

**Course Title:** Cross National Comparisons of Health Systems and Policy

**Course Number:** HSAP 0659

**Course Location:** School of Public Health, Room 2B

**Course Date & Time:** Thursdays, 3:00-5:00 PM

**Course Instructor:** Michael K. Gusmano, Ph.D., Associate Professor of Health Systems and Policy, Rutgers School of Public Health

Office: 683 Hoes Lane West, Room 311, Piscataway Township, NJ

Email: [mkg93@scarletmail.rutgers.edu](mailto:mkg93@scarletmail.rutgers.edu)

Phone: (732) 235-9754

**Office Hours:** By Appointment Only

**Required Course Text:** Chelsea Clinton and Devi Sridhar. 2017. *Governing Global Health: Who Runs the World and Why?* Oxford: Oxford University Press.

**Additional/Supplemental Readings/Resources:** All other class readings consist of articles and book chapters. Readings will be posted on the CANVAS system for the course. If this is not possible, some readings will be distributed in class, via e-mail, or through links to electronic journals or other web sites.

**Course Description:** Developed and developing countries face a range of common problems in their health care systems. These include demographic and technological pressures on costs, rising expectations of consumers, the assimilation into medical and policy practice of rapidly growing knowledge about the system's performance, and the tensions that arise when swollen public budgets, slow economic growth, and rising health care costs converge. These nations face these common pressures in quite diverse ways, however. Their responses vary with the historical, cultural, legal, social, and political character of individual countries, and embody significant strategic differences in decisions about coverage, provider payment, funding, and more.

In this course we will go beyond the discussion of comparative health systems in the core course in public health and survey the policy responses of a range of nations to the strains imposed by the evolution of modern health care systems. We will seek to explain why nations differ in their policy choices, explore the pros and cons of some of these approaches, and draw implications for U.S. policy debates. Students should leave the course with an enhanced understanding of the range of strategic responses to the major policy problems facing modern societies, and this understanding should help them to comprehend more fully both the dynamic environment in which they work and the complexities of health care reform.

**Selected Concentration Competencies Addressed:**

HSAP

- Assess community health needs, disparities and the health care delivery system within the context of social, cultural, political, legal and economic forces;
- Assess and delineate public health policies and practices recognizing legal and ethical implications for individuals and populations.

#### Global

- Analyze root causes of morbidity and mortality in major regions of the world and how they are affected by demographic, sociocultural, biological, occupational and environmental factors.

Please visit the Concentration webpages on the School of Public Health's website at [sph.rutgers.edu](http://sph.rutgers.edu) for additional competencies addressed by this course for other degrees and concentrations.

**Course Objectives:** By the completion of this course, students will be able to:

- identify the challenges facing health care systems in industrialized countries
- compare competing health policy responses among industrialized countries.
- assess competing methods for evaluating health system performance

#### Course Requirements and Grading:

- Students will be asked to complete two short policy essays in which they respond to a question posed by class readings. In addition, there will be five quizzes with five questions each for a total of 25 points. The final exam will consist of short answer questions and a longer essay. In all of the written assignments students should offer a critical response to claims from the literature. Although they may draw on additional resources, students may complete the policy essays and final exam using course material only. All of the writing assignments will be assessed based on the clarity and quality of the arguments. Students will also be evaluated based on the contributions they make to class discussions. Students may at times be asked to lead discussions of specific readings on specific topics in the course syllabus.
- Below is a list of activities, assignments, projects, exams, etc. that contribute to course grade, and the respective point/percentage value of each:

1. Paper #1	20 pts.
2. Paper #2	20 pts.
3. 5 Quizzes	25 pts
4. Final Exam	25 pts.
5. Class Participation	10 pts.
Total:	100 pts.

- Class participation will be based on class attendance (4 points) and participation in class discussions – both in person and online (6 points).

Grading Policy: 94 – 100	A
90 – <94	A-
87 – <90	B+
84 – <87	B
80 – <84	B-
77 – <80	C+
70 – <77	C
<70	F

\*Grades will NOT be rounded.

## Course Schedule:

### Week 1: Introduction: Sick Around the World, Video Presentation

*Objectives: Evaluate how the UK, Japan, Germany, Taiwan and Switzerland deliver care?*

FRONTLINE teams up with veteran Washington Post foreign correspondent T.R. Reid to find out how five other capitalist democracies -- the United Kingdom, Japan, Germany, Taiwan and Switzerland -- deliver health care, and what the United States might learn from their successes and their failures.

### Week 2: The International Standard

*Objectives: Describe principles on which most health care systems in the developed world are based; Review the course objectives and schedule.*

- Marmor, Theodore R. 2010. "The United States Can Do Better," *Health Affairs* 29, 1: 213-214.
- Quadagno, Jill. 2010. "Institutions, Interest Groups, and Ideology: An Agenda for the Sociology of Health Care Reform," *Journal of Health and Social Behavior* 51(2): 125-136.
- Stabile, Mark, Sarah Thomson, Sara Allin, Seán Boyle, Reinhard Busse, Karine Chevreul, Greg Marchildon and Elias Mossialos. 2013. "Health Care Cost Containment Strategies Used In Four Other High-Income Countries," *Health Affairs* 32(4): 643-652.
- White, Joseph. 1995. "Health Care Reform the International Way," *Issues in Science and Technology* Fall: 34-42.

### Week 3: US Health Care System in Comparative Perspective (Paper #1 is due)

*Objectives: Assess the performance of health care systems in the developed world.*

- Anderson GF, BK Frogner & UE Reinhardt. 2007. Health spending in OECD countries in 2004: An update. *Health Affairs*, 26(5):1481-9.
- Hussey, P. Anderson, G. et. al. 2004. "How Does the Quality of Care Compare in Five Countries?" *Health Affairs* (23)3: 89-99.
- Schoen C. Davis, K. How, S. and Schoenbaum S. 2006. U.S. Health System Performance: A National Scorecard. *Health Affairs* Web Exclusive. Sept. 20, 2006: W457-475.
- Schoen, Cathy, Robin Osborn, David Squires and Michelle M. Doty. 2013. "Access, Affordability, And Insurance Complexity Are Often Worse In The United States Compared to Ten Other Countries," *Health Affairs* 32:2205-2215 doi: 10.1377/hlthaff.2013.0879.

### Week 4: How to Compare Health Care Systems?: Methodological Issues (Quiz #1 is due)

*Objectives: Evaluate alternative methods for comparing health care systems.*

- Gusmano, M.K. and V.G. Rodwin. 2015. "Comparative Health Systems," Chapter 4 in Jonas and Kovner's *Health Care Delivery in the United States*, 11th Edition (Anthony R. Kovner and James R. Knickman, editors). New York: Springer Publishing Company: 53-75..
- Marmor, T, R. Freeman and K. Okma. 2005. "Comparative Perspectives and Policy Learning in the World of Health Care," *Journal of Comparative Policy Analysis* 7 (4) 331-348.

## **Week 5: The English NHS**

*Objectives: Describe the English NHS; Compare the performance of the English NHS with other health systems; Assess recent proposal for reform.*

- Hunter, David J. 2011. "Change of Government: One More Big Bang—Health Care Reform in England's National Health Service," *International Journal of Health Services*, vol. 41: 159-174.
- Oliver, Adam. 2009. "The Single-Payer Option: A Reconsideration," *Journal of Health Politics, Policy and Law*, vol. 34 (2009): 509-530.
- Steinbrook, R. 2008. "Saying No Isn't NICE – The Travails of Britain's National Institute for Clinical Excellence." *New England J. of Medicine* (359)19.
- Timmins, Nicholas. 2010. "Letter From Britain: Across The Pond, Giant New Waves Of Health Reform," *Health Affairs* 29(12): 2138-2141.
- Timmins, Nicholas. 2011. "Remaking England's National Health Service? Not So Fast" *Health Affairs* 30(8): 1399-1401.

## **Week 6: The German Health Care System: Historical and Political Perspectives (Quiz #2 is due)**

*Objective: Describe the German health care system.*

- Altenstetter, C. 2003. "Insights From Health Care in Germany," *AJPH* (January, 2003)
- Altenstetter, C. and R. Busse. 2005. "Patchwork Reform in Germany: Patchwork Change within Established Governance Structures." *J. of Health Care Policy, Politics and Law* (30(1-2).
- Peter T Sawicki, and Hilda Bastian. 2008. "German health care: a bit of Bismarck plus more science," *BMJ* 337:a1997 doi: 10.1136/bmj.a1997 (Published 7 November 2008).
- Stephanie Stock, Anna Drabik, Guido Büscher, Christian Graf, Walter Ullrich, Andreas Gerber, Karl W. Lauterbach, and Markus Lungen. 2010. "German Diabetes Management Programs Improve Quality Of Care And Curb Costs" *Health Affairs* 29: 2197-2205.
- Wildner, M., Niehoff, J.U. and Hoffmann, W., 2016. Development of Social Medicine and Public Health in Germany. *Gesundheitswesen (Bundesverband der Ärzte des Öffentlichen Gesundheitsdienstes (Germany))*, 78(2), p.113.
- Shmueli, A., Stam, P., Wasem, J. and Trottmann, M., 2015. Managed care in four managed competition OECD health systems. *Health Policy*, 119(7), pp.860-873.

## **Week 7: French Exceptionalism in Health Care Reform: Is the Status Quo Sustainable?**

*Objective: Describe and assess the French health care system.*

- Gusmano, M.K., D. Weisz, V.G. Rodwin, J. Lang, M. Qian, A. Bocquiere, V. Moysan, and P. Verger. 2013. "Disparities in Access to Health Care in Three French regions." *Health Policy* 2013; 114(1): 31-40; doi: 10.1016/j.healthpol.2013.07.011.

- Rodwin, Victor G. 2003. "The health care system under French national health insurance: Lessons for health reform in the United States." *American Journal of Public Health*. Washington: Jan 2003. Vol. 93, Iss. 1; pg. 31, 7
- Sandier, S., Paris, V. and Polton, D. Health Care Systems in Transition: France. 2004. Copenhagen. The European Observatory on Health Systems and Policies. [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0009/80694/E83126.pdf](http://www.euro.who.int/__data/assets/pdf_file/0009/80694/E83126.pdf). pages 115-136.
- Monika Steffen. 2016. "Universalism, Responsiveness, Sustainability — Regulating the French Health Care System," *NEJM* February 4: 401-405.

## **Week 8: U.S. Health System: Lessons from Abroad (Paper #2 is due)**

*Objectives: Identify lessons from other health care systems that might be applied to the U.S.*

- Brown, L. 2003. Comparing health systems in four countries: lessons for the United States. *AJPH* 93(1): 52-56.
- Marmor, Theodore R. 2011. "Health Reform 2010: The Missing Philosophical Premises in the Long-Running Health Care Debate" *Journal of Health Politics, Policy and Law* 36(3): 567-570.
- Oberlander, Jonathan. 2011. "Throwing Darts: Americans' Elusive Search for Health Care Cost Control" *Journal of Health Politics, Policy and Law* 36(3): 477-484.
- Pollack, Harold. 2015. "Medicare for All— If It Were Politically Possible—Would Necessarily Replicate the Defects of Our Current System," *Journal of Health Politics, Policy and Law* doi: 10.1215/03616878-3150172
- Seidman, Lawrence. 2015. "The Affordable Care Act versus Medicare for All," *Journal of Health Politics, Policy and Law* doi: 10.1215/03616878-3150160.

## **Week 9: The Experiences of Smaller Nations (Quiz #3 is due)**

*Objectives: Evaluate the health care systems of several smaller countries around the world. Compare these systems to France, Germany, the UK and the US.*

- Okma, K., T-M Cheng, D. Chinitz, L. Crivelli, M-K Lim, H. Maarse and M.E. Labra. 2010. "Six Countries, Six Health Reform Models?" *Journal of Comparative Policy Analysis* 12 (1-2): 75-113.
- Ricardo Bitrán, Liliانا Escobar and Patricia Gassibe. 2010. "After Chile's Health Reform: Increase In Coverage And Access, Decline In Hospitalization And Death Rates," *Health Affairs* December 29(12): 2161-2170.

## **Week 10: BRICS Health Systems: An Overview**

*Objectives: Compare the health care systems in Brazil, Russia, India, China and South Africa*

- Blumenthal, D. and Hsiao, W., 2015. Lessons from the East—China's rapidly evolving health care system. *New England Journal of Medicine*, 372(14), pp.1281-1285.
- Chubarova, Tatiana and Natalia Grigorieva. 2015. "The Russian Federation," Chapter 14 in *Comparative Health Care Federalism: Competition and Collaboration in Multistate Systems*. Edited by K. Fierlbeck and H. Palley. Burlington, VT: Ashgate Publishing Company.
- Duran, A., Kutzin, J. and Menabde, N., 2014. Universal coverage challenges require health system approaches; the case of India. *Health policy*, 114(2), pp.269-277.

Gragnotati, M., Lindelow, M. and Couttolenc, B., 2013. *Twenty Years of Health System Reform in Brazil*. The World Bank.

Mayosi, B.M. and Benatar, S.R., 2014. Health and health care in South Africa—20 years after Mandela. *New England Journal of Medicine*, 371(14), pp.1344-1353.

## **Week 11: BRICS Health Systems: Achieving Universal Health Coverage (Quiz #4 is due)**

*Objectives: Assess the extent to which BRIC Nations have achieved the goal of universal health coverage*

Gusmano, M.K., V.G Rodwin, D. Weisz, R. Ayoub. 2016. "Health Improvements in BRIC Cities: Moscow, São Paulo and Shanghai, 2000-2010," *World Medical & Health Policy*

Marten, R., McIntyre, D., Travassos, C., Shishkin, S., Longde, W., Reddy, S. and Vega, J., 2014. An assessment of progress towards universal health coverage in Brazil, Russia, India, China, and South Africa (BRICS). *The Lancet*, 384(9960), pp.2164-2171.

Barreto, M.L., Rasella, D., Machado, D.B., Aquino, R., Lima, D., Garcia, L.P., Boing, A.C., Santos, J., Escalante, J., Aquino, E.M. and Travassos, C., 2014. Monitoring and evaluating progress towards universal health coverage in Brazil. *PLoS Med*, 11(9), p.e1001692.

Ataguba, J.E., Day, C. and McIntyre, D., 2014. Monitoring and evaluating progress towards universal health coverage in South Africa. *PLoS Med*, 11(9), p.e1001686.

## **Week 12: Governing Global Health**

*Objectives: Describe the current system for governing global health*

*Governing Global Health: Who Runs the World and Why? Chapters 1 and 2*

## **Week 13: Financing Global Health (Quiz #5 is due)**

*Objectives: Describe how global public health programs are financed.*

*Governing Global Health: Who Runs the World and Why? Chapters 3-7*

## **Final Exam is Due on December 14, 2018**

**Learning Management System:** Canvas will be used extensively throughout the semester for course syllabus, assignments, announcements, communication and/or other course-related activities. It is the student's responsibility to familiarize themselves with Canvas and check it regularly. If you have difficulties accessing Canvas, please inform the instructor and Canvas Support ([help@canvas.rutgers.edu](mailto:help@canvas.rutgers.edu)). Canvas is accessible at [canvas.rutgers.edu](https://canvas.rutgers.edu).

**School of Public Health Honor Code:** The School of Public Health Honor Code is found in the student bulletin ([sph.rutgers.edu/academics/catalog/index.html](https://sph.rutgers.edu/academics/catalog/index.html)). Each student bears a fundamental responsibility for maintaining academic integrity and intellectual honesty in his or her graduate work. For example, all students are expected to observe the generally accepted principles of scholarly work, to submit their own rather than another's work, to refrain from falsifying data, and to refrain from receiving and/or giving aid on examinations or other assigned work requiring independent effort. In submitting written material, the writer takes full responsibility for the work as a whole and implies that, except as properly noted by use of quotation marks, footnotes, etc., both the ideas and the works used are his or her own. In addition to



maintaining personal academic integrity, each student is expected to contribute to the academic integrity of the school community by not facilitating inappropriate use of her/his own work by others and by reporting acts of academic dishonesty by others to an appropriate school authority. It should be clearly understood that plagiarism, cheating, or other forms of academic dishonesty will not be tolerated and can lead to sanctions up to and including separation from the Rutgers School of Public Health.

**Students with Disabilities:** Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student must Apply for Services by first completing a Registration Form with the Rutgers Office of Disability Services (ODS) at [ods.rutgers.edu](https://ods.rutgers.edu). The student will also be required to participate in an ODS intake interview and provide documentation. If reasonable accommodations are granted, ODS will provide you with a Letter of Accommodations which should be shared with your instructors as early in your courses as possible.

**Graduate Student Computer Policy:** Students are required to possess a personal laptop, no older than approximately two years, that must meet minimum requirements which may be found online at: [sph.rutgers.edu/student\\_life/computer\\_requirements.html](https://sph.rutgers.edu/student_life/computer_requirements.html)

**Policy Concerning Use of Recording Devices and Other Electronic Communications Systems:** When personally owned communication/recording devices are used by students to record lectures and/or classroom lessons, such use must be authorized by the faculty member or instructor who must give either oral or written permission prior to the start of the semester and identify restrictions, if any, on the use of mobile communications or recording devices.

**Withdrawal/Refund Schedule:** Students who stop attending their course(s) without processing an [Add/Drop Course](#) form will receive a failing grade. Furthermore, students dropping to zero credits for the semester are considered withdrawn and must submit a completed [Leave of Absence](#) form from the School of Public Health's Office of Student Affairs. The School of Public Health refunds tuition only. Administrative and technology fees are non-refundable. You may find the Withdrawal/Refund Schedule on the School of Public Health website at: [sph.rutgers.edu/academics/registration/school\\_calendars.html](https://sph.rutgers.edu/academics/registration/school_calendars.html)