy implications, you will need to be familiar with the material in the other chapters. Chapter 4 is the most demanding technically. If you are having trouble you can skim it, although it has the important result that the effect of cost sharing appears to be primarily on the consumer’s/patient’s decision to initiate care. Also be prepared to discuss how you would have designed the RAND experiment differently with the nature of hindsight; for thinking about this question you may want to review chapters 1 and 2, which you read earlier.

03/04 Provider Payment and Risk Adjustment (T. McGuire)
The main theme of this session is how provider payment can be used to induce providers to supply the right “quality” of health care, referred to in some of the papers as noncontractible “effort.” Throughout these papers this quality is regarded as being observable by consumers, and as providers increase quality, they get more business through demand response, nature’s “pay for performance system.” Three review papers with nontechnical sections covering physicians, hospitals and health plans are included as the readings.

Think about the Ginsburg and Grossman analysis as applied to physician payment in Medicare. What ideas do you have for reforming physician payment that might address the problems raised in that paper?

Please review Joseph Newhouse, Pricing the Priceless, Chapter 1 from the Rosenthal lecture.


03/09 Payment Systems & Provider Incentives (M. Rosenthal)


This chapter can be regarded as an extended case study of the Medicare reimbursement system. It has the advantage of looking at a real system and its effects, but the disadvantage of not covering many other issues. The remaining readings, as well as the remainder of the class session, will focus on issues of physician payment. The Handbook chapter frames the examination of physician payment in terms of the special role of physicians as agents of their patients, information problems and the competitive environment. Hellinger and Dudley summarize the empirical health services research literature on physician payment through the late 1990s (while there have been a few additional studies published since then, the basic message has not changed). The reviews provide an opportunity to evaluate economic models of physician behavior both in terms of positive predictive capacity and normative implications. I
will also plan to talk about emerging CMS pay-for-performance efforts in the context of payment reforms of the past.


**03/11 Regional Variations in Health Care (A. Chandra)**


**03/13 – 03/21 SPRING RECESS**

**03/23 Incidence and Overview (J. Newhouse)**


- **2-page Description of Study Design/Methods Due** *(reviewed by JN/RF/AZ)*

03/25 Discussion (B. Saloner)
SECTION VIII: SPECIAL POPULATIONS (SECTION LEADER: KATHY SWARTZ)

03/30 Aging and Long-Term Care (D. Stevenson)

The following provides a review of long-term care and offers a current, concise introduction to the topic and relevant policy issues.

Long-Term Care in America: An Introduction.
[Available at: http://www.qualitylongtermcarecommission.org/pdf/ltc_america_introduction.pdf]

The second paper focuses on LTC financing with a particular emphasis on personal responsibility and asset transfer.

O'Brien E. Medicaid’s coverage of nursing home costs: Asset shelter for the wealthy or essential safety net?
[Available at: http://ltc.georgetown.edu/pdfs/nursinghomecosts.pdf]

A change of pace from the first two system-focused articles. By focusing on individual preferences and LTC, the Kanes identify some of the ways in which LTC is different from many other health care services. Skim.

[Available at: http://content.healthaffairs.org/cgi/reprint/20/6/114.pdf]

Finally, these last two articles give very different treatments to public reporting as a quality improvement strategy in the long-term care sector.

Mor V. Improving the quality of long-term care with better information. Milbank Q. 2005;83(3):333-364.
[Available at: http://www.milbank.org/quarterly/8303feat.html]


Optional: If one wants a very different take on this issue, please see the following:

Moses SA. Aging America's Achilles Heel: Medicaid Long-Term Care.
[Available at: http://www.centerltc.com/AgingAmericasAchillesHeel.pdf]

04/01 Mental Health and Federal Employees Health Benefits Program (T. McGuire)

[Packet – Also on reserve at KSG library]


04/06 Disparities in Health (T. McGuire)

Topics covered include the following. What is a “disparity” in health care? What of the differences in health care use we observe across populations indicates something unfair? Are disparities just a second-order (ie low priority) version of the quality problem? How do disparities come about in a health care system where providers are oriented to provide health care treatment in response to patient’s need? The role of disparities in access and the role of disparities arising from the clinical encounter. How much of disparities can be explained by what provider a patient has access to? Forms of discrimination: bias, stereotyping and information-based discrimination.

[Available at: http://www.nap.edu/books/030908265X/html/]

[Available at: http://content.nejm.org.ezp1.harvard.edu/cgi/content/full/354/11/1147]

[Available at: http://www.jstor.org.ezp1.harvard.edu/view/00257079/ap060409/06a00110/0#&origin=sfx%3Asfx]


[Available at: http://content.healthaffairs.org.ezp1.harvard.edu/cgi/reprint/hlthaff.var.33v1]

Zaslavsky AM, Ayanian JZ: Integrating research on racial and ethnic disparities in health care over place and time. Medical Care 43:303-7, 2005
[Available at: http://gateway.tx.ovid.com.ezp1.harvard.edu/gw1/ovidweb.cgi?qS2=434f4e1a73d37e8c69eeec78d160eab4ae75be5892d6249d7e939bc662675c2d06ecc0fbd1b0fe5b7db23283d20dd991194e1e8c551928e6af232d34bf490cf1248eda6058bd4a0cecb7634b362d91d0f7a2664994d9b9f938c3372b2e5b8b70e8a650602aa0d430f676ce0e8d0e734e1efe832a2a879e1c373ed8e4ee01bf77c293725a498582694ef3368c3df2356670d276b416e25ae1e1126548c7e44cd85a5a994824576054c82ad06a751ed3abcde2369668f68d26348aade5d4bb2db4a89280d63b64f3ca371f044e2f47385eb5a1f4eb564bf66d9526a8d0783b09fde1a86b60839ba321eb1f2f3df3a1d9f58c19d01b4d72b625156ef886b301ead0]
➢ Economics Assignment Due
04/08 Income and Health (E. Meara)

These readings are designed to provide a sample of the literature on income and health and a sense of the important hypotheses in the literature. You should, as you read, think about your critique of the design/methods used in some of the commonly cited literature. Finally, I encourage you to think about how policy makers should approach both the study of this topic and potential policies to address income disparities in health.


Adler et al. provides a review of older literature on income and health and some threats to some of the most common early hypotheses to explain the link.


Wilkinson lucidly describes the Whitehall study and many related studies that started the interest in the relationship between income and health. He then goes on to describe his hypothesis about the relationship between income inequality and health, drawing from often-cited papers in this area.


Review the article “The Determinants of Mortality,” first assigned in David Cutler's Sept. 20 lecture on Determinants of Health, but focus on their description and conclusions regarding income and health.

SECTION IX: GLOBAL AND COMPARATIVE HEALTH (SECTION LEADER: DAVID BLOOM)

04/13 Demographics and Health (D. Bloom)

Short, non-technical introduction to key global demographic patterns and trends and their implications.

Accessible introduction to the notion that “healthier means wealthier”.
[Packet]

Optional:
Outstanding overview of the history of world population.

More detailed examination of global demographic and health trends and their macroeconomic implications.

04/15 Impact of Health Knowledge on Health Behavior (E. Field)

[Available at: http://post.economics.harvard.edu/faculty/kremer/webpapers/illusion.pdf]

[Available at: http://homepages.nyu.edu/~pd482/Dupas_RelativeRisks.pdf]

[Available at: http://www.sciencedirect.com.ezp1.harvard.edu/science?_ob=ArticleURL&_udi=B6V8K-45DMP1T-11&_user=209690&_coverDate=09%2F30%2F1987&_rdoc=1&_fmt=&_orig=search&_sort=d&view=c&acct=C00014438&_version=1&_userid=209690&md5=66cc41684aed9ddcfe6c1baeaa107ee5]

[Available at: http://www.jstor.org.ezp1.harvard.edu/view/00027162/ap030664/03a00040/0?frame=noframe&userID=80673ce1@harvard.edu/01ce99331500501c749db&dpi=3&config=jstor]
[Available at: http://www.jstor.org.ezp1.harvard.edu/view/0022166x/ap010140/01a00020/0#&origin=sfx%3Asfx]

Optional


04/20 (M. Kremer)

04/22 Comparative Health Systems (W. Hsiao)


04/27 The Link Between Health and Income (D. Canning)


Optional:


