

HP809 Comparative Health Systems

Professor Stefanacci

Course Description

This course will cover health and health systems from a domestic and international perspective. We will discuss a conceptual framework for understanding how a population's health is correlated with socio-economic and other determinants of health including access, cost, and quality. We will discuss the role of culture in the perception of health and organization of health systems. We will analyze structural financing differences in health care systems. Finally we will develop a revised US healthcare system based on components from other systems.

Course Objectives

Course Objective:

- Evaluate several domestic and international healthcare systems critically summarize the main ideas to be extracted from the information gathered; articulate and apply criteria for evaluating both the information and its source(s).
- Identify the factors internal and external to a healthcare system that affect the health status for the population.
- Identify aspects of a health system that can be positively incorporated into a US system to improve costs, access and quality especially for the population currently without insurance coverage.

Schedule

Preparation Week: May 24th – 30th

10 Week Class Begins: May 30th

Course Ends: August 8th

Each course week runs from Thursday to Wednesday at midnight.

**Dates Listed are 2008 and therefore not exact for 2009*

Course Requirements

Preparation for class, attendance in online discussions, and completion of class assignments are paramount. Students will prepare one written assignment which will be in terms of a legislative platform brief for Healthcare Reform based on the class discussions. An example of the type of final product is available at the Kaiser Family Foundation at <http://www.kaiseredu.org/essayprizes2007.asp>. In

addition students are expected to present a short video presentation on a specific foreign health system and lead a forum discussion.

Grading Policy

Class participation:	33%
Class presentation	33%
Paper:	33%

Attendance Policy

Weekly participation in the forum discussion is an important part of this class.

Academic Integrity

Academic integrity is at the center of the educational experience at USP. Students are therefore expected to uphold the highest standards of academic integrity and not engage in nor tolerate academic dishonesty. Academic dishonesty includes, but is not limited to, fabrication, cheating or plagiarism. Any violation of academic integrity will be investigated and, where warranted, the student will receive appropriate sanctions through the University's Student Conduct Process. Please familiarize yourself with the current USP Student Handbook. In particular, adherence to the Student Conduct Policy and Academic Integrity Policy will help to ensure that your learning and living experiences are founded on integrity.

Healthcare Systems Covered: Domestic - Medicare - Medicaid - HMO: Closed Staff Model / Open Model - Veterans Administration International - Eurpoe: England, France, Germany - Asia: Japan, China - Developing Countries: Africa, Cuba - North America: Canada, Mexico - Australia/Oceania: Australia, New Zealand Evaluation Outline for each Healthcare system:

- Historical Overview
 - Key points about its history and development
 - Societal values reflected ;V have these changed over time?
 - Key health and other social indicators o Current Structure
 - Formulators of the health policy for the system (elected officials, health professionals, other)
 - Level of health policy formulation (federal/central, regional, local)
 - System design of health insurance

- Treatment of Healthcare Providers
 - Pharmaceutical Issues (pricing, formularies, etc.)
 - Clinicians (regulation, payment, practice settings)
 - Facilities (regulation, payment) o Issues of Access, Quality, Cost
 - Current outcomes with regard access, cost and quality
- Issues for the Future
 - Strategies for reform being pursued.

<u>Week</u>	<u>Start</u>	<u>Topic</u>
0	5/22	Face-to-face discussions with students May 22 nd
1	5/29	USA Overview
2	6/5	New Zealand
3	6/12	<u>Canada</u> <i>Tax-financed, public single-payer health system</i>
4	6/19	<u>Germany</u> <i>Nonprofit, closely regulated mandatory sickness fund</i>
5	6/26	UK (Harold Glass) National Health Service, includes private insurance
	7/3	Off week
6	7/10	USA Comparison
7	7/17	Cuba
8	7/24	China (Bruce Rosenthal, Emil Buccilli)
9	7/31	<u>Japan (Bruce Rosenthal)</u> <i>Universal coverage, includes different categories of health plans</i>
10	8/11	Summary – presentations

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