

UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH
PHS 810-915—INTERNATIONAL HEALTH SYSTEMS AND POLICY
2009-2010

COURSE INSTRUCTOR

Thomas R. Oliver, Ph.D., M.H.A.
Associate Professor
Department of Population Health Sciences
610 Walnut St., Room 760C WARF
Madison, WI 53726
608-262-6731 phone
608-262-6404 fax
troliver@wisc.edu

COURSE OBJECTIVES

After completing this course, students should be able to:

1. Understand where health and health services rank among social and personal concerns across nations
2. Evaluate the contributions of health care to population health outcomes
3. Identify a set of broad criteria to evaluate health system performance
4. Evaluate the current performance of the U.S. health care system in comparison to other national health systems
5. Explain the social values and political interests that shape health systems development and reform efforts

COURSE DESIGN AND ASSIGNMENTS

The course is designed as an independent study, allowing students considerable flexibility in scheduling the work and reporting the lessons learned. All readings and other materials are available in portable, electronic format. The intellectual approach is highly interdisciplinary, encouraging students to examine health systems from the perspectives of philosophy, history, sociology, demography, epidemiology, economics, and politics as well as clinical medicine.

The course is organized as a sequence of four modules:

- Module 1—International Health System Performance
- Module 2—Health Systems in the Context of Global Health Needs
- Module 3—Health Systems and Policies in High Income Countries
- Module 4—The Politics of Health System Development and Reform

Each module includes a required set of readings and a written assignment. Module 3 has a required set of audiovisual materials to accompany the other materials.

To satisfactorily complete the course, students must select three of the four modules and write a series of short papers (3-4 pages each) addressing the questions posed in the written assignment for each module.

Students should submit papers directly to Professor Oliver via e-mail (troliver@wisc.edu) unless they receive other instructions (a Learn@UW dropbox will eventually be set up for the course). If electronic submission is not possible, they can send paper copies to Professor Oliver's office address (see contact information above).

In the course of their reading and preparation of writing assignments, students may consult with Professor Oliver via e-mail, phone, or meetings at his office.

EVALUATION

Upon completion of the written assignments for three of the four modules, students will earn a letter grade for the course. It is necessary to complete all three papers to earn a passing grade. Each paper counts equally toward the final course grade.

Grades for written assignments will be based on: 1) the **comprehensiveness** of the analysis in identifying appropriate concepts, literature and applications; 2) the **logic, accuracy, and overall persuasiveness** of the arguments; and 3) the quality of the **writing style** (including basic grammar, punctuation, and proofreading).

MODULE 1

INTERNATIONAL HEALTH SYSTEM PERFORMANCE

World Health Organization. 2000. *The World Health Report 2000: Health Systems: Improving Performance*. Geneva, Switzerland: WHO.

Overview, pp. xi-xix

Chapter 1, "Why Do Health Systems Matter?" pp. 1-19

Chapter 2, "How Well Do Health Systems Perform?" pp. 21-46

Annex Table 1, Health System Attainment and Performance in All Member States, pp. 152-55

Blendon, Robert J., Minah Kim, and John M. Benson. 2001. "The Public Versus the World Health Organization on Health System Performance." *Health Affairs* 20(3): 10-20.

Commonwealth Fund. 2007. *Mirror, Mirror on the Wall: An International Update on the Comparative Performance of American Health Care*. New York: Commonwealth Fund.
http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=482678

American College of Physicians. 2008. "Achieving a High-Performance Health Care System with Universal Access: What the United States Can Learn from Other Countries." *Annals of Internal Medicine* 148 (1): 55-75.

Written Assignment for Module 1 (3-4 pages not including references)

- Across nations, how high a priority is health compared to other social and personal concerns?
- Which dimension of health system performance—effectiveness, equity, or efficiency—is most important in your view?
- Based on the cross-national evidence, is there an obvious tradeoff between equity and efficiency? Or does greater efficiency appear to go hand in hand with greater equity?
- How does the U.S. health system compare with other nations in basic measures of performance? What are its greatest strengths and greatest weaknesses?

MODULE 2

HEALTH SYSTEMS IN THE CONTEXT OF GLOBAL HEALTH NEEDS

The Kaiser/Pew Global Health Survey. 2007. *A Global Look at Public Perceptions of Health Problems, Priorities, and Donors*. Washington, D.C.: Kaiser Family Foundation and Pew Global Attitudes Project.

United Kingdom Department of Health. 2007. *Health is Global: Proposals for a UK Government-Wide Strategy*. London, UK: Department of Health Publications.

Mullan, Fitzhugh. 2007. "Health, Equity, and Political Economy: A Conversation with Paul Farmer." *Health Affairs* 26(4): 1062-68.

Hsiao, William C. 2007. "Why Is a Systemic View of Health Financing Necessary?" *Health Affairs* 26(4): 950-61.

Schieber, George J., Pablo Gottret, Lisa K. Fleisher, and Adam A. Leive. 2007. "Financing Global Health: Mission Unaccomplished." *Health Affairs* 26(4): 921-34.

World Health Organization. 2008. *The World Health Report 2008: Primary Health Care Now More Than Ever*. Geneva, Switzerland: WHO.

Gottret, Pablo, George J. Schieber, and Hugh R. Waters, eds. 2008. *Good Practices in Health Financing: Lessons from Reforms in Low- and Middle-Income Countries*. Washington, D.C.: The World Bank.

Weiner, Jonathan P., Joanna Case Famadas, Hugh R. Waters, and Djordje Gikic. 2008. "Managed Care and Private Health Insurance in a Global Context." *Journal of Health Politics, Policy and Law* 33(6): 1107-31.

Written Assignment for Module 2 (3-4 pages not including references)

- Why is global health—as opposed to the health of individuals, communities or nations—a critical issue in the 21st century?
- Who has responsibility for global health protection and improvement?
- How important is adequate health care, and the funding needed to provide it, to population health?
- Where do prevention and primary care fit into health financing needs? Where do they fit into current health financing priorities? What must change to achieve a proper balance and better population health outcomes?
- To what extent are practices drawn from the American health insurance industry being adopted in other countries? What reasons are given for adopting such practices and what is the experience with them so far?

MODULE 3

HEALTH SYSTEMS IN HIGH-INCOME COUNTRIES: HISTORY, ORGANIZATION, FINANCING, AND DELIVERY

Hacker, Jacob S. 1998. “The Historical Logic of National Health Insurance: Structure and Sequence in the Development of British, Canadian, and U.S. Medical Policy.” *Studies in American Political Development* 12 (1): 57-130.

PBS Frontline Program: *Sick Around the World*

The online program is based on journalist T.R. Reid’s upcoming book on international health care, *We’re Number 37!* The title refers to the U.S. ranking in the 2000 World Health Organization report on health systems.

<http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/>

Five Capitalist Democracies and How They Do It

Each has a health care system that delivers health care for everyone—but with remarkable differences.

<http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/countries/>

Watch Online (videos on each country)

United Kingdom

Japan

Germany

Taiwan

Switzerland

Health Care Systems—The Four Basic Models

<http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/countries/>

Beveridge Model

Bismarck Model

National Health Insurance Model

The Out-of-Pocket Model

Interviews with physicians, analysts, and public officials

<http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/interviews/>

See text summaries or videos

Analysis of Themes

<http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/themes/>

What Lessons Can We Learn?

How Does It Work for Doctors in These Five Countries?

Does Universal Coverage Mean Socialized Medicine?

The Cost of Drugs Issue

Cylus, Jonathan and Gerard F. Anderson. 2007. *Multinational Comparisons of Health Systems Data, 2006: A Chartbook*. New York: Commonwealth Fund.

http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=482648

Schoen, Cathy, Robin Osborn, Sabrina K.H. How, Michelle M. Doty, and Jordon Peugh. 2008. "In Chronic Condition: Experiences of Patients with Complex Health Care Needs, In Eight Countries, 2008." *Health Affairs* 28 (1): w1-w16 (published online 13 November 2008).

Willcox, Sharon, Mary Seddon, Stephen Dunn, Rhiannon Tudor Edwards, Jim Pearse, and Jack V. Tu. 2007. "Measuring and Reducing Waiting Times: A Cross-National Comparison of Strategies." *Health Affairs* 26(4): 1078-87.

Written Assignment for Module 3 (3-4 pages not including references)

- Assess the four basic models for national health care systems discussed in the PBS Frontline program, *Sick Around the World* (as illustrated in the real-world systems of the United Kingdom, Japan, Germany, Taiwan, Switzerland, and the United States).
- Your assessment should include what you find are the primary strengths and weaknesses of each model from the perspective of a) physicians; b) patients; and c) the society at large.

MODULE 4

THE POLITICS OF HEALTH SYSTEM DEVELOPMENT AND REFORM

Navarro, Vicente and Leiyu Shi. 2001. "The Political Context of Social Inequalities and Health." *Social Science and Medicine* 52: 481-91.

Evans, Robert G. 2005. "Fellow Travelers on a Contested Path: Power, Purpose, and the Evolution of European Health Care Systems." *Journal of Health Politics, Policy and Law* 30(1-2): 277-93.

Jost, Timothy Stoltzfus, Diane Dawson, and André den Exter. 2006. "The Role of Competition in Health Care: A Western European Perspective." *Journal of Health Politics, Policy and Law* 31(3): 687-703.

Gamble, Vanessa Northington and Deborah Stone. 2006. "U.S. Policy on Health Inequities: The Interplay of Politics and Research." *Journal of Health Politics, Policy and Law* 31(1): 93-126.

Peterson, Mark A. 2001. "From Trust to Political Power: Interest Groups, Public Choice, and Health Care." *Journal of Health Politics, Policy and Law* 26(5): 1145-63.

Gottschalk, Marie. 2007. "Back to the Future? Health Benefits, Organized Labor, and Universal Health Care." *Journal of Health Politics, Policy and Law* 32(6): 923-70.

Written Assignment for Module 4 (3-4 pages not including references)

- What is the general relationship between social inequalities and population health outcomes? In the U.S. in particular, how has race influenced our perceptions of health disparities and our commitment to reducing them?
- How do political parties shape systems of health and social services, and with what outcomes? In particular, how do social democratic parties contrast with parties in the liberal political tradition?
- What social values and political interests have priority in contemporary European health systems as compared with the U.S. health system?
- What has changed in American society, politics, and health care to undermine the traditional influence of organized medicine and organized labor in debates over health system reform? Who—if anyone—might have the power to overcome the historical obstacles to major reform?