



GLHLTH 307K

Comparative Health Systems

Fall 2017

Dates / contact hours: Tuesday/Thursday 2:30p – 5:00p

Academic credit: 1 course

Course format: lecture, discussions, group project, oral presentations by students

Instructor's Information

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Prerequisites

No prerequisites

Course Description

A health system is a complex of many functions including financing, delivery, regulation, and payment method. Around the world, health systems are very diverse. The goal of this course is to understand better the key features of the evolution of health care systems and health care reform across countries, including how health systems are constructed; the political, economic, multicultural, social, and historical contexts of their development; and the outcomes of each system on various segments of the society. Specifically, this course is designed to address four basic questions surrounding the substantial variations in health systems across countries: 1) Why are health systems so diverse in the world? 2) What are the key factors in shaping and accounting for the differences in health systems among countries? 3) What are the consequences of such differences? 4) Why are health systems so dynamic in the sense that countries seem always in the process of reforming their health systems?

This course is organized into three major components: 1) key building blocks of health systems, 2) country-specific evidence, and 3) comparison of performance among different health systems. To be specific, we first provide an analytical framework to explain the key institutional features that shape a country's health systems. We focus on four building blocks of health systems: financing, payment, organization, and regulation. We examine *six* country-specific examples representing the major health systems in the world: Germany, the United Kingdom, the United States, Japan, China, and India. Through an analysis of these selected country-specific examples, this course will cover the major models for provision

and financing of health care used around the world today. The major areas we will explore in these country-specific examples include: 1) the historical development of these model, 2) the societal values as well as other factors underlying countries' choice of health systems and policies, and 3) common problems and differences among diverse health systems. Based on the existing literature and the available data, the strengths and weakness of these various national health systems will be identified, evaluated, and discussed. In addition, we identify several common driving forces that induce the reform of health systems over time, including income growth, technological change in medicine, and demographic change. We will give particular focus to the increasing number of elderly which is a global phenomena and is of particular challenge to the 6 countries we examine.

We investigate the question of how to evaluate health system performance and whether countries can learn from each other through comparison of health system performance across countries. We will discuss different approaches and methods used in health system performance comparison and examine some key concepts that will allow for meaningful performance comparison across countries. The key questions we would like to explore in these performance comparisons include: Which systems are in better positions to achieve the policy goals of efficiency and equity? How do different systems cope with challenging issues such as population aging and technological changes in medicine? Why do countries pursue different public policy alternatives for similar problems, such as rising health care costs and quality of health care services? We apply the insights regarding the capabilities of the selected 6 health systems to the rise of a uniquely challenging and costly patient population: the elderly.

The class will examine China's health system capabilities and the demand being put upon it by a rising elderly population. According to the population sample survey data in 2015 estimated by National Bureau of Statistics, the population of people aged 60 and over in China was 221.82 million, accounting for 16.15%; aged 65 and over was 143.74 million, accounting for 10.47%. By 2030, the population older than 65 is expected to reach 230 million. As China has made significant reforms in the past 15 years, many argue that its systems of health care delivery and financing are ill prepared for the chronic non-communicable diseases and unhealthy lifestyles of the elderly (e.g. smoking, sedentary, excessive alcohol consumption) in addition to the other demands that elderly patients place upon the health care system. We will look to the other 5 countries considered in the course to find workable and replicable approaches that could be considered by China to meet its growing elderly population challenge.

The conceptual approach and empirical evidence discussed in this course draw heavily on the fields of health economics, health service research, health policy, and global health. However, ***this course is designed for a broad range of undergraduate students and there are no prerequisites.*** In addition, reflecting the increased interest in globalization, this course takes a global view in the sense that the analysis is not limited to country-specific issues, but applies to countries all over the world. Thus, after completing this class, students will have the skills and knowledge to assess a country-specific health system by putting it into a global perspective.

Course Goals / Objectives

Upon completing the course, the student will:

- Know the basic concepts and skills (research methods) in the study of health systems and policy
- Understand the fundamentals of health systems
- Possess firsthand knowledge of the major factors accounting for the differences in health system performance across countries
- Demonstrate their ability to use the *best available data* as well as *appropriate theoretical tools* to identify specific health system strengths and weaknesses
- Think systematically about the growing elderly population in China and the associated demands on the health system; formulate judgments and policy recommendations using other country approaches for application to the elderly challenge facing China

Required Text(s)/Resources

Books:

Campbell, J. C. and N. Ikegami 2004. *The Art of Balance in Health Policy: Maintaining Japan's Low-Cost, Egalitarian System*. Cambridge University Press.

Flood, C. M. and A. Gross 2014. *The Right to Health at the Public/Private Divide: A Global Comparative Study*. Cambridge University Press

Papanicolas, I. and P. C. Smith 2013. *Health System Performance Comparison*. Open University Press.

Roberts, M. J., W. Hsiao, P. A. Berman and M. R. Reich 2004. *Getting Health Reform Right: A Guide to Improving Performance and Equity*. Oxford University Press.

Smith, P. C., E. Mossialos, I. Papanicolas and S. Leatherman (Eds). (2009). *Performance Measurement for Health System Improvement*. Cambridge University Press.

Articles:

Barros, P. P. and L. Siciliani. 2012. Public and private sector interface. *Handbook of Health Economics*, Volume 2, 927-1001.

Bennett, S. and D. H. Peters 2015. Assessing national health systems: Why and how. *Health Systems & Reform*, 1:1, 9-17.

Blumenthal, D., M. Abrams, and R. Nuzum 2015. The Affordable Care Act at 5 years. *New England Journal of Medicine* 372(25), 2451-2458.

Buchueller, T., J. C. Ham, and L. D. Shore-Sheppard 2015. "The Medicaid Program." National Bureau of Economic Research Working Paper, No. 21425 (<http://www.nber.org/papers/w21245>).

Bump, J. B. 2015. The long road to universal health coverage: Historical analysis of early decisions in Germany, the United Kingdom, and the United States. *Health Systems & Reform*, 1:1, 28-38,

Chaudhury, N. J. Hammer, M. Kremer, K. Muralidharan, and F. Halsey 2006. "Missing in Action: Teacher and health worker absence in developing countries. *Journal of Economic Perspectives* 20(1), 91-116.

Cebul, R. D., J. B. Rebitzer, L. J. Taylor, and M. E. Votruba 2008. Organizational fragmentation and care Quality in the US Healthcare System. *Journal of Economic Perspectives* 22(4), 93-113.

- Cutler, D. M. 2002. Equality, efficiency, and market fundamentals: The dynamics of international medical-care reform. *Journal of Economic Literature* 40(3): 881-906.
- Frogner, B. K. et al. 2011. Health systems in industrialized countries. In S. Glied and P. C. Smith (eds.) *The Oxford Handbook of Health Economics*, Oxford University Press, 8-29.
- Garber, A. M. and J. Skinner 2008. Is American health care uniquely inefficient? *Journal of Economic Perspectives* 22(4), 27-50.
- Glassman, A., U. Giedion, Y. Sakuma & P. C. Smith 2016. Defining a health benefits package: What are the necessary processes? *Health Systems & Reform*, 2:1, 39-50.
- McDonough, J. E. 2015. The United States health system in transition. *Health Systems & Reform*, 1:1, 39-51.
- Meng, Q., H. Fang, X. Liu, B. Yuan, and J. Xu 2015. Consolidating the social health insurance schemes in China: Towards an equitable and efficient health system. *Lancet* 386, 1484-92.
- Miller, G. and K. S. Babiarz 2013. Pay-for-performance incentives in low- and middle-income country health programs." National Bureau of Economic Research Working Paper, No. 18932 (<http://www.nber.org/papers/w18932>).
- Mills, A. 2011. Health systems in low- and middle-income countries. In S. Glied and P. C. Smith (eds.) *The Oxford Handbook of Health Economics*, Oxford University Press, 30-57.
- Obama, B. 2016. United States health care reform: Progress to date and next steps. *Journal of the American Medical Association* 316(5): 525-532.
- Oliver, A. 2005. The English National Health Service: 1979-2005. *Health Economics* 14: S75–S99.
- Reddy, K. S. 2015. India's aspirations for universal health coverage. *New England Journal of Medicine* 373, 1, 1-5.
- Roberts, M. J., W. C. Hsiao, and M. R. Reich 2015. Disaggregating the universal coverage cube: Putting equity in the picture. *Health Systems & Reform*, 1:1, 22-27.
- Stabile, M. and S. Thomson 2014. The changing role of government in financing health care: An international perspective. *Journal of Economic Literature* 52(2), 480-518.
- Tuohy, C. H. and S. Glied 2014. The political economy of health care. In S. Glied and P. C. Smith (eds.) *The Oxford Handbook of Health Economics*, Oxford University Press, 58-77.
- Worz, M. and R. Busse 2005. Analyzing the impact of health-care system change in the EU member states—Germany. *Health Economics* 14: S133–S149.
- Yip, W., W. Hsiao, Q. Meng, W. Chen, and X. Sun 2010. Realignment of incentives for health-care providers in China. *The Lancet*, 375, 1120-1130.
- Yip, W., W. Hsiao, W. Chen, S. Su, J. Ma, and A. Maynard 2012. Early appraisal of China's huge and complex health-care reforms. *The Lancet*, 379 (9818), 833–842.
- Yip W. and W. Hsiao 2014. Harnessing the privatisation of China's fragmented health-care delivery. *The Lancet* 384, 805-18.
- Yip, W. and W. C. Hsiao 2015. "What drove the cycles of Chinese health system reforms?" *Health Systems & Reform* 1(1), 52-61.
- Zubin, C. S., M. J. Roberts and M. R. Reich 2015. Agenda setting and policy adoption of India's National Health Insurance scheme: Rashtriya Swasthya Bima Yojana. *Health Systems & Reform*, 1:2, 107-118.

Recommended Text(s)/Resources

Books and Reports:

- Barton, P. L. Lindsey 2010. **Understanding the U.S. Health Services System**, Fourth Edition. Health Administration Press.
- Barber, S. L. and L. Yao 2010. Health insurance systems in China: A briefing note. *World Health Report 2010, Background Paper, No 37*.
- Boyle, S. 2011. **United Kingdom (England): Health system review**. *Health Systems in Transition*, 13(1):1–486.
- Busse R. and M. Blümel 2014. **Germany: health system review**. *Health Systems in Transition*, 16(2):1–296.
- Johnson, J. A. and C. H. Stoskopf (eds). 2010. **Comparative Health Systems: Global Perspectives**. Jones and Bartlett Publishers.
- Mossialos, Elias et al. (eds). 2015. **International Profiles of Health Care Systems, 2014** Commonwealth Fund pub. no. 1802.
- Obermann, Konrad et al. (eds.) (2012). **Understanding the German Health Care System**. Mannheim Institute of Public Health.
- Sloan, F. A. and C. R. Hsieh 2017. **Health Economics**, Second edition, Cambridge: MIT Press (Chapters 11–13).
- WHO 2000. **World Health Report 2000. Health Systems: Improving Performance**. Geneva: World Health Organization.
- WHO 2007. **Everybody's Business: Strengthening Health Systems to Improve Health Outcomes. WHO's framework for action**. Geneva: World Health Organization Document Production Services.
- WHO 2010. **World Health Report 2010. Health Systems Financing: The Path to Universal Coverage**. Geneva: World Health Organization.
- WHO 2015. **Health in 2015: From MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals**. Geneva: World Health Organization.
- WHO 2015. **World Health Statistics 2015**. Geneva: World Health Organization.
- WHO and the World Bank 2015. **Tracking Universal Health Coverage: First Global Monitoring Report**. Geneva: Department of Health Statistics and Information Systems (HSI).
- World Bank Group, WHO, F. Mo et al. (China Joint Study Partnership). 2016. **Healthy China: Deepening Health Reform in China**.

Useful Websites for data about health systems around the globe:

- World Bank: <http://data.worldbank.org>;
- OECD: <http://www.oecd.org>
- United Nations Development Program: <http://www.undp.org>.
- Commonwealth: http://www.cmwf.org/topics/topics.htm?attrib_id=12009
- Kaiser Family Foundation: <http://www.globalhealthfacts.org>
- Kaiser Family Foundation: <http://www.globalhealthreporting.org>
- European Observatory on Health Systems and Policies: <http://www.euro.who.int/observatory>

Course Requirements and Approach

Class sessions will be very interactive, including lecture, discussion, and student presentations. Students are required to attend two class sections each week and to have read the required readings **before** class: lectures and class discussions will draw heavily on their key ideas and results. The course grade combines the following components: (1) class participation and discussion (10%); (2) four problem sets (20%); (3) midterm exam (20%); (4) oral presentation (20%); and (5) team-based case study report (30%).

Problem Sets:

Problem sets help students develop a solid understanding of how to read and interpret statistical data across countries, as well as basic understanding of the evolution and dynamics of health systems. The details of the four problem sets are the following:

Assignment 1: Draw a **FIGURE** for the time trend of one variable (health or health care indicator such as life expectancy at birth or health expenditure as percentage of GDP) in three to five countries over a certain period (e.g. 1980-2010, at least a 20 year period) or draw a relationship between two variables (e.g. health expenditure per capita and life expectancy) across selected countries (N [the number of observations] > 20) or regions within a country ($N > 20$) in a given year. Then, explain the meaning of your figure. Please also add the data sources of your figure at the bottom of the figure. Students can get access to public available data through the websites of many international agencies, such as the World Bank or WHO. This assignment is due in class 2 of the **second** week.

Assignment 2: Prepare a **TABLE** to give a comparison on a set of indicators on health systems among three to six selected countries ($3 < N < 6$). Then, explain the meaning (message) of this table. This assignment is due in class 2 of the **third** week.

Assignment 3: Prepare a **BOX** (in one or two pages) to highlight the major research findings obtained from reviewing one to three recent journal articles (published after 2010). The new findings that you learn and report in the **BOX** should be related to the topics covered in this course. You can learn how to write a **BOX** from the book, *Health System Performance Comparison*, by Irene Papanicolas and Peter C. Smith. This assignment is due in class 2 of the **fourth** week.

Assignment 4: Prepare a **BOX** (in one or two pages) to highlight the major story you learned from the most recent report (published after 2012) issued by international agencies (e.g., the World Bank, WHO and UNDP) about the progress of health reforms in one or two selected countries. This assignment is due in class 2 of the **fifth** week.

Mid Term Exam:

The purpose of the midterm exam is to ensure that students have completed the reading and have an understanding of the fundamentals. The in-class mid-term examination will take approximately 90 minutes in the class 2 of the **fourth** week and will cover the course topic from each of the lectures and readings presented in the first 3 weeks of the semester. The exam will be composed of short answer, fill in the blank,

multiple choice questions and one short essay (1-page max) testing the knowledge and application of the course content.

Oral Presentations on Country Report:

Beginning the fifth week, students synthesize the problem sets and other readings to develop a topic for a 10 minute oral presentation in class. The purpose of the oral presentation is to tell a story of the evolution of the health system in one selected country. Students are encouraged to select a country that is not their home country. A desired outcome is that each of the six countries examined in the course are presented at least once in the oral presentations.

Case Study Report:

Students will form (or be assigned if they do not form their own groups) a research team to prepare a case study report as the term paper for the class that will be due at the end of the course. Each team will examine China's growing elderly population and the demands it creates on the financing, delivery, regulation, and payment methods currently used. The team will select comparator country (ies) to suggest alternative approaches to care for the elderly that China could consider to emulate. Teams will articulate the scope of China's challenge with its aging population; offer a rationale for the comparator countries chosen. The team will argue for the positive effects China could expect from implementing selected alternate approaches and the challenges China will face in implementing such changes.

Each team should include **three** students. However, two or four students in a team is acceptable as a special case if the total number of students in the class cannot be evenly divided by three. Students are encouraged to combine their individual efforts presented in the home assignments and oral presentations and add some new materials as the case study report. The length of the case study report is 15 to 25 pages (double spaced, 12 point type, standard margins), including figures, tables, and references.

Technology

Sakai is used to deliver all course materials. Laptops in the classroom are encouraged but managed in context of course discussions and presentations. Students will be required to put all technology

Assessment Information / Grading Procedures

Student final grade will be a weighted average of class participation, home assignment (problem sets), oral presentations for selected country's health reform problems, and a case study report based on the group project.

Assessment Type	Percentage
Class Participation	10
Problem Sets (4 assignments)	20
Mid Term Exam	20
Oral Presentations on Country Report	20

Group Project on Case Study Report	30
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The grading scale is as follows:

- A+: 100-98; A: 97-93; A-: 92-90
- B+: 89-87; B: 86-83; B-: 82-80
- C+: 79-77; C: 76-73; C-: 72-70
- D+: 69-67; D: 66-63; D-: 62-60
- F: 59 and below

Diversity and Intercultural Learning (see Principles of DKU Liberal Arts Education)

This course fosters intercultural learning through discussions and the group project, which will bring students from different cultures, regions, and countries together to study, explore, research, and write about root causes of the evolution of health systems across countries and their consequences on population health and human well-being.

Course Policies and Guidelines

Instructors’ expectations for all assignments and activities will be made as explicitly as possible, given the likelihood of a wide range of background conventions and habits among the students. The Duke Kunshan University Community Standard will be discussed and adhered to.

ACADEMIC INTEGRITY:

Each student is bound by the academic honesty standard of the Duke Kunshan University. Its Community Standard states: “Duke Kunshan University is a community composed of individuals of diverse cultures and backgrounds. We are dedicated to scholarship, leadership, and service and to the principles of honesty, fairness, respect, and accountability. Members of this community commit to reflect upon and uphold these principles in all academic and non-academic endeavors, and to protect and promote a culture of integrity.” Violations of the DKU academic honesty standard will not be tolerated. Cheating, lying, falsification, or plagiarism in any practice will be considered as an inexcusable behavior and will result in zero points for the activity.

CLASS ATTENDANCE:

Students are responsible for all the information presented in class. As indicated above, class attendance and participation are important components of the grade. All students are expected to come prepared and participate during class time.

POLICY ON MAKE-UP WORK/EXAMS:

Students are allowed to make up work only if missed as a result of illness or other unanticipated circumstances warranting a medical excuse, consistent with DKU policy. Students must notify the instructor in advance if s/he will miss a quiz or project deadline. Documentation from a health care provider is required upon student return to class. Project extensions requested for medical reasons must be negotiated at the time of illness.

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES:

If a student requires academic accommodation, s/he must first register with the Dean of Students’ Office. The Dean of Students’ Office will provide documentation forms that must be provided to Professor Moe for the requested the accommodation. DKU is committed to providing reasonable accommodations to assist students in their coursework.

Tentative Course Outline or Schedule

The reading load as outlined is heavy, especially for EFL students. The professor will discuss reading and writing skills with the EFL DKU faculty to coordinate skills development with the structure of this course. Students should expect a challenging reading load AND it can be successfully accomplished. Professor Moe has taught in China and at DKU for several semesters and students have been successful in his courses while reporting the difficulty of meeting the reading and class requirements.

Week, Class	Topic	Required Readings
Week 1, Class 1	Introduction: Value, culture, human rights, and health systems	Flood and Gross 2014. <i>The Right to Health at the Public/Private Divide</i> (Chapter 1). Barros and Siciliani 2012. Public and private sector interface. Mills 2011. Health systems in low- and middle-income countries. Frogner et al. 2011. Health systems in industrialized countries. Roberts et al. 2004. <i>Getting Health Reform Right</i> (Chapter 1)
	<i>Key Building Blocks of A Health System</i>	

Week 1, Class 2	Financing: Who pays?	Roberts et al. 2015. Disaggregating the universal coverage cube: Putting equity in the picture. Roberts et al. 2004. Getting Health Reform Right (Chapter 8)
Week 2, Class 1	Delivery and organization: How to provide health services	Glassman et al. 2016. Defining a health benefits package: What are the necessary processes? Roberts et al. 2004. Getting Health Reform Right (Chapter 10).
Week 2, Class 2	Payment: How to pay health care providers	Miller and Singer-Babiarz 2013. Pay-for-performance incentives in low- and middle-income country health programs. Roberts et al. 2004. Getting Health Reform Right (Chapter 9).
Week 3, Class 1	Regulation: How to control the quality of health care and ration the use of health care services	Tuohy and Glied 2014. The political economy of health care. Roberts et al. 2004. Getting Health Reform Right (Chapter 11).
	Country-specific Evidence	
Week 3, Class 2	Germany: The pioneer of social health insurance	Bump, J. B. 2015. The long road to universal health coverage: Historical analysis of early decisions in Germany, the United Kingdom, and the United States. Worz and Busse 2005. Analyzing the impact of health-care system change in the EU member states—Germany.
Week 4, Class 1	UK: National Health Service	Oliver 2005. The English National Health Service: 1979-2005.
Week 4, Class 2	US: Medicare, Medicaid, private health insurance, and Obama Care	Obama 2016. United States health care reform: Progress to date and next steps. Blumenthal 2015. The Affordable Care Act at 5 years. Buchueller 2015. The Medicaid Program. Cebul 2008. Organizational fragmentation and care quality in the US healthcare system. Garber and Skinner 2008. Is American health care uniquely inefficient? McDonough 2015. The United States health system in transition.
Week 5 Class 1	Japan: The art of balance and the challenge of an aging society	Campbell and Ikegami 2004. The Art of Balance in Health Policy.

Week 5, Class 2	China: How rapid economic growth leads to a big change in the context of the health system	Yip et al. 2010. Realignment of incentives for health-care providers in China. Yip et al. 2012. Early appraisal of China's huge and complex health-care reforms. Yip et al. 2014. Harnessing the privatisation of China's fragmented health-care delivery. Yip and Hsiao 2015. What drove the cycles of Chinese health system reforms? Meng et al. 2015. Consolidating the social health insurance schemes in China: Towards an equitable and efficient health system.
Week 6, Class 1	India: the challenge of reforming health systems in low-income countries	Chaudhury 2006. Missing in action: Teacher and health worker absence in developing countries. Shroff et al. 2015. Agenda setting and policy adoption of India's National Health Insurance scheme. Reddy 2015. India's aspirations for universal health coverage.
	<i>Performance Evaluation of Health Systems</i>	
Week 6, Class 2	The dynamics of health systems: Why countries are always in the process of health reform	Cutler 2002. Equality, efficiency, and market fundamentals: The dynamics of international medical-care reform. Stabile and Thomson 2014. The changing role of government in financing health care: an international perspective.
Week 7, Class 1	A comparison of health system Performance across countries	Bennett and Peters 2015. Assessing national health systems: Why and how. Papanicolas and Smith 2013. <i>Health System Performance Comparison</i> (Chapters 1-4) Smith et al. 2009. <i>Performance Measurement for Health System Improvement</i> (Chapters 1.1, 2.1-2.7).
Week 7, Class 2	Wrap-up discussion: How countries can learn from each other	Papanicolas and Smith 2013. <i>Health System Performance Comparison</i> (Chapters 5-10) Smith et al. 2009. <i>Performance Measurement for Health System Improvement</i> (Chapters 5.6, 6.1).

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