American health care has rapidly changed in ways that disturb both physicians and patients alike. The corporatization of services seems inevitable and necessary though it is neither. It is undergoing a transformation in the name of efficiency and cost containment that uses few of the proven techniques that other advanced systems have used, and actually positions the major players for long-term growth. How did the current system come to pass, and what are the forces that shape it?

This course provides a coherent historical and sociological account of the current system in which we will work and live. It offers a foundation for addressing ethical and policy issues. All readings are required and will be the basis, together with material from classes, of grading. Since the class and discussion are important parts of the learning experience, attendance is required and will be taken. Excused absences are always possible.

Critical Discourse

People learn best if they are participating. Although I personally love good lectures, of various pedagogical methods, lectures have been shown to produce the least understanding and retention. Therefore, to the extent possible, I will try to lead a critical discourse in the main classes as well as the precepts. The problem will be the ratio between the number of people and “air time,” and we’ll all learn how to handle that together.

The most enduring things that you can go away with are the abilities to think critically, be articulate, and write lucidly. Critical discourse will require us all to be succinct. I will do what I can to help you improve these lifelong skills. If you can do all three well already, then see if you can do them even better.

The other key habit or skill is to base your views on facts and the readings. Policy is full of assertions and convictions without substance. The success of critical discourse depends on your reading all the materials for the week before each Tuesday. (Why
not? You have to read them anyway, and you'll get so much more out the classes if you do.)

Class attendance and arriving on time are required (see Announcement pp. 36-37) to make this kind of class work.

Dialogue with the Authors

More insight and enjoyment can come from getting to know some of the most distinguished observers and participants in the health care scene. I have therefore chosen a limited number of works by some of the best in the land. Four of them have been persuaded to come to class so that you can meet them personally and talk with them. They are

Stephen Schroeder, M.D., President, The Robert Wood Johnson Foundation
Uwe Reinhardt, distinguished health economist, Princeton University
Gail Shearer, Director of Health Policy Analysis, Consumers Union, Washington D.C.

Readings

All readings are required. All readings are on 3-hour reserve.

Three of the books are on sale at Micawber Bookstore. Ask at the desk for them:
The Social Transformation of American Medicine -- Starr
The Managed Care Blues and How to Cure Them -- Zelman & Berenson
Purchasing Population Health -- Kindig

Two other long reports will be available from me:
Strangled Competition II (Managed Competition in the Minneapolis Market)
Hidden from View (empowerment through uncovered medical bills)

A Bulk Pack of the articles is for sale at Pequod.

Grading

As the Undergraduate Announcement states, A’s are for excellent work. Nobody “deserves” an A, even if you are an “A student.”

B’s are for solid, good work, and for flawed A work (i.e. great idea but not developed, or a well-read “argument” that goes nowhere. Ask yourself, “What point(s) am I trying to make?” “And…? So what?”

C’s are for just average work, D’s for poor, ill-prepared work, and F’s for failing work.

Weighting will be:
Take-home midterm essays 25%
Take-home final essays 25%
Research paper 40%
Class participation 10%

Late hand-ins will lose a third of a grade per day (e.g. from a B+ to B, etc.)

Exams and Research Paper

There will be two sets of take-home essays. You are on your honor to prepare for them and answer them on your own. Take-home essays, in the spirit of the course, encourage reflection and succinct thought, because the page limits will be short.

The research term paper can be done in pairs or alone. If in pairs, both students will get the same grade; so be sure both of you pull your weight. Papers should be about 15 pages of double-spaced, typed text for one author, and about 25 pages for two.

The research paper should consider the following:

- What is the thesis or true subject of your investigation and paper?
- History matters. How did it develop and how are past decisions, patterns, or institutions reflected in the issue?
- What trends are at play?
- Who are the major stakeholders and others affected, and how?
- Institutions, money and power matter. Besides stakeholders, how do they frame the whole issue?
- Ideas and ideology matter. What are the major assumptions being made, convictions held, and goals asserted?
- Facts, trends, and experiences matter. How do they square with the assumptions, convictions and goals?

Research Proposal. DUE Nov. 9th in class. 1-3 pages. Outline the problem, why you chose it, what research materials and methods you plan to use, and what problems (if any) concern you.

Paper Due December 14th in class.

Evaluation Criteria

Coverage of topic
Quality of research
Quality of your analysis/insights
Interest/significance of the topic and your approach to it

Good Organization
Clarity of the writing
Grammar/syntax
Solid referencing
PART I: PROFESSIONAL DOMINANCE AND ITS IRONIES

Week 1 (Sept 21) Origins of Professional Dominance


Week 2 (Sept 28) Creating a Protected Market

Week 3 (Oct 5) Insurance without Interference


Week 4 (Oct 12) The Golden Age of Medicine and Its Ironies


Illich, Ivan, *Medical Nemesis: The Expropriation of Health*. 1975;(various printings): Ch. 1,2, 6,8.

Week 5 (Oct 19) Legitimation Crisis and the Buyers’ Revolt


Week 6 (Oct 26) Review and Midterm

FALL BREAK

PART II: THE UNHARNESSED TROIKA AND THE LURCHING HEALTH CARE SLEIGH

Week 7 (Nov 9) The 1980s: Revolution with few Results


Robert H. Miller and Harold S. Luft, “Does Managed Care Lead to Better or Worse Quality of Care?” Health Affairs 1997;16(5):7-25.


Week 8 (Nov 16) Voluntary Health Insurance – Institutional Effects on Costs, Access, Equity


Kevin Grumbach, “National Health Insurance in America – Can We Practice With It? Can We Continue to Practice Without It?” *Western Journal of Medicine* 1989;151:210-6.

**Week 9 (Nov 23) Competition – Economic Theory vs Medical & Market Realities**


Kenneth B. Wells, et al., “Detection of Depressive Disorder for Patients Receiving Prepaid or Fee-for-Service Care.” *NEJM* 1989;262(23):3298-3302.


**Week 10 (Nov 30) Corporate Managed Care**


Jon Gabel, “Ten Ways HMOs Have Changed During the 1990s.” *Health Affairs* 1997;16(3): 134-45.


(quality set:)


David Himmelstein et al. “Quality of Care in Investor-owned vs Not-for-Profit HMOs.” *JAMA* 1999;282:159-63.


Paul Ellwood  1999

**Week 11-12 (Dec 7)  Purchasing for Outcomes and Health**


Reading Period   Jan 3-11

Exam Period  Jan 12-22