COURSE SCHEDULE

Jan. 3  Organization of the U.S. Health Care System (I):  Lawrence Casalino

1. The Paradox of Excess and Deprivation

   Background Brief on Costs


2. Structure of Payment for Health Care

   Medicare Fact Sheet

   Medicaid Fact Sheet


*** Small Group Meeting with a Physician

Jan. 10  Organization of the U.S. Health Care System  (II):  Lawrence Casalino

1. The Organization of Physician Practice


2. Professionalism in Society


Wynia, Matthew K. The Birth of Medical Professionalism and the Role of Professional Associations. Forthcoming book chapter. Please do not quote or circulate without the author’s permission. (to be provided by Dr. Casalino)

3. Three Views of Health Care: The Professional, State, and Market Approaches to Reform

*** First Quiz, last ten minutes of class

*** Groups A, B, and C Meet

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Jan. 17 The Evolution of Managed Care

James Robinson (Professor of Health Economics, UC Berkeley)


*** Groups D, E, and F Meet
Jan. 24  **Organized Processes to Improve Quality – The Chronic Care and Disease Management Models**  *Lawrence Casalino*


*** *Groups A, B, and C Meet*

Jan. 31  **Academic Medical Center Finances and Strategies**  *Lawrence Furnstahl*  
*(Chief Financial Officer, University of Chicago Hospital)*


*** *Groups D, E, and F Meet*

Feb. 7  **The Pharmaceutical Industry**  *Jeffrey Leiden MD, PhD*  
*(President and Chief Operating Officer, Pharmaceutical Products)*


*** Small Group Meeting with a Physician

Feb 14  Health Disparities, Race, and Socioeconomic Status  Eric Whitaker MD, MPH, (Director, Illinois Dept. of Public Health)


*** Groups A, B, and C Meet
Feb. 21 National Health Insurance

*Claudia Fegan MD (past president, Physicians for a National Health Program; Medical Director of the Fantus Health Center)*


***Groups D, E, and F Meet***

Feb. 28 Employers, Pay for Performance and Public Reporting

*Anthony Kotin, MD, Chief Clinical Officer, Magellan Health Services*


*** Second Quiz, last ten minutes of class

*** Small Group Meeting with a Physician

March 7 Presentation of Student Papers

Between February 21 and February 27, we will select 2-3 of the best draft papers submitted by students. These papers will be distributed to the class to read, and the students will be asked to present their papers during class on March 7. If one or more students would rather not present, we will select the next best paper(s).

*** Small Group Meeting with a Physician

- **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 and small group sessions with physicians meet from 1:30-2:45 PM on Tuesdays in the BSLC lab rooms 346, 350, and 354.

  - **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 to schedule an appointment via phone or e-mail.

  - **Teaching Assistants:**
Justin Coffey. Justin is a 4th year medical student matching in psychiatry who has academic interests in quality improvement, health care delivery, and medical ethics. He plans to pursue graduate work in public policy during his residency training. mjcoffey@uchicago.edu

Anupam Bapu Jena. Bapu is a 6th year MSTP completing his PhD in economics in June 2006. ajena@uchicago.edu

Eric Sun. Eric is a 6th year MD/PhD student who is finishing his requirements for a PhD in economics at the GSB. ericsun@uchicago.edu

Course Assistant:

Jessica Miotk 4-4056 – contact Jessica with logistical questions. jmiotk@health.bsd.uchicago.edu

Course Web Site:

The web site on Chalk contains all the material in the written syllabus. In addition, when the speaker is willing, 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. In general terms, during this course, we will try to help you to:

1. Learn some facts about the social context that will affect your medical careers. This will include developing a basic understanding of:
   - the types of organization in which physicians practice
   - the effects of race and of class on people's health and on the delivery of medical care
- Medicare, Medicaid, and private health insurance
- managed care
- challenges facing hospitals
- problems with cost, quality, and access to care in the U.S.
- possible ways to address these problems.

2. Improve your ability to think critically, to understand both sides of a controversial issue, and to express your thoughts clearly and succinctly in writing.

3. Learn to recognize and understand the three major points of view (professional, state, market) which underlie conflicting reform proposals for U.S. health care, and be able to use this conceptual framework to evaluate proposals.

**COURSE REQUIREMENTS**

To pass this course, you must:

1. Achieve at least a C on a "Sounding Board" article on a topic of your choice.

2. Achieve a total score of at least 21 correct answers on two 15 question multiple choice quizzes.

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 to Jessica Miotk jmiotk@health.bsd.uchicago.edu. She will record your attendance and forward your comments to Dr. Casalino.

5. There will be no final exam.

**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 strongly 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.
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 whatever information is available and appropriate. Examples of actual 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 five 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 simply 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), must not exceed 2000 words.

By February 9, you should have selected a topic for your Sounding Board article and e-mailed it to your teaching assistant for approval or suggested revision. Topics should have some relationship to the subject matter of the course – a very broad area! You will find that it is much easier to write the paper – and that the results will be better, if you state the topic as a question, for example, "Is pay for performance a useful way to improve the quality of health care?" Try to frame your question as clearly and specifically as possible.

The first draft of the Sounding Board should be e-mailed to your TA between February 14 and February 21. The final Sounding Board should be e-mailed between February 28 and March 17.

Please e-mail your draft and final version to the TA who leads your discussion group. MD-PhD students whose discussion group is with Dr. Casalino should e-mail to him.

You will receive prompt written feedback, via e-mail, on your draft, and will receive feedback on your final article as well. You will also receive a letter "grade" on each. If you receive a grade of B+ or higher on your draft, you need not submit a revised final version, though you are welcome to do so.

Dr. Casalino will review what each TA considers to be the three best and three worst drafts and final articles he has received.

Grading 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

c) the originality of the approach to the topic

d) the clarity and organization of the writing.

**Multiple Choice Quizzes:**

These will be 15 question multiple choice quizzes given during the last 10 minutes of class on January 10, based on the readings and lectures for the first two weeks, and February 28, based on readings and lectures from weeks 3-9.

The questions will not be picky or overly narrow. We will not, for example, ask you to state the percentage of its Gross Domestic Product that the U.S. spends on health care. You should, however, know that the U.S. spends a higher percentage than any other country, and you should know whether the percentage is approximately 5%, 15%, or 25%. Our intent is that if you come to the lectures and do the readings on a weekly basis, you should easily be able to pass each quiz only a few hours of additional study (less than that for the first quiz, which covers only two weeks).

**Discussion Group Sessions:**

Please check the "Assignments" section on the web site to find the discussion group 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 expected to participate in the discussion, but in each meeting we will have 2-4 students who are somewhat better prepared to do so. These students can volunteer during the previous group meeting; alternatively, your TA will assign one or two of you to be prepared to argue one side of each question, and one or 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. The 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 posed on the Web site.

**Points of View:**

We have tried to balance points of view in this course. Some speakers and some authors favor the professional view of medical care; others advocate the market approach; still others argue for a state-based approach. We try to achieve this balance in two ways. First, the readings each week often contain conflicting points of view (though there will not necessarily be an article each week that clearly advocates each of the points of view). Second, the speakers vary greatly in their point of view, so that speaker points of view are balanced over the course as a whole. Ideally, it might be desirable to have three speakers each week, one from each point of view, but logistically this is not practical.

**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.

**Objectives SCM:**

*We have framed objectives as questions.*

**Jan. 3 Organization of the U.S. Health Care System (I):**

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 agree that this is a reasonable description?

2. How do medical care costs in the U.S. compare to those in other countries? What might account for the difference?

3. What is "flat-of-the-curve medicine"?

4. What categories of people in the U.S. are most likely to lack health insurance?

The Structure of Payment for Health Care:

1. What categories of people does Medicare mostly cover?

2. What categories of people does Medicaid mainly cover?

3. To what extent are state governments involved with Medicare? With Medicaid?

4. What are the main differences between HMOs and PPOs?

5. What is the difference between fee-for-service payment and capitation?

Jan. 10 Organization of the U.S. Health Care System (II):

The Organization of Physician Practice:

1. What are the main types of organization in which physicians practice?

2. What are the main differences between medical groups and independent practice associations (IPAs)?

Professionalism in Society:

1. What do the readings and the speaker suggest should be the main components of physician professionalism? Are some of these components new?

2. Do physicians respond to financial incentives? If so, is this unprofessional?

3. What does it mean to say that physician professionalism is a self-serving myth? A vital reality?

Three Views of Health Care: The Professional, State, and Market Approaches to Reform:

1. What are the core principles on which the professional, the state, and the market approaches to health care reform are based?
2. How, in general terms, does each approach propose to deal with:

a) containing health care costs?

b) improving access of people to health care

c) improving health care quality?

Jan. 17 The Evolution of Managed Care

1. What are some of the most important obstacles to gaining the benefits of market competition in medical care, and what are the main ways that "managed competition" was supposed to overcome these obstacles?

2. What are the roles that consumers/patients might play in influencing the costs and quality of medical care? Do you think that these roles are appropriate? Why or why not?

3. What does Professor Robinson mean by the “end of managed care”?

4. What does Professor Robinson mean by “managed consumerism”? What does he think are its main advantages and disadvantages?

Jan. 24 Employers, Pay for Performance and Public Reporting

1. Do you think that individual physicians should be paid at least in part based on measurements of the quality of care they provide? What about groups of physician in medical groups or IPAs?

2. What are some of the major obstacles to paying physicians for performance?

3. Is it very common in the U.S. at present for physicians and hospitals to receive higher pay for higher quality?

4. Do you think that employers in the U.S. are likely to be able to contribute strongly to containing the costs and/or improving the quality of health care in the U.S.? Why or why not?

Jan. 31 Academic Medical Center Finances and Strategies

1. Why do teaching hospitals have higher costs than other hospitals?

2. Why do some teaching hospitals have much higher costs than other teaching hospitals?
3. What are the main factors that make it possible for a hospital to increase its negotiating leverage with health plans?

4. Do hospitals profit more from providing some types of medical services than others? Why? Is this a good thing? If not, is there some way it could be different?

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

6. 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. 7 The Pharmaceutical Industry**

1. What, if any, are the main problems in the ways relationships between pharmaceutical companies and academic physicians are structured at present?

2. What are some proposed solutions to these problems?

3. What are the main factors claimed to encourage innovation in the pharmaceutical industry? What are obstacles to innovation?

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

**Feb 14 Health Disparities, Race, and Socioeconomic Status**

1. What is meant by “health disparities” and by “health care disparities” in the U.S.?

2. What are thought to be some of the main causes of health care disparities?

3. What might be done to reduce health care disparities?

4. Do white and minority physicians differ in their views of health care disparities? If so, what are the main ways in which they differ?

**Feb. 21 National Health Insurance**

1. What are likely to be the main advantages and disadvantages of a single-payer health care system like the one in Canada?
2. Are most Canadian physicians employees of the government?

3. What are the main arguments for and against permitting private health insurance in Canada?

4. According to the proponents of a single payer health system in the U.S., how would costs be controlled and quality improved in such a system?

Feb. 28  Organized Processes to Improve Quality – The Chronic Care and Disease Management Models

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

2. What are some suggestions for how quality might be improved? Do you agree with them?

3. What are the main differences between the disease management model and the chronic care model for improving the quality of medical care?

4. To what extent do physicians in the U.S. at present use organized processes to improve the quality of care?