



THE UNIVERSITY OF ARIZONA

## Mel & Enid Zuckerman College of Public Health

### Mel and Enid Zuckerman College of Public Health University of Arizona

#### PHPM 510 The US Health Care System

**Catalog Description:** This survey course describes how medical care is financed, organized, and delivered in the United States. Policies intended to increase access, reduce cost, and/or improve value are examined through social- and market-justice frameworks. (3 units)

#### Course Topics:

- Modern Medicine
- Individual and Social Determinants of Health
- Physicians
- Hospitals
- Insurance
- Medicaid and Medicare
- The Pharmaceutical Industry
- Patient Protection and Affordable Care Act
- Health Policy, Legislation and Regulation
- Income Inequality and Health
- Comparative Health Systems
- Medical Malpractice and Tort Reform

#### Course Objectives: During this course, students will:

- Define and explain how America's unique values of individualism, distributive justice, equality of opportunity, and distrust of government influence the US health care system.
- Describe the impact that new medical technologies have had on the cost of health care, health outcomes, and the value of medical spending.
- Describe and explain to what extent the 4 individual determinants of health (weight, diet, exercise, and smoking) influence the development of disease and longevity.
- Describe and explain to what extent the two major social determinants of health (income and education) influence the development of disease and longevity.
- Describe and explain the strengths and weakness of the four major approaches to determining the value of health interventions: cost-minimization, cost-benefit, cost-effectiveness, and cost-utility analysis.
- Explain why disease prevention and health promotion should be emphasized despite the fact that they are unlikely to reduce health care spending.
- Compare and contrast primary and secondary/tertiary care and explain why secondary/tertiary care is emphasized more in the US than abroad.
- Describe how physician fees are determined by the Medicare RVS Update Committee (RUC) and to what extent this contributes to medical inflation.
- Describe how hospitals are organized, reimbursed, how they compete with other health care entities, and how competition among them impacts cost and quality of care.
- Assess whether a shortage or oversupply of physicians exists and describe how the economic return from educational investment informs this decision.
- Explain how historical "accidents" and incrementalism led to the development of our current multi-payer health care system that relies on private health insurance supplemented by government

programs.

- Explain the purpose of health insurance and describe the extent to which health insurance is an economically sound approach to pay for health care services.
- Define and explain the most common reasons for market failure in the health insurance industry including moral hazard, crowd-out, and adverse selection.
- Describe the advantages and disadvantages of the most common private health insurance plan types including preferred provider organizations, health maintenance organizations, point of service plans, and high deductible health plans.
- Describe the role of government in the financing and delivery of health care services for various special populations including the poor, the elderly, and the disabled.
- Explain eligibility for and benefits provided by Medicare Parts A, B, C and D.
- Explain eligibility for and benefits provided by Medicaid.
- Compare and contrast fee-for-service, capitation, and prospective payment systems.
- Describe how the economic theory of government predicts which health reforms are most likely to be successful politically.
- Describe the major elements of the Affordable Care Act and describe the impact of the ACA on cost, access, affordability, and the delivery of health care services in the US.
- Describe and explain why government expenditures on health care impacts the federal budget, deficit, and debt.
- Explain the strengths and weaknesses of the US approach to medical malpractices.

**Learning Outcomes (Competencies Obtained):** Upon completion of this course students will be able to:

1. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels
2. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
3. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence
4. Advocate for political, social or economic policies and programs that will improve health in diverse populations
5. Evaluate policies for their impact on public health and health equity
6. Communicate audience-appropriate public health content, both in writing and through oral presentation
7. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies
8. Integrate scientific information, legal and regulatory approaches, ethical frameworks and varied stakeholder interests in policy development and analysis
9. Use evidence-based concepts to critique the financing and delivery of medical services in the United States and to analyze the impact of health system reform on efficiency, equity, and population health
10. Describe the state and federal processes that govern the delivery of health services, analyze the impact of legislative and regulatory proposals on population health, and create products that inform others about contemporary health policy issues