Dates / contact hours: 300 minutes of contact time per week for 7 weeks (instructor prefers 2 sessions per week of 150 minutes each)
Academic credit: 1 course
Course format: lecture, discussions, group project, oral presentations by students

Instructor’s Information

Chee-Ruey Hsieh
Professor of Health Economics
Duke Global Health Institute
and Global Health Research Center, Duke Kunshan University

Prerequisite(s), if applicable

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 according to 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 then present six country-specific examples representing the major health
systems in the world, including 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 questions 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.

Finally, 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?

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
- Analyze a single country’s health system from a comparative perspective
- Think systematically about contemporary problems in the health systems of both developed and developing countries and formulate judgments and policy conclusions about their possible resolution
**Required Text(s)/Resources**

**Books:**


**Articles:**


**Recommended Text(s)/Resources**

**Books and Reports:**


Useful Websites for data about health systems around the globe:

World Bank: http://data.worldbank.org;

OECD: http://www.oecd.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

Additional Materials (optional)

None

Course Requirements / Key Evidences

Class sessions will be very interactive, including lecture, discussion, and student presentations. Students are required to attend two class sections each week. Students are also encouraged to have read the course materials before class, as lectures and class discussions will draw heavily on their key ideas and results. The course grade will be assigned based on 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:

I will assign problem sets that help students to have 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 main purpose of the midterm exam is to be sure that you have done the reading and have an understanding of the fundamentals. The in-class mid-term examination will take about 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 about 10 short answer questions and one short essay (1-page max) testing the knowledge and application of the course content.

**Oral Presentations on Country Report:**

Beginning from the fifth week, students are encouraged to synthesize the homework assignments to develop a topic for a 15 minute oral presentation in the class. The major purpose of the oral presentation is to tell a story of the evolution of a health system in one or a group of selected countries. Students have options to choose another new topic that is not related to their contents in the four problem sets. Of course, this requires more effort and time investment by students.

**Case Study Report:**

Students are encouraged to form 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 semester. The World Health Report 2013 contains 12 case studies that provide rich information and benchmarks for students to learn how to write a case study report in the field of health system reforms. Specifically, the case study is the written output through a combined effort from the research team. The topic of the case studies should be related to the health systems discussed in class, which could be based on a reform issue or experience of health reform in a single country or a comparison between two or among three countries. 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. However, students also have an option to choose a brand new topic that is totally unrelated to the
materials presented in the home assignments and oral presentations. The length of the case study report could be in the range of 10 to 20 pages (double spaced), including figures, tables, and references.

**Technology Considerations, if applicable**

*Sakai* is used to deliver all course materials. Laptops in classroom are encouraged but managed in context of course discussions and presentations.

**Assessment Information / Grading Procedures**

Your 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.

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Class Participation</td>
<td>10</td>
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<tr>
<td>Problem Sets (4 assignments)</td>
<td>20</td>
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<tr>
<td>Mid Term Exam</td>
<td>20</td>
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<tr>
<td>Oral Presentations on Country Report</td>
<td>20</td>
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<tr>
<td>Group Project on Case Study Report</td>
<td>30</td>
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**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**

The instructor’s 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:**

You 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 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. You must notify the instructor in advance if you will miss an exam or project deadline. Documentation from a health care provider is required upon your return to class. Project extensions requested for medical reasons must be negotiated at the time of illness.

**ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES:**

If you require academic accommodation, you must first register with the Dean of Students’ Office. The Dean of Students’ Office will provide you with documentation that you must then provide to me as the faculty member for this course at the time you request the accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

**Tentative Course Outline or Schedule**

<table>
<thead>
<tr>
<th>Week, Class</th>
<th>Topic</th>
<th>Sources of class materials</th>
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<tbody>
<tr>
<td></td>
<td><strong>Key Building Blocks of A Health System</strong></td>
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<tr>
<td>Week 2, Class 1</td>
<td>Delivery and organization: How to provide health services</td>
<td>Glassman et al. 2016. Defining a health benefits package: What are the necessary processes?</td>
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<tr>
<td>Week, Class</td>
<td>Topic</td>
<td>Reading Material</td>
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<tr>
<td><strong>Country-specific Evidence</strong></td>
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<td>Week 3, Class 2</td>
<td><strong>Germany</strong>: The pioneer of social health insurance</td>
<td>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.</td>
</tr>
<tr>
<td>Week 5, Class 1</td>
<td><strong>Japan</strong>: The art of balance and the challenge of an aging society</td>
<td>Campbell and Ikekami 2004. <em>The Art of Balance in Health Policy</em>.</td>
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<tr>
<td>Week, Class</td>
<td>Topic</td>
<td>Readings</td>
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<td>Week 6, Class 1</td>
<td><strong>India</strong>: the challenge of reforming health systems in low-income countries</td>
<td>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.</td>
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<td>Week 6, Class 2</td>
<td><strong>Performance Evaluation of Health Systems</strong></td>
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<td>Week 7, Class 2</td>
<td>Wrap-up discussion: How countries can learn from each other</td>
<td>Papanicolas and Smith 2013. <em>Health System Performance Comparison</em> (Chapters 5-10) Smith et al. 2009. <em>Performance Measurement for Health System Improvement</em> (Chapters 5.6, 6.1).</td>
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Revised on 29 October 2016, based on suggestions from the Reisinger committee (Ad Hoc Joint DKU Course Committee) 13 October 2016.