# SOCIAL CONTEXT OF MEDICINE 2008

**HSTD 58100**

**COURSE SCHEDULE**

Schedule Summary

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<th>Groups 1-5 meet</th>
<th>Groups 6-10 meet</th>
<th>On-line Quiz</th>
<th>Sounding Board Topic Should be Approved by this Date</th>
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Jan. 8  Organization of the U.S. Health Care System: Introduction
(Lawrence Casalino)

The Paradox of Excess and Deprivation


Medicaid


* Small Group Meeting with a Physician:

Jan. 15. Organization of the U.S. Health Care System: Public and Private Payors; Pay for Performance (Casalino)

Medicare


Health Insurance Plans and Employer-Sponsored Health Insurance


Pay for Performance

Campbell S, Reeves D, Kontopantelis E, Middleton E, Sibbald B, Roland M. Quality of


*Discussion Groups 1-5 meet.

Jan. 22. Organization of the U.S. Health Care System: Physicians; Organized Processes to Improve Quality; Public Reporting (Casalino)


Bodenheimer T. A 63-Year-Old Man with Multiple Cardiovascular Risk Factors and Poor Adherence to Treatment Plans. JAMA 2007;298(17):2048-55.

Werner RM, Asch DA. The Unintended Consequences of Publicly Reporting Quality Information. JAMA 2005;293(10):1239-44.

* Discussion Groups 6-10 meet.

** First Quiz.

Jan. 29. Academic Medical Center Finances and Strategies Lawrence Furnstahl
Chief Financial & Strategy Officer,
University of Chicago Medical Center


* Small Group Meeting with a Physician:
Feb. 5. The Pharmaceutical Industry

Jeffrey Leiden, MD, PhD,
Managing Director, Clarus Ventures
(former President and Chief Operating Officer for the Pharmaceutical Products group of Abbott Labs)


* Discussion Groups 1-5 meet.
** Sounding Board topic should be approved by this date.


Instructor, Dept. of Emergency Medicine, University of Chicago


* Discussion Groups 6-10 meet.
** Second quiz.

Feb. 19. The Medical Malpractice System: Does It Need Reform? (Elmer Abbo)


*Discussion Groups 1-5 meet.

Feb 26. National Health Insurance? The U.S. versus Canada (student debate)


* Discussion Groups 6-10 meet.
** Sounding Board Paper due February 25.

March 4. Student Presentations

* Small Group Meeting with a Physician:
** Third Quiz.

COURSE LOGISTICS

Times and Places

Class meets on Tuesdays from 10:30-11:50 AM in the Biological Sciences Learning Center, room 109.

Discussion sections will meet from noon-1:20 PM on Tuesdays in the BSLC in rooms.

Small group meetings with physicians will meet from noon-1:20 PM in the BSLC; room to be announced.
Feedback:

Student feedback is very helpful to us and helps us improve the course. If you think that something should be changed, please let one of us know – in person, by phone, or by e-mail.

Course Director:

Lawrence Casalino  M.D., Ph.D.
Room W256, Billings Hospital
773-834-4865
casalino@health.bsd.uchicago.edu

Office hours: flexible. Please feel free to stop by or, better, to schedule an appointment via phone or e-mail.

Teaching Assistants:

To be announced.

Course Assistant:

Walter Gillespie  4-4056 – please contact Walter with logistical questions.
wgillespie@health.bsd.uchicago.edu

Course Web Site:

The web site on Chalk will contain all the material in the written syllabus. In addition, when the speaker is willing (this will not always be the case), lecture slides will be posted on the web site (prior to the lecture whenever possible).

Announcements (e.g. changes in schedule, responses to frequently asked questions) will be both posted on the web site and sent via e-mail. The web site will also contain information on the discussion group to which you have been assigned and on the small group meetings with physicians.

You can use the "External Links" section of the web site to find links to useful resources on the Internet. This may be particularly useful when thinking about possible topics for your Sounding Board article and when researching the article.
COURSE OBJECTIVES:

Specific objectives for each week are listed at the end of this syllabus. These objectives should be useful in preparing for quizzes, and perhaps in thinking of possible topics for your Sounding Board paper. Our overall goals for the course are to assist you in developing a basic understanding of:

1. the structure and functioning of the U.S. health care system
2. some of the major problems/controversies in U.S. health policy at present
3. suggested solutions to problems.

COURSE REQUIREMENTS

To pass this course, you must:

1. Receive a passing grade on a "Sounding Board" article on a topic of your choice. Students who fail to receive a passing grade will be required to rewrite/improve their article and to write a second, acceptable article on another topic.
2. Achieve a total score of at least 33 (of a possible 51) correct answers on the three quizzes AND achieve a score of at least 8 (of a possible 17) on each quiz.
3. Participate in all three meetings of your discussion group, unless excused by your group leader.
4. Attend at least one small group session with a physician and send a brief e-mail comment (no more than six sentences or so) on what you found most interesting about the session. Please send this to your teaching assistant, who will record your attendance and forward your comments to Dr. Casalino.
5. There will be no final exam.
6. Students who participate in the debate may submit their Sounding Board paper together, if they so choose. That is, the three students who argue that the U.S. multipayer health insurance system works better than the Canadian single payer system may submit a paper on this topic together, as may the three students who argue for the Canadian system.

DETAILS

Lectures:
We will ask all speakers to plan on allowing at least 20 minutes at the end of class for questions and comments. In addition, we encourage you to ask questions at any time during a speaker's talk. Our speakers expect this. We will have as much discussion as possible within the limits imposed by the class size, the lecture setting, and the task of making sure that some minimum of essential information is covered.

We particularly encourage you to come to class prepared to ask critical questions of speakers who are advocating a particular point of view.

**Debate:**

During the next to last week of class, we will have a debate between at team of three students arguing that the U.S. multipayor health insurance system is preferable to the Canadian single payor system, and a team of three students arguing that the Canadian system is preferable. Students will volunteer by January 15 to participate in this debate; if more than two teams volunteer, participating teams will be chosen by lottery. As noted above, each team may jointly submit a Sounding Board article based on their work for the debate. Teams will work with Dr. Casalino, as needed, to prepare for the debate.

**Sounding Board Article**

The *New England Journal of Medicine* frequently publishes "Sounding Board" articles. These articles enable the author to clearly state an opinion about an important topic. The author must support his or her opinion with both a clearly laid out argument and with appropriate supporting information. Examples of actual *New England Journal* Sounding Boards are included on the course web site in the "Course Documents" section. Please remember that though the purpose of a Sounding Board is to express an opinion, opinions that are not supported by careful argument and, where appropriate, by published "facts," will not be taken as very valuable – in this article or throughout your career.

That said, your Sounding Board is not intended to be a heavily researched review of the literature. In most cases, anywhere from eight to fifteen references will probably be appropriate. You should read enough – and, where appropriate, check web sites – so that you feel confident that you are not relying on an excessively narrow base of opinion and evidence.

As with actual *New England Journal of Medicine* Sounding Boards, the text of the article (not including references), should not exceed 2000 words. Please choose your words carefully, and avoid needless repetition. **Sounding Boards that exceed 2000 words will not be accepted.** The purpose of this requirement (limiting the word count) is to help you gain practice with the form of writing required by medical journals. It is very common to receive “revise and resubmit” letters from editors in which they ask you to (1) address three more issues in your paper and (2) shorten the paper by 400 words.
You can use the "External Links" section of the web site to find links to useful resources on the Internet. This may be particularly helpful when thinking about possible topics for your Sounding Board article and when researching the article.

By February 5, you should have selected a topic for your Sounding Board article and had it approved by your teaching assistant. Topics should have some relationship to the subject matter of the course – a very broad area!

Your topic should not be formulated as a subject – e.g. “I am going to write about pay for performance for physicians,” but rather as a question that you will answer – e.g. “Will pay for performance for physicians improve the quality of medical care in the United States?” Your Sounding Board should pose your question, then set out to answer it, relying on evidence and reasoned argument.

Sounding Boards are due by 6 PM on February 25.

Dr. Casalino will review what each TA considers to be the three best and three worst drafts and final articles he has received. Students who write the best Sounding Boards will be asked whether they are willing to present their ideas to the class during our final session.

Grading of the Sounding Boards will be based on the following:

a) the quality of the argument: how good is the reasoning? is supporting information provided and used appropriately?

b) your ability to recognize and address the limits of your argument and to recognize and address an important point of view contrary to the one you are expressing (this is the criterion that is least often met)

c) the originality of the approach to the topic

d) the clarity and organization of the writing.

Quizzes:

These will be three quizzes of 17 questions each to be taken via Chalk on the evenings of January 22, February 12, and March 4. Each quiz will cover reading materials and lectures during the time period from after the preceding quiz through the date of the quiz. For example, the quiz on February 12 will cover the readings and lectures for January 29, February 5, and February 12.

The questions will not be overly narrow. We want you to know the major points of articles and of lectures, and to have an order of magnitude sense for key facts. For example, we will not expect you to know the exact percentage of uninsured people in the
U.S., but we will expect you to know whether it is less than 5%, approximately 15%, approximately 25%, or more than 40%.

The web-based quizzes will be made available from 8:30-10 PM. They should be completed by each of you individually – not in consultation with other students. Students with pressing reasons to be elsewhere during that time period should speak with Dr. Casalino about arranging an alternative time.

Please note that quizzes will include questions based on the lectures even for lecturers who choose not to post their slides on the course website. Again, these questions will cover important points, so please do not feel that you must take extensive notes.

**Discussion Group Sessions:**

Please check the "Assignments" section on the web site to find the discussion group to which you have been assigned. You must participate in all three meetings of your discussion group to pass the course. Please let your TA know (preferably in advance) if for some reason you cannot attend a meeting.

MD-PhD students who are unable to attend discussion groups because they have class scheduled on Tuesday afternoons should notify Dr. Casalino of this as soon as possible – preferably in person at the end of our first Tuesday morning class. We will find another time to meet as a group.

During the week before each discussion group meeting, your TA will e-mail your group with two questions that will be discussed at the meeting. All students will be encouraged to participate in the discussion, but in each meeting we will have four students who are more specifically prepared to do so. These students can volunteer during the previous group meeting; alternatively, your TA will assign two of you to be prepared to argue one side of each question, and two to argue the other side. It may be that you will be asked to argue a side with which you disagree (and you can tell your fellow students that), but we want you to learn to think of the best reasons you can that a view with which you do not agree might be right. This ability – which is rare – will be very helpful to you in all the professional activities in which you may engage: in caring for patients, in teaching, and in research (it is also useful with spouses, significant others, and friends).

Discussion groups need not deal solely with questions presented by the TA. The TA will ask at the beginning of each group whether there are other things that you would like to discuss, and will try to facilitate discussion of these things as well.

**Group Meetings with Physicians:**

Students generally find the group sessions with physicians to be one of the most valuable parts of the course. The opportunity to spend time with experienced physicians
in this way will be a rare one during your training. These sessions provide an opportunity both for learning about important issues and for thinking about what type of physician you might like to become. In these sessions, physicians will talk informally with the group about ways in which the “social context of medicine” has affected their careers and their work. You must attend one of these meetings, but are welcome to attend more than one. The names of the physicians and their positions will be posted on the Web site.

**Points of View:**

It is not possible to present opposing points of view during each lecture. However, the lecturers as a group do represent a broad range of points of view. In addition, the readings have been chosen to present varying points of view.

**Volume of Reading:**

The number of articles to be read is relatively large, but most are quite short. The articles selected are the minimum that we believe necessary to give you both the basics of a subject and opposing points of view. There are no readings for the last week of class.

**Objectives SCM:**

*We have framed objectives as questions. Note that for the most part the objectives are covered in the readings, but some will be covered in part or in full only during class.*

**Jan. 8 Organization of the U.S. Health Care System: Introduction**

**The Paradox of Excess and Deprivation:**

1. What does the phrase "paradox of excess and deprivation" mean when applied to U.S. medical care? Do you believe that this is a reasonable description?

2. The Uninsured:
   a) who are the main classes of people in the U.S. who tend to be uninsured?
   b) approximately what is the uninsurance rate in the U.S.? What is the trend over time for this rate?
   c) how does the U.S. uninsured rate compare to other countries?
   d) what are thought to be the main causes of uninsurance in the U.S.?
   e) is being uninsured hazardous to people’s health?
3. In broad brush strokes, how good is the quality of health care in the United States, and how consistent is it across geographic areas?

4. How does the performance of the U.S. health care system compare to performance in other countries? What might account for the differences?

5. Do you think that increasing the amount of money spent on health care in the U.S. is necessarily a bad thing? Why or why not?

6. Medicaid:
   a) What is Medicaid?
   b) Who are the main categories of people whom Medicaid covers?
   c) Where does most Medicaid spending go?
   d) Medicaid is a federal-state partnership. Broadly speaking, what does this mean, and what are the implications?

7. Where do most of the dollars to pay for health care in the U.S. come from?

**Jan. 15. Organization of the U.S. Health Care System: Public and Private Payors; Pay for Performance**

1. Medicare:
   a) What is Medicare?
   b) Who are the main categories of people whom Medicare covers?
   c) Broadly speaking, what are the main services that Medicare covers, and what are the main services that Medicare does not cover?
   d) To what extent does Medicare reward physicians and hospitals for providing high quality, efficient care?
   d) Is Medicare a federal, state, or joint federal-state program?

2. Employer-sponsored insurance:
   a) what are the main benefits and the main drawbacks to the U.S. system of employer-sponsored insurance/
   b) in terms of health insurance, is it likely to matter whether a person works for a small or
large employer? If so, what are the reasons why it may matter?

c) what are the main strategies that employers are using at present regarding health
insurance?

3. Pay for Performance:

a) what are possible beneficial effects of pay for performance programs?

b) what are possible harmful effects?

c) Are there important differences between performance measures and clinical
guidelines? If so, what is are, and what are the implications?

d) do you believe that pay for performance is working well in England? Why or why
not?

Jan. 22. Organization of the U.S. Health Care System: Physicians; Organized Processes to
Improve Quality; Public Reporting

1. What are the main types of organizations in which physician practice?

2. Is physician practice being corporatized? Do you believe that this is a good or a bad thing? Why or why not?

3. What are the possible benefits and drawbacks of physician ownership of “focused factories”
such as specialty hospitals, ambulatory surgical centers, and imaging centers?

4. Why are specialty hospitals created for certain types of services and not others?

5. What are the main differences between the "individual physician" and the "organized process"
views of medical care quality?

6. What is “self-management support?” Do you believe that it is important? Why or why not? What are some processes by which self-management support might be improved?

7. In what ways might public reporting of physician and/or hospital performance improve the
quality of care? In what ways might it harm quality?

Jan. 29. Academic Medical Center Finances and Strategies Lawrence Furnstahl
Chief Financial & Strategy Officer,
University of Chicago Medical Center

1. How efficient are teaching hospitals at providing care?
2. Pricing hospital services:
   a) broadly speaking, how do hospitals set prices for their services?
   b) why are some services much more profitable than others?
   c) why are some patients more profitable than others?

3. How are hospitals able to continue offering unprofitable services and serving unprofitable patients?

4. What are the main financial barriers that the University of Chicago hospital must overcome? How do these compare with Northwestern?

5. Do you believe that an academic medical center located in a poor community should be responsible for providing primary care to residents of the community? Why or why not?

**Feb. 5. The Pharmaceutical Industry**

Jeffrey Leiden, MD, PhD, 
Managing Director, Clarus Ventures 
(former President and Chief Operating Officer for the Pharmaceutical Products group of Abbott Labs)

1. From the pharmaceutical industry point of view, what are the industry’s main contributions to health care in the U.S., and what are the main challenges it faces?

2. What are the pros and cons of the “blockbuster” model?

3. What are the pros and cons of the ways in which the pharmaceutical industry currently relates to physicians?

4. Do you support “sunshine” laws regarding physician-pharmaceutical industry relationships? Why or why not?

Instructor, Dept. of Emergency Medicine, 
University of Chicago)

1. One of the leaders of our country has argued that people without insurance are OK because “they can just go to an emergency room.” Assuming they do so, what problems, if any, are they and the emergency department physicians likely to encounter?

2. Why might certain types of hospitals have an incentive to keep waiting times in their emergency department high?
3. Why types of processes might hospitals use to improve the quality of care for patients who arrive having an acute myocardial infarction? Do you think that these kinds of processes might be generalizable to other diseases? Why or why not?

Feb. 19. The Medical Malpractice System: Does It Need Reform? (Elmer Abbo)

1. What should be the goals of a medical malpractice system, in your opinion?

2. To what extent is the U.S. system meeting those goals? Insofar as it is failing to meet them, why is it failing to do so?

3. What are major types of proposals for changing the U.S. malpractice system, and what are their major advantages and disadvantages?

Feb 26. National Health Insurance? The U.S. versus Canada (student debate)

1. Broadly speaking, what are the major characteristics of the Canadian health care system?

2. What are likely to be the major advantages and disadvantages of this system compared to a multipayer system like that in the United States?

3. What are major problems faced by the Canadian system during the last 5-10 years, and how is the government trying to deal with them?

4. What do you see as the strong and the weak points of the Physicians’ for a National Health Program proposal for the U.S.?

March 4. Student Presentations

No objectives for this date – enjoy your fellow students’ presentations!