Doane College
Lincoln Campus

NRS 315/HSI 315
Health Care Policy in the United States
Winter I Term 2015 (October 19 – December 19)

Instructor
Bruce R. Rieker, J.D.
Vice President, Advocacy
Nebraska Hospital Association
**Syllabus:** NRS 315-7/HSI 315-7  
*Health Care Policy in the United States*  
*(3 credits)*

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**Adjunct Instructor**  
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**Class Dates and Hours**  
Class dates  
- There will be no class on October 20 due to a conflict in the instructor’s schedule.  
- Eight scheduled classes occurring on the following Tuesdays: October 27; November 3, 10, 17, 24; December 1, 8 and 15.

Class hours  
- Evenings: 6:00-10:30 p.m.

Office hours  
- Immediately before and after class  
- By appointment.

**Course Description**  
This course examines the development of health policy in the United States and factors that affect future health policy initiatives. The course will examine critical health care policy issues facing the United States such as rising costs, quality of services, financing of the system, and adoption of new technologies. Students will learn the basic elements underlying financing, organization and delivery of health care services including Medicare, Medicaid, access to health care and the relationship between the public and private sectors on health policy. Upon completion of the course, students will understand how policy affects the development of health care legislation, and the process of political compromise and real world limitations upon the implementation of legislation.

**Course Objectives**  
In these rapidly changing times, current and future health care policy at the federal and state levels will have a significant impact on the accessibility, affordability, quality and utilization of health care services in our state and across the country. This course is intended to help you gain an understanding of the various factors that influence federal and state policy decisions about health care, how they interact with each other, what contributes to their effectiveness, and what causes them to be ineffective. In this course, we will pay significant attention to the implementation of the Patient Protection and Affordable Care Act (ACA) and its impact on health
care cost growth, public programs such as Medicare and Medicaid, health insurance, quality and the states with particular emphasis on Nebraska.

Specific learning objectives include:
- Develop a comprehensive understanding of how health care is currently delivered in the United States, how federal health care reform is changing that system.
- Be able to distinguish between effective and ineffective health care policies.
- Understand influence of public policy on the delivery and financing of health care.
- Understand the social, political and economic forces that shape health policies.
- Develop skills that enable you to create responsible public policy that will improve the efficiency and effectiveness of our nation’s health care delivery system.
- Enhance ability to analyze issues, including an examination of the rules and regulations that apply, formulate appropriate and practical policy changes that will improve the situation and articulate your recommendations coherently verbally and in writing.

Format
Classes will be a combination of lectures and discussions. The instructor will introduce subjects, initiate discussions and guide those conversations. Subject matter for discussion and written assignments will include health care reform, cost growth, Medicare, Medicaid, insurance, delivery system and payment reforms, and quality. Students are expected to actively participate in the discussion, including weekly submission of at least two discussion questions based on the readings and current events. Discussion questions should be emailed to the instructor at least 24 hours prior to each class.

Protocol and Expectations
No experience in health care public policy is required. This class is meant to be interesting and engaging. The topic is current and it affects every one of you. This course will give you the opportunity to analyze critical components for improving the financing and delivery of high quality health care in America.

We will start and finish on time. Because of the seminar nature of this class, attendance is required. A missed class without prior approval will result in participation reduction of 5%. If you must miss a class or if something has made it impossible for you to be adequately prepared, let the instructor know before class. Distractions during class must be kept to a minimum. Cell phones and pagers should be turned off or placed in a silent mode. Please do not use laptops or other electronic devices in class except as tools that augment the classroom learning experience.

Students will gain the most from the class through participation in discussions and student interaction. Every student is expected to participate and should be prepared to discuss the required readings for each class. The instructor reserves the right to call on students specifically to engage them, ask follow-up questions and to push them to think deeper.

Your class participation score will be based on your demonstration of your own learning and your contribution to the learning of others. If the overall quality of the class discussion is high, everyone will benefit and the participation score for you and the other students will reflect that. Examples of active participation include, but are not limited to:
- Comments that reflect an understanding of the reading and lecture material.
- Effective connection of ideas.
- Asking questions when you do not understand or do not agree with something that you read or heard in preparation for and during class.
- Encouraging others to participate.
• Actively listening to others and trying to build on their ideas.
• Sharing relevant experiences that pertain to the subject matter.

**Academic Integrity**
Academic integrity is essential to a positive teaching and learning environment. All students enrolled in this course are expected to complete coursework responsibilities with fairness and honesty. Scholastic dishonesty by seeking an unfair advantage over others or misrepresenting someone else's work as your own can result in disciplinary action up to, and including, a failing grade.

**Grading**
Students will be expected to complete the assigned readings, attend and participate in class discussions and write three papers.

Grades for the course will be determined by the following:
1. Attendance: 10%
2. Reading analysis and class participation: 30%
3. First writing assignment: 30%
4. Second writing assignment: 30%
5. Final letter grades will be calculated by aggregating the scores for the four (4) criteria above:
   - A = 93 - 100%
   - B = 85 - <93%
   - C = 77 - <85%
   - D = 70 - <77%
   - F = <70%

**Required Reading Materials**
• All required readings will be provided in a notebook prior to first class.
• Links to readings available online are listed in syllabus.
• Readings not available online will be given out at the beginning of the course.
• Additional materials may be distributed during the course of the term.

**Writing Assignments**

**Overview**
Each class participant will complete two writing assignments. Each written work should not exceed 2,000 words; however, in addition to the written text you are allowed an additional two pages of exhibits with no more than two exhibits per page. Your papers should be written as if you were employed by a state or federal policymaker who has assigned you that task. Your performance evaluation will depend on you completing the assignment in a professional and thoughtful matter. Form and substance are both important. Each assignment will be based on subject matter covered in class.

In all written work, attention will be given to clarity, organization, depth of analysis and conclusions. Some general guidelines for preparing an effective document include:
• Be concise and provide a strong logical foundation for your recommendations.
• Provide well-organized, coherent analysis; including an examination of reasonable options.
• Provide recommendations that are cost-effective and appropriate.
• Clearly label and explain figures, charts and graphs.
• Explicitly state your purpose in the first paragraph or two.
• Use title pages and page numbers.

All papers should be submitted to the instructor via email before 5:00 pm on the date they are due. Late papers, without prior instructor approval, will not be accepted.

First Writing Assignment
At the conclusion of the third class about “Cost Growth” scheduled on 11/10, each class participant will be given two weeks to prepare and submit a written document that examines current policies and programs intended to control growth in health care costs, evaluating them for their relative effectiveness and making recommendations as to how they can be improved or why they should be discontinued. The first writing assignment is due on 11/24.

Second Writing Assignment
At the conclusion of the fifth class about “Medicaid” scheduled on 11/24, each class participant will be given two weeks to prepare and submit a written document that examines how the state and federal Medicaid programs could be improved with specific attention given to services provided, eligibility, financing and utilization of services. The second writing assignment is due on 12/8.

Class Schedule and Descriptions

10/27: Course Introduction and Analysis of the United States Health Care System
After reviewing the class format, expectations and grading of this course, the goal of the first lecture and class discussion is to assess the structure, goals and performance of the U.S. health system. Specific attention will be given to the progress made over the past 50 years as well as to the challenges that existed leading up to the Patient Protection and Affordable Care Act (ACA) enacted into law in 2010, providing a foundation for discussion throughout the course designed to critically evaluate the impact health care policy has had and will have on the country, individual states, providers and consumers.

Required reading

11/3: ACA
The main objective of this session is to examine key elements of the ACA. Numerous administrations have tackled health care reform; some better than others. Particular attention will be given to why President Obama’s administration and Congress were able to make sweeping changes to the nation’s health care system and what the key components will mean for consumers, providers and taxpayers.

Required reading

11/10: Cost Growth
This session will provide an analysis of the factors that cause increases in health care spending and the consequences of continued spending growth.

Required reading

11/17: Medicare
This session will examine Medicare, its design and its challenges. Throughout its existence since 1965, Medicare has withstood challenges about its design, payment systems and stability. Fear about its insolvency has been a cloud over the program for years. Medicare is central to the PPACA as more than half of the $938 billion price tag will be paid from Medicare savings.
Required reading


11/24: Medicaid
Medicaid is a “shared” state/federal program in existence since 1965; designed to primarily serve as a safety net for low income women and children. The objective of this session will be to review the history of the program; the role of states and the federal government in its design, operation and funding; and, the new role it may play based on the June, 2012 U.S. Supreme Court ruling.

Required reading


12/1: Health Insurance
The objective of this session will be to examine the underlying principles of health insurance, the structure of the private insurance market, and an overview of the key insurance elements of the PPACA.

Required reading


12/8: Uninsured
Millions of people go without health insurance each year. Medicaid and the Children’s Health Insurance Program (CHIP) fill in some gaps. The gaps in our health insurance system affect people of all ages, races and ethnicities, and income levels; however, those with the lowest incomes face the greatest risk of being uninsured. Being uninsured affects people’s access to needed medical care and their financial security. The access barriers facing uninsured people mean they are less likely to receive preventive care, are more likely to be hospitalized for
conditions that could have been prevented, and are more likely to die in the hospital than those with insurance. The financial impact also can be severe. Uninsured families struggle financially to meet basic needs, and medical bills can quickly lead to medical debt.

**Required reading**
- The Uninsured: A Primer, Key Facts About Health Insurance and the Uninsured in America, Kaiser Commission on Medicaid and the Uninsured, January 2015

### 12/15: Delivery and Payment Reforms
Several Affordable Care Act (ACA) provisions and programs are focused on the “triple aim” of improving the quality of health care, reducing costs and improving population health. These efforts include the testing and expansion of new models of delivering and paying for care such as Accountable Care Organizations (ACOs) and Patient Centered Medical Homes (PCMHs). While these efforts are primarily focused on transforming the clinical health care system, they also offer opportunities and have implications for the public health system.

**Required reading**
- Major Affordable Care Act Delivery and Payment Reforms, Summary Table, American Public Health Association, October 2013
- Pay-for-Performance. New payment systems reward doctors and hospitals for improving the quality of care, but studies to date show mixed results. Health Affairs, Robert Woods Johnson Foundation, October 2012.
- Physician Value-Based Payment Modifier Program: Experience from Private Sector Physician Pay-for-Performance Programs, U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services, February 2012.
  [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/VBP-Final-508-0229-.pdf](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/VBP-Final-508-0229-.pdf)