Syllabus

CH 99: HEALTHCARE POLICY: ARE TODAY’S PROBLEMS YESTERDAY’S SOLUTIONS?

Spring 2019

Instructor
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Meeting Time and Location
Thursday 1/17/2019 – 4/25/2019, 1:30 PM – 4:00 PM
Tisch Library, Room 316

Office Hours
By appointment – always available in classroom before class and in office after class.
Course Instructor

Judith Bentkover, PhD
Professor of the Practice

Judith.bentkover@tufts.edu

Course instructor is available for online office hours by appointment, and will be checking e-mail daily.

Instructor’s Biography

Judith Bentkover, PhD is a Professor of the Practice in the Economics Department at Tufts University and Professor of the Practice in the Health Services Policy and Practice at Brown University's School of Public Health. She was the Inaugural Executive and Academic Director of the Executive Masters in Healthcare Leadership Program in Brown University’s School of Professional Studies. Trained as a health economist, she has spent most of her career working in healthcare in academe (Harvard, Tufts, and Brown), consulting (Arthur D. Little, KPMG, and Innovative Health Solutions Corp.), and public service (Greater Boston Health Forum, as well as two non-profit boards). At present, she is a member of the State of Rhode Island's Healthcare Reform Commission, and has served on the board of Health Imperatives, a non-profit community based agency that provides public health and human services within Massachusetts. Outside of the healthcare field, Judy is currently a member of the Board of Directors of WaterFire, an independent, non-profit arts organization whose mission is to inspire Providence and its visitors by revitalizing the urban experience, fostering community engagement and creatively transforming the city. While teaching at the Kennedy School in the 1990s, Judy was identified in The Healthcare 500 as one of the most influential healthcare policy makers in the United States.

Course Description

In this course, students will appraise past and current U.S. healthcare policy development. Students will critically examine the delivery and financing of health services in the U.S. as compared to multiple global healthcare systems. Participants will question assumptions, think creatively, and consider integrated patient care solutions to prepare for change and new alignments within healthcare. Students will develop a Healthcare Innovative Policy Initiative (HIPI).

Course Learning Objectives

1. Participants will compare U.S. healthcare policies to those of other nations, and will explore their potential applications in the U.S.

2. Participants will demonstrate how political, economic, social, and cultural determinants have shaped the evolution of current U.S. healthcare policy.
3. Participants will develop an individual Healthcare Innovative Policy Initiative (HIPI) and be encouraged to integrate their ideas into a healthcare system model focused on integrated patient care.

4. Participants will employ the basic concepts, methods and tools of community public health data collection and evidence-based approaches that are an essential part of public health practice.

5. Participants will apply the fundamental concepts and features of project implementation, including planning, assessment and evaluation.

6. Participants will demonstrate basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology.

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Course Structure

This class meets once weekly. When the class participants come together for face-to-face sessions, all will benefit from lectures, live discussion, direct interaction, and collaborative scholarship. Group efforts are expected to continue outside of class in order to complete assignments due.

Because of the interactive and collaborative nature of this course, and to ensure that all students receive the greatest benefit from the course design, it is critical that each student keeps up with assignments, attends all classes in their entirety, and actively participates in a timely fashion.

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Performance Evaluation Criteria

This course will include a final project (HIPI), case studies, course discussions, and interactive assignments. To be successful in this course, students must complete all course work on time, and must actively contribute to discussions (points subtracted for late submissions and late postings to discussions).

Grading Breakdown

- **Assignments** (other than Final Project—future HCP, special/minority group, diff perspectives-2 separate assignments, health insurance exchanges): 10 points per assignment: 60% of final grade
- **Final Project**: 20% of final grade
- **In-Class Discussions**: Discussions for Lectures 1, 2, 3, 5, 7, 9, 10, 11 worth 1.5 percent each (12%) and Discussion for Lecture 6 worth 3 percent (3%). Being on time and prepared factor into each discussion’s grade as well: 15% of final grade
- **Class Participation as judged by classmates**: (Having done reading, coming to class prepared): 5% of final grade
In class presentations should be done in ppt. You can use notes in the speaker notes section of each slide.

- Appendices – List of References (cited wherever appropriate on slides in addition to appearing in this list), Calculations, Supporting Graphs, Diagrams, etc.

The time allocated for presentations will vary.

Pages should be numbered and each page should include citations as appropriate.

2 copies of the ppt presentation should be submitted immediately prior to the presentation so that notes can be written on the copies and then returned to the students.

I will do my best to provide helpful feedback, even when you are right on target with your work.

It is important that you develop your own opinions and use your own words in all work undertaken for this class. Citations must be used when ideas and words are not your own. Plagiarism is a serious violation of academic integrity and will be severely penalized.

This class is long. We ask that outside of breaks (some classes will not have breaks) that you do not walk in and out of class. Out of respect for guest speakers and your fellow students, we ask that you arrive on time; this will have an impact on your in-class participation grade. These factors will influence your classroom participation grade.

Please look ahead through the syllabus to preview the distribution of assignments, and feel free to start early on assignments so that you’re not in a last-minute crunch.

I will not accept re-submissions on assignments.

Please don’t hesitate to contact me with questions about assignments, discussions, or your HIPI. I will do my best to reply within 24 hours, so the earlier you ask, the sooner you’ll receive a reply.

Of course, as in all courses, the instructor has final say about the translation of the numbers implied by the guidelines above when translating these grades into a final letter grade. The distribution of numerical grades will be a consideration in this regard.
Grading Scale:

A+ 97—100
A  94—96
A- 90—93
B+ 87—89
B  83—86
B- 80—82
C+ 77—79
C  76—73
C- 70—72
D+ 67—69
D  63—66
D- 60—62
F  Below 60

All grades are calculated through the Canvas Gradebook to two decimal places and rounded to the nearest whole number, with anything at XX.50 rounding up and anything at XX.49 rounding down.

University Policies & Academic Integrity

Tufts University values the diversity of our students, staff, and faculty; recognizing the important contribution each student makes to our unique community. Tufts is committed to providing equal access and support to all qualified students through the provision of reasonable accommodations so that each student may fully participate in the Tufts experience. If you have a disability that requires reasonable accommodations, please contact the Student Accessibility Services office at Accessibility@tufts.edu or 617-627-4539 to make an appointment with an SAS representative to determine appropriate accommodations. Please be aware that accommodations cannot be enacted retroactively, making timeliness a critical aspect for their provision.

Any student who has difficulty affording groceries or accessing sufficient food to eat every day, or who lacks a safe and stable place to live, and believes this may affect their performance in the course, is urged to contact the Dean of Student Affairs Office for support. Furthermore, please notify the professor if you are comfortable in doing so.

It is important that you develop your own opinions and use your own words in all work undertaken for this class. Citations must be used when ideas and words are not your own. Plagiarism is a serious violation of academic integrity and will be severely penalized. Tufts holds its students strictly accountable for adherence to academic integrity. The consequences for violations can be severe. It is critical that you understand the requirements of ethical behavior and academic work as described in Tufts’ Academic Integrity handbook. If you ever have a question about the expectations concerning a particular assignment or project in this course, be sure to ask me for clarification. The Faculty of the School of Arts and Sciences and the School of Engineering are required to report suspected cases of academic integrity violations to the Dean of Student Affairs Office. If I suspect that you have cheated or plagiarized in this class, I must report the situation to the dean.
### Course Resources

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<td>Agency for Healthcare Research and Quality (AHRQ)</td>
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***Students are expected to bring a computer to each class session***
Lesson Overview:

In this course introduction, the structure of the course will be reviewed. Grading and course policies will be explained.

In this session, participants will explore why and how nations provide healthcare. What defines healthcare? What is and is not included in healthcare policy? What are the big 3 drivers of healthcare policy? What are the barriers to attaining an optimal healthcare delivery and financing system?

This week sets the stage for the rest of the course by clarifying major healthcare policy issues and challenges facing the nation and its healthcare players today.

Learning Objectives:
At the end of this lesson, students will be able to:

1. Demonstrate knowledge of current healthcare policy issues as well as consequent challenges in healthcare financing and delivery through discussion of the data related to healthcare cost, quality, and access indicators.

2. Identify 5 current and future healthcare policy challenges.

Class Participation Activity during Week 1 Lecture
In this class, everyone will demonstrate an appreciation of healthcare policy decision making from a variety of perspectives: physician, patient, payer (employer or insurer), government, etc. Students will be asked to healthcare policy problems needing fixing from various points of view.

Sign up for Particular Patient Role and Particular Doc Role for next Week
Learning Objectives:
At the end of this week, students will be able to:
1. Compare and contrast the healthcare decisions from patient, physician, caregiver, hospital points of view.

Readings for this week:


5. “Jay’s Story”. 2014 posted as a file on Canvas site

Class Participation (prepare to present during Week 2 Lecture)
In this class, everyone will demonstrate an understanding of medical decision making from a variety of perspectives: physician, patient, payer. Each student will present as the patient chosen last week (i.e. Susan Powell, Patrick Baptiste, Lisa Norton, Matt Conlin, Julie Brody, Michelle Byrd) in the Groopman/Hartzband book and explain patient’s choice. (7.5 pts) Each student will respond to another student’s discussion by assuming the role of the physician for a different patient. As a physician, the student’s discussion will explain the recommendation for the patient, acknowledging the feelings and beliefs of the patient. (7.5 pts) Students can either elaborate on the positions stated in the text or creatively change the roles as desired using the taxonomy of patients in the book.

Assignment submitted during Class
Based on your reading and discussion of “Jay’s Story”,

1. Identify 3 issues raised in the narrative that posed a problem for the patient or his family. Identify and describe the issue. For each of the 3 issues,
   a) describe the issue (1 point per issue) = 3 points
   b) identify at least 2 stakeholders who are affected ( 1 point per perspective of a stakeholder = 2 points x 3 issues), and
   c) consider what can be done for people like Jay in the future (1 point per action = 2 points x 3 issues). There are a lot of players here, be sure to think about this from a variety of perspectives – MD, hospital, relatives of Jay, Jay, …..others. This should be done succinctly and clearly so it is easy to identify the description of the issue, who is affected, what can be done. Do this as a ppt presentation for the class.

Week 2 – January 24, 019
Patient-centered Healthcare???!!!
# Lesson Overview:

What does healthcare need to achieve in the U.S.? Why? How will we achieve it? This week, we will identify what we need to accomplish in order to have a healthier population and a more effective/efficient health system. We will start with the Triple Aim and how health policy reform provides a framework for achieving it (the 40,000 foot level); and then, we will get down to the ground by considering the problems that occur every day in our system and our roles in addressing them.

We will also address the following questions: What are the major historical determinants of healthcare policy in America? Why is healthcare reform hot? What is at stake? This week will provide a history of healthcare reform, including discussion and analysis of the following concepts:

- Access
- Benefit design
- Cost-containment
- Medicare/Medicaid
- The Triple Aim
  - Patient experiences
  - Population health outcomes
  - Payment reforms
- The nature of patient interactions with the health system (primarily one-on-one) and the implications of those interactions for change
- The opportunities for creating the needed changes

Throughout this discussion, we include the roles of:  
- Healthcare providers (e.g., hospitals, physicians, and nursing homes)
- Private insurers (e.g., Blue Cross Blue Shield)
- Employers (e.g., small businesses)
- Government (e.g., Medicare, Medicaid)

## Learning Objectives:

At the end of this week, students will be able to:

1. State the components of the Institute for Healthcare Improvement’s Triple Aim.
2. State broadly what must be improved in the US healthcare system and why.
3. Describe critical elements needed to achieve the Triple Aim at the level of government and the inclusion of several in existing legislation (e.g., the Affordable Care Act)
4. Describe some of challenges in achieving the Triple Aim.
5. Explain to others some critical features of a patient-first health care system.
6. Trace the major historical determinants of current US healthcare policy.
7. Identify the main reforms in US healthcare policy in the last century.
8. Describe fundamental challenges to healthcare reform.
Readings and Videos for this week:

4. Visit the healthcare.gov website, and read through some of the information on the “Learn” tab.
5. Search the Internet to learn about the Institute for Healthcare Improvement’s Triple Aim. Be sure to read what it entails, what’s good about it, and what critics claim is wrong with it.
6. Watch https://www.youtube.com/watch?v=esugL07XANg

Homework:

1. Given our past, present, and what others believe about our future, what do you think that the U.S. healthcare system will look like in 2025 in terms of
   a) Cost containment measures (3 pt)
   b) Access to healthcare initiatives (3 pt)
   c) Quality of care assurance policies (3 pt)
2. How do you think that we will be performing in each category? Comment on 2 other posts, challenging assumptions. (3 each of 2 comments)

Lesson Overview:
Participants will analyze how different nations have responded to the imperatives of cost, quality, and access. Additionally, students will explore how nations have prioritized ways to improve the health of their populations. Throughout this week, students will assess each country’s relative success and identify the barriers and challenges that each system may face in the future.

Students will work in small groups to: discuss current trends, identify, and prioritize healthcare policy issues in various countries and share results with each other.

Learning Objectives:
At the end of this week, students will be able to:
1. Compare and contrast the main features of healthcare systems.
2. Explain historical, political, and socioeconomic origins of the healthcare policies.
3. Identify the major challenges that healthcare leaders will face as a result of the current healthcare environment. How are today’s problems a result of yesterday’s “solutions?”
Readings for this week:


2. Schoen C, et al. Access, affordability, and insurance complexity are often worse in the United States compared to ten other countries. Health Affairs 32.12 (2013): 2205-2215.


6. Your own internet research re your specific country assignment.

Assignment to be done before class as homework (In-Class Presentation)

Working in groups announced on the course website, develop a 15-minute slideshow overview of the healthcare system for your group’s assigned country:

1. **Group 1**: France
2. **Group 2**: Germany
3. **Group 3**: UK
4. **Group 4**: Japan
5. **Group 5**: Switzerland
6. **Group 6**: Canada

The slideshow presentation should follow the following outline:

- Overview description of country’s healthcare system
- Brief history of how country got to where it is today
- How country deals with the “Big 3” issues of cost, quality, and access
- Are today’s problems the result of yesterday’s solutions?
- What do you think are pros and cons of this healthcare system?
- What is (and is not) applicable to the US?

How do all of these systems compare to US? Singapore?

In class, you will be asked to design an ideal healthcare system for Kensingland, an imaginary land. Think about this ahead of class and listen in class for some good ideas based on what you have learned in previous classes as well as this one. You will work with groups that I assign during class and you will need to design a healthcare system for Kensingland.
Lesson Overview:

Now that we have covered the big picture, we will spend time drilling down with some specific concerns. In particular, we turn our attention to the unique needs of unique populations—children, residents of rural areas, migrant workers, veterans, prison inmates, the near-poor, those with orphan diseases, LGBT population, women, the homeless, refugees, and the mentally ill.

Specific questions that we will address include:

- How do healthcare systems care for these special groups with specific needs?
- Does the market work?
- Is there a safety net when the market fails?

Good healthcare policy not only addresses the needs of the majority, but also the needs of the minority. Sometimes those with special circumstances and needs are let down by the market. Market forces do have some leverage but seem to work best for those who live in the right zipcode—what if people have no zipcode because they are homeless or migrant workers? What if their zip code is a prison? What if they live in a rural area? What if they are special because they are kids?

In this class, we will construct groups for Class 8 on March 14, 2019 which will be devoted to student presentations on other unique populations (disabled, near-poor, persons with orphan diseases, veterans, LGBT, women, homeless people, persons who are mentally ill, the elderly) and their healthcare needs.

Learning Objectives:

At the end of this week, students will be able to:

1. Identify specific populations who have some unique needs.
2. Define these needs and consider how these needs can be addressed.
3. Explain relevant healthcare policies we have today and opine about what works, and what we can do better with the goal of exploring potential solutions for those who are too often not heard.

Discussion Activity during Class:

What Types of Market Failures Have You Encountered? When is a Government Solution Necessary?

We have just described several examples of market failures (relating to both inefficiencies and inequities) that are commonly seen in the healthcare market. Based on the examples
provided in the previous pages and your own experience or research, please come to class prepared to share your thoughts on the following:

- What examples of market failures in health care have you encountered or been affected by within your sector?
- What do you think motivates or justifies governmental involvement when a market failure occurs? What do you think the government involvement should be in response to this market failure?
- What are the ideal consequences of governmental involvement in correcting a market failure? Is this what tends to happen in practice? What are the intended benefits and unintended consequences (good and bad) of government intervention?
- What should the role of the government be in healthcare markets that are prone to market failures? Of the types of market failures that were described, which do you believe is most readily or effectively addressed by a government solution?
- Do you feel that CHIP is justified by market failures? Is the current CHIP working? How can it be improved?
- Go to the Rural Healthy People 2010 Models for Practice Website and select one of the innovative rural health care programs. Briefly describe a) how the program works, b) what is innovative about this program, and c) what are the limitations of this program.
- Is there a compelling case to be made for allowing any healthcare markets (such as those for a specific service, etc.) to function without government intervention?

NO CLASS - February 21, 2019

Week 6 -- February 28, 2019
State and Local Innovative Healthcare Policy Solutions: Health Coverage/Insurance/Exchanges and other Integrated Patient Care Initiatives

Guest Speakers:
John Kingsdale, PhD,
Founding Executive Director of Commonwealth Health Insurance Connector Authority
Zach Sherman, Director, HealthSource RI

Lesson Overview:
States often take the initiative to pilot new healthcare programs in addition to or in conjunction with federal policies. These initiatives can provide evidence to support more changes in the design of healthcare systems. Innovative health policies and programs from the following states will be explained and explored:

- Oregon State: Coordinated Care Organizations
- Massachusetts: Health Policy Commission
- Massachusetts: MA Health Connector
- Rhode Island: HealthSource RI
- Vermont: Chronic Disease Focus
- Arkansas: Premium support for Medicaid expansion
• Indiana: account-based Medicaid
• Maryland: Rate-Setting

Learning Objective

At the end of this module, students will be able to:

Identify, discuss, and compare specific examples of innovative healthcare delivery and financing programs in several states.

Readings (and Discussion Topics) for the Week:

3. Internet research so that you can summarize the following programs and know how they work (Do they control prices/costs or total expenditures or quantities of services used?):

   1. Vermont Chronic Care Initiative.
   2. A Look at the Private Option in Arkansas.
   3. Indiana’s Medicaid reforms
   4. Maryland’s All-Payer Rate-Setting
   5. Oregon State: Coordinated Care Organizations
   6. Massachusetts: Health Policy Commission

Prepare a one-two pager with notes for you to use in class. I recommend your noting the following:

• Summary of each of the 6 programs
• What program controls (price? Utilization?)
• A few other important facts about the program

YOU WILL BE ASKED TO GIVE AN ELEVATOR PITCH ABOUT EACH OF THESE 6 PROGRAMS AS PART OF CLASS DISCUSSION. NOT EVERYONE WILL BE ASKED ABOUT EACH PROGRAM, BUT EVERYONE SHOULD BE PREPARED TO TALK ABOUT EACH PROGRAM. I WILL COLLECT THESE NOTES SO PLEASE PUT YOUR NAME ON THIS NOTE PAGE.

4. Six tips to Simplify Your Choices of Health Insurance on a Health Insurance Exchange; Blog

Assignment:

1. Visit MA online insurance exchange (MA Health Connector).
2. Pick a health plan for the following individual. (Feel free to supplement information below with your own clearly stated assumptions re Medicaid eligibility, etc.)

- A single, 25-year old, part-time employed individual who has income of 400% Federal Poverty Level (so no need to fill out information for a subsidy and no need to establish an account) and lives in Medford, MA (same zip code as Tufts) and is in pretty good health, but (a) has asthma, migraines, and a skin condition for which he takes a drug, (b) sees a Primary Care Provider several times a year, a dermatologist twice a year, and a mental health counselor regularly (twice a month) when things go bad e.g., 3-4 months a year when a partner leaves—which seems to happen at least once a year. This individual is currently free on Saturday nights and seeing a therapist. The individual routinely uses several prescription drugs.
- You are the person’s close relative, like the person a lot and want to help since you happen to be an expert on health insurance. Next month, September 1st, the person turns 26, rolls off parents’ plan, and so had asked your help to get affordable coverage.

3. Describe or outline the process that you and he go through together to get person covered, and which coverage you eventually help person to select, including:

- What info do you ask person about past and likely future use of medical services?
- What do you ask about income and ability to pay for person’s share of costs if person uses medical care?
- Who are the clinicians that the person regularly sees, and which health plans do they take? (Individual is not sure, but thinks that person’s doctors do NOT accept Medicaid and DO accept Blue Cross and Blue Shield.)
- What else do you need to know to about personal preferences and situation to provide advice on the selection?
- What are the trade-offs that person should consider in selecting a plan type and level when comparing one plan versus another?

4. Prepare a ppt presentation in which you:

- **Explain** the criteria and process used to select a plan for your relative. **Explain** the reasoning for the plan you recommend.
- **Address** the questions raised in the scenario, i.e. in number 3 above.
- **Be prepared to answer questions about your thought process.**
Lesson Overview:

In this class, we will employ a case-based approach in order to highlight how various theories and methods of operations, finance, and information technology affect the present delivery of healthcare in a community health center.

Learning Objective

At the end of this module, students will be able to:

Identify and evaluate specific examples of quality improvement, data collection and analysis, program evaluation related to the delivery and financing of healthcare services and programs.

Readings for the Week:


Week 8 -- March 14, 2019
Other Unique Populations with Special Healthcare Needs

Lesson Overview:
In this class, we will continue examining special populations that often fall between the cracks in our healthcare system. Students will present their own analysis of who comprises each special population and how they manage to obtain any services. Students will present a feasible solution to providing and improving upon present healthcare services for these groups:

- Elderly
- Veterans
- LGBT
- Homeless
- Orphan Diseases
- Mentally Ill

Learning Objective:
At the end of this module, students will be able to:

1. Identify and evaluate specific needs of populations for whom health care delivery can be greatly improved.
2. Develop healthcare policy initiatives to reduce the number of uninsured and the extent of underinsurance.

Assignment for the Week:

Working in groups, conduct internet research which can inform a 20 minute ppt presentation that contains the following sections:

- Who is included in the population?
  - How many? Changes over time?
  - What criteria puts people into this group?
  - Were people always in this group?
  - Attributes of the population?
  - Health care status compared to general population?
  - What services and care do group members currently use?
- Why do they have less-than-ideal healthcare access?
- What programs have been tried in the past to provide healthcare services?
  - What has succeeded? What has failed?
  - How do other countries provide healthcare to this population?
- What do you recommend to improve the health status of this population?
  - How can challenges be overcome?
  - How much would program cost?
  - How do you recommend that program be financed?
Healthcare Policy: Are Today’s Problems Yesterday’s Solutions?

- How politically feasible is your solution? Political barriers? How would you overcome political barriers?
- In a political climate in which cutting healthcare costs and reducing public expenditures on healthcare is highly valued, what do you think can be done? How would you answer questions related to public programs breaking the budget?
- Is there a compelling case to be made for allowing any healthcare markets (such as those for a specific service, etc.) to function without government intervention?
- References

Bring 2 paper copies of your ppt to class. All pages should be attached by a binder clip.

A list of references, citations on each slide, and page numbers on each slide are required.

NO CLASS - March 21, 2019

Week 9 -- March 28, 2019
Healthcare Policy, Healthcare Planning, and Healthcare Facility Design
Guest Speaker: David H. Deininger, AIA, LEED AP, EMHL
Healthcare Facility Master Planning Consultant 2dplanning

Lesson Overview:

In this class, we will explore the relationship among healthcare policy, healthcare planning, and healthcare facility design and operations. Cases of how policy influences facility design will be presented.

Learning Objective:

At the end of this module, students will be able to:

1. Discuss healthcare facility planning history and context.
2. Discuss the fundamental concepts of healthcare facility planning.
3. Explain present healthcare policies and their facility response.
4. Apply basic healthcare facility decision-making tools.

Readings for the Week:


**Note: These readings can be found in “Readings” folder of Week 9 Folder on Canvas.
Lesson Overview:

At the end of this module, students will be able to:

- Explain the history and current situation related to the opioid epidemic; in particular, students will be able to relate the genesis of the opioid crisis in the United States, addiction physiology / treatment, and various roles and responsibilities in combating this public health scourge.

Learning Objectives:

At the end of this week, students will be able to answer the following questions:

- Why is the opioid crisis so hard to combat
- Why do we in the community health/medical community have to “own it?”
- What’s the deal with “safe injection facilities?”
- What can various stakeholders do to help?
- What is Massachusetts doing to combat both the spigot problem and the treatment challenges of the opioid epidemic?

Readings and Video:

1. “Chasing Heroin,” Frontline, PBS, 23 February 2016. (video)

Discussion Activity during Class:

1. Recognition and treatment of opioid misuse in healthcare practitioners
2. How to reduce inappropriate opioid prescribing
3. The Ying Yang of the opioid epidemic: pain control (patient satisfaction) vs. social responsibility
4. What are the financial barriers to increasing the availability of MAT, or decreasing the rate of opioid prescription?
Lesson Overview:

In this class, we will recap the relationship among healthcare issues, challenges, attempted solutions, and current problems. We will engage in role playing in which class participants will be assigned various positions and asked to make specific policy recommendations on a variety of issues.

Learning Objective:

At the end of this module, students will be able to:

Discussion Activity during Class:

Synthesize and apply knowledge and analysis from the course to date as they assume roles (to be assigned in class) from the following group of healthcare stakeholders:

- President Trump
- CMS
- AFL-CIO
- AARP health policy analyst
- Candidate for Senate from a Rural State
- Families USA
- American Hospital Association
- American Medical Association
- Person running against President Trump in next Presidential election
- Person running for governor of MA
- Health Insurance Association of America
- National Pharmaceutical Council
- Association of Medical Schools
- Patient Association representing those with Chronic Diseases
- medical product manufacturer
- Patient Association representing those with Rare Diseases
- Business Group on Health (Employers)

At this point in the course, students will be able to:

Describe and discuss the problem and potential solutions related to the various healthcare cost, quality, and access problems we are now facing.

Readings and Videos:

Kishore, S., Johnson, M., Berwick, D. “What Do The Midterms Mean For Medicare For All?” HealthAffairs – Blog. 3 December 2018.
Self-directed research using resource list presented at the beginning of the syllabus as well as current events related to healthcare policy.

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<td>Creating Value Through Your HIPI</td>
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**Lesson Overview:**
These weeks will include the presentation and discussion of HIPIs (final projects). At the end of this lesson, you will have presented your own healthcare policy initiative and critiqued those of your classmates.

**HIPI Assignment Overview:**
In your final presentation, you will:
- Make a 20 minute pitch (you use but not read ppt slides) to your peers on how you will create value through your HIPI.
- Create a poster summarizing your HIPI.
- Comment on your classmates’ HIPIs.

Your presentation and poster should address:
- What is the topic/subject of your innovative policy initiative?
- Why is this innovative policy initiative important; i.e., what is the problem it’s trying to solve and how big is that problem?
- What benefits will accrue from your policy; i.e., what will be its positive outcomes and how will it create value?