

**CORE COURSE IN HEALTH POLICY 2021-2022**  
**HEALTH POLICY 2000A/B****CLASS MEETINGS**

Tuesday & Thursday, 4:15-6:00pm  
Course sessions will take place at 14 Story Street in the 4<sup>th</sup> floor conference room  
\*Session location may change based on course needs

**INSTRUCTORS**

Meredith Rosenthal (HSPH)

**TEACHING FELLOWS**

Amanda Speller  
Kacie Dragan  
Office Hours: By appointment

**COURSE OVERVIEW**

This yearlong course (Core) is required for doctoral candidates in health policy and is open to other doctoral students at Harvard. The **purpose** of Core is to provide a foundational, interdisciplinary understanding of health policy for students who will undertake research that advances knowledge and leads to improvements in health.

**Learning Objectives**

After completing the course, students should be able to:

1. Describe and apply disciplinary frameworks and vocabulary used to formulate research questions in each discipline
2. Understand the methodological approaches that each discipline takes in answering research questions
3. Apply those frameworks in concert with one another to analyze policy tradeoffs and clearly communicate a case for or against specific policy options
4. Identify the interplay between social determinants of health, including racism and other forms of systemic oppression, and health policy
5. Anticipate the effects of policy on health equity, including consequences of health policies and practices that harm underserved groups
6. Practice critical reading of innovative scientific and policy papers from the disciplines that inform health policy

**READINGS**

Readings for the course will generally consist of journal articles assigned by the lecturer and should be read in advance of each lecture. These readings can be found on Canvas in the course Modules.

The majority of assigned readings are available electronically. Links are provided in the syllabus and on Canvas (under “Modules”), or students can search for the articles using the Harvard Library research website: <https://hollis.harvard.edu>. Some readings are available on the course website. Where readings are not available electronically or on the course website, it is suggested

that students use the Harvard Library's Scan & Deliver service: <http://library.harvard.edu/scan-deliver>.

## **COURSE REQUIREMENTS**

### ***Attendance & Participation:***

**33%**

This course meets twice per week. Students are expected to attend and participate in the 105-minute lecture and discussion sessions. This participation includes reading 3-4 relevant articles assigned by the lecturers prior to each class. If you are unable to attend a lecture, please let the instructor and teaching fellows know by email in advance of the session.

### ***Written Assignments:***

**67%**

There will be short written assignments throughout the year, and a 15-page research proposal that students will develop throughout the Spring semester. Short assignments take the form of essay questions that resemble the health policy qualifying exam and critical appraisals of published research papers. Due dates are as follows:

#### ***Fall***

- Assignment 1: 10/5
- Assignment 2: 10/26
- Assignment 3: 11/16
- Assignment 4: 12/9

#### ***Spring***

- Assignment 1: Propose three possible questions for your research proposal and post on Canvas; give feedback to at least two other students.
  - February 8<sup>th</sup> by 4:15pm: Propose questions
  - February 14<sup>th</sup> by 4:15pm: Provide feedback to peers
- Interdisciplinary Essay #3
  - February 24<sup>th</sup> at 4:15pm
- Assignment 2: Pick and refine your final research question based on the first part of the assignment. Draft a literature review for that question (Section III).
  - March 8<sup>th</sup> by 4:15 p.m. (Shoot for 3-4 pages double spaced.)
- Assignment 3: A draft of Sections I and II.
  - March 29<sup>th</sup> by 4:15 p.m. (Shoot for 3-4 pages double spaced.)
- Assignment 4: A draft of Section IV.
  - April 7<sup>th</sup> by 4:15 p.m. (Shoot for 5-6 pages double spaced.)
- Assignment 5: Students will present their proposals (15 min each)
  - April 19<sup>th</sup>, 6-8pm: Half of students present
  - April 21<sup>st</sup>, 6-8pm: Half of students present
- Assignment 6: The final paper is due
  - April 28<sup>th</sup> by 4:15 p.m. (15 pages double-spaced maximum)

### ***Human Subjects Training:***

To pass the Spring semester, students will be expected to complete an online Human Subjects Training Course and present verification. The training can be accessed through the following link: <https://www.citiprogram.org/default.asp>. Students should do the Basic Course in the

Protection of Human Subjects for Social and Behavioral Research Investigators. For affiliation, please select Harvard University (Cambridge/Allston Campus). Completed training certificates should be e-mailed to both the teaching fellows and to Colleen Yout ([colleen\\_yout@harvard.edu](mailto:colleen_yout@harvard.edu)) no later than 4/28.

**Grades:**

Grades will be assigned separately for the first semester and the second semester.

**Academic Honesty:**

Students must observe Harvard University rules regarding the citation of sources. Any sentences or paragraphs taken verbatim from the writing of any other person or persons, or from your own writing that has been published elsewhere, must be placed in quotation marks and their source must be clearly identified. Changing the wording of a sentence or passage slightly does not evade the requirement for citation. Indeed, whenever you are drawing an important argument or insight from someone else, even if you reword it into your own words, a reference to the source is required. Including material from others in the assignments without appropriate quotation marks and citations is regarded, as a matter of School and University policy, as a serious violation of academic and professional standards and can lead to a failing grade in the course, failure to graduate, and even expulsion from the University.

**Classroom norms**

*As scholars and policy influencers we need to engage with the full range of perspectives and ideas in health policy. Thus, diversity and inclusion are fundamental to our work and core values of our program. Course instructors share responsibility with students for creating a learning climate that is hospitable to all perspectives, identities and cultures.*

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## Section I: Overview

### Session 1 (9/2): Introduction to Health Policy (D. Cutler)

#### Session Objectives:

This class addresses how to think about policy problems.

#### Session Activity:

At the start of class, you will be asked to provide an answer to the question:

*“Suppose that COVID is largely contained in the next few months. The Biden Administration is wondering what its health policy goals should be after that. You are to provide advice to the Domestic Policy Advisor, Susan Rice, about an important area for the Administration.”*

In preparation for class, you should come up with **\*one\*** area which the Biden Administration should focus on (example which might have been proposed for the Trump Administration: Action steps to dismantle the Affordable Care Act). In class, you will be put into groups to flesh out an area. You will put together 4-5 PowerPoint slides with the gist of your idea, pluses, and minuses. You will also indicate to the class what additional information you would need to know. These PowerPoints will be presented to your fellow classmates for comments and discussion.

#### Required Readings:

The background reading for the class is about how to construct a memo to a busy official. Here are some example memos to the president about health care.

- Nancy-Ann DeParle. (2015). Memo for the Next President. *Horizons: Journal of International Relations and Sustainable Development*, 5, 190–199 [<http://ezp-prod1.hul.harvard.edu/login?url=https://www.jstor.org/stable/48573599>Links to an external site. ]
- “Memo To The President: The Pharmaceutical Monopoly Adjustment Act Of 2017, " Health Affairs Blog, September 13, 2016.DOI: 10.1377/hblog20160913.056548 [[https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/do/10.1377/hblog20160913.056548/full/Links to an external site. \]](https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/do/10.1377/hblog20160913.056548/full/Links%20to%20an%20external%20site.)
- Aaron, Henry J.. “Memo to the President: Reform Health Care” The Brookings Institution. January 16, 2009. [<https://www.brookings.edu/research/memo-to-the-president-reform-health-care/> (Links to an external site.) ]
- Owcharenko Schaefer and Butler. “Ensuring Access to Affordable Health Insurance: A Memo to President-elect Obama”. The Heritage Foundation. December 3, 2008.

[\[https://www.heritage.org/health-care-reform/report/ensuring-access-affordable-health-insurance-memo-president-elect-obama \(Links to an external site.\)\]](https://www.heritage.org/health-care-reform/report/ensuring-access-affordable-health-insurance-memo-president-elect-obama)

**Session 2 (9/7): Overview methods session on evidence for policy. Case Study: Workplace wellness. (L. Hatfield and Z. Song)**

**Session objectives:**

- Explore the pros and cons of randomized controlled trials in health policy
- Understand how different methods can produce different answers to the same question
- Null findings and the problem of how to show that something \*doesn't\* work
- Studying politically popular ideas, especially ones with strong selection into treatment
- Evolution of beliefs-- are we Bayesian in how we update our priors?
- Navigating scholarly integrity, getting a reputation for one side of an issue

**Required readings:**

- Baicker K, Cutler D, and Song Z. Workplace wellness programs can generate savings. *Health Affairs*. 2010;29(2):304-311. doi: 10.1377/hlthaff.2009.0626 [ [https://www-healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2009.0626](https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2009.0626)Links to an external site. ]
- Song Z, Baicker K. Effect of a Workplace Wellness Program on Employee Health and Economic Outcomes: A Randomized Clinical Trial. 2019;321(15):1491–1501. doi:10.1001/jama.2019.3307 [ <https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama/fullarticle/2730614>Links to an external site. ]
- Song Z and Baicker K. Health And Economic Outcomes Up To Three Years After A Workplace Wellness Program: A Randomized Controlled Trial. *Health Affairs*. 2021;40(6): 951-960. doi: 10.1377/hlthaff.2020.01808 [ [https://www-healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/full/10.1377/hlthaff.2020.01808](https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/full/10.1377/hlthaff.2020.01808)Links to an external site. ]
- Reif J, Chan D, Jones D, Payne L, Molitor D. Effects of a workplace wellness program on employee health, health beliefs, and medical use: a randomized clinical trial. *JAMA Intern Med*. 2020;180(7): 952–60 [ <https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jamainternalmedicine/fullarticle/2765690>Links to an external site. ]

## Session 3 (9/9): Efficiency as a goal of health policy: the marginal value of public funds (T. Layton)

### Session objectives:

Economics focuses on the question of how to allocate scarce resources. Given a budget constraint, we want to allocate those resources in a way that maximizes social welfare. Most policies involve trade-offs, or "opportunity costs". The primary goal of economics is to provide an internally consistent framework that allows us to assess those trade-offs and determine optimal policy.

- We will start with a discussion about the (somewhat provocative) op-ed by Amy Finkelstein about cash versus expanded health insurance. First, we'll address the question of whether economics is even relevant today: Do we in fact live in a world with scarce resources? Do we have to choose one program or another? Assuming that there is scarcity, this piece provides an example of how economics can help us determine how to allocate a scarce resource (government spending) in a way that maximizes the welfare of the people we want to help. It also highlights the importance of the ability to estimate the value and the cost of public programs.
- We will then introduce the Marginal Value of Public Funds framework for comparing public programs, using the terrific work of Nathan Hendren to describe this framework and then use it to compare over 100 public programs. Importantly, the MVPF highlights the importance of accounting for "fiscal externalities" when assessing public programs.
- Then, we will use the Chetty and Finkelstein reading to take a look at how economics helps us clearly state the goals of public programs and how well different programs achieve those goals. Specifically, we will look at the example of social insurance (which could be health insurance, unemployment insurance, disability insurance, etc.), where the goal is equalizing marginal utility across "good" and "bad" states of the world and the key "fiscal externality" is the moral hazard problem, where more insurance leads to changes in individual behavior that increase fiscal costs of the program.
- Finally, we will discuss the market as the default mechanism for allocating scarce resources. The market may not be your desired mechanism for allocating healthcare goods and services, but it is the default mechanism: It is always acting in the background, even if there is a large government presence. It is thus important for us to understand how the market works, and economics provides us with a framework for understanding that. Unfortunately, the neo-classical economic framework does not work well in healthcare markets for a variety of reasons. Arrow originally outlined these reasons in 1963, and the field of health economics has spent the following 50-60 years enhancing the economic framework to account for these deficiencies. We will discuss the deficiencies and how modern economics deals with them.

### Readings

- Finkelstein, Amy. (2021). Cash Is Better Than Expanded Health Insurance. *The New York Times*, 5.
  - <https://www.nytimes.com/2021/05/13/business/health-insurance-cash-Biden.html>
- Arrow, Kenneth J. (2001). Uncertainty and The Welfare Economics of Medical Care. *Journal of Health Politics, Policy and Law*, 26(5), 851–883.  
<https://doi.org/10.1215/03616878-26-5-851>
  - [https://web.stanford.edu/~jay/health\\_class/Readings/Lecture01/arrow.pdf](https://web.stanford.edu/~jay/health_class/Readings/Lecture01/arrow.pdf)
- Finkelstein, Amy, & Chetty, Raj. (2012). *Social Insurance: Connecting Theory to Data*.  
<https://doi.org/10.3386/w18433>
  - Manuscript: [http://www.rajchetty.com/chettyfiles/handbook\\_soc\\_ins.pdf](http://www.rajchetty.com/chettyfiles/handbook_soc_ins.pdf)
    - Skim Section 2. We will return to this reading in October.
  - Slides: [http://www.rajchetty.com/chettyfiles/handbook\\_soc\\_ins\\_slides.pdf](http://www.rajchetty.com/chettyfiles/handbook_soc_ins_slides.pdf)
  - For more, see slides from Hendren:  
[https://scholar.harvard.edu/files/hendren/files/addl\\_lecture\\_1\\_-\\_optimal\\_social\\_insurance.pdf](https://scholar.harvard.edu/files/hendren/files/addl_lecture_1_-_optimal_social_insurance.pdf)

### Other Required Materials

- Take the guided tour here: <https://www.policyinsights.org/>
- Econimate Video: “Which Public Policies are Most Effective?”  
<https://www.youtube.com/watch?v=qt16RvuFIWs>

### Optional Readings

- Nathaniel Hendren, Ben Sprung-Keyser, A Unified Welfare Analysis of Government Policies, *The Quarterly Journal of Economics*, Volume 135, Issue 3, August 2020, Pages 1209–1318.
  - <https://doi-org.ezp-prod1.hul.harvard.edu/10.1093/qje/qjaa006>

## Session 4 (9/14): Equity and health policy (A. McGregor and B. Cook)

### Session objectives:

- Provide definitions, conceptual foundations, and empirical strategies for understanding how health policy has impacted present day health inequities and evaluating how present day health policy can exacerbate or diminish health inequity

As you do the readings, please think about the implications for the design of health policies that improve equity and research designs to identify the causes of health inequities

### Required readings:

- Jones, C. P., Jones, C. Y., Perry, G. S., Barclay, G. & Jones, C. A. Addressing the Social Determinants of Children's Health: A Cliff Analogy. *Journal of Health Care for the Poor and Underserved* **20**, 1–12 (2009). [ <https://muse-jhu-edu.ezp-prod1.hul.harvard.edu/article/364518/pdfLinks to an external site.> ]
- Cook, B. L., McGuire, T. G. & Zaslavsky, A. M. Measuring racial/ethnic disparities in health care: methods and practical issues. *Health Serv Res* **47**, 1232–1254 (2012). [ <https://onlinelibrary-wiley-com.ezp-prod1.hul.harvard.edu/doi/10.1111/j.1475-6773.2012.01387.xLinks to an external site.> ]
- Barton Smith, D. Civil Rights and Medicare: Historical Convergence and Continuing Legacy. in *Medicare and Medicaid at 50: America's Entitlement Programs in the Age of Affordable Care* 21–38 (Oxford University Press, 2015). [ Scanned chapter will be available in "files" ]

### Optional readings:

- Acevedo, A. *et al.* Impact of the Medicare Shared Savings Program on utilization of mental health and substance use services by eligibility and race/ethnicity. *Health Services Research* **56**, 581–591 (2021). [ <https://onlinelibrary-wiley-com.ezp-prod1.hul.harvard.edu/doi/10.1111/1475-6773.13625Links to an external site.> ]
- Krieger, N. *et al.* The Fall and Rise of US Inequities in Premature Mortality: 1960–2002. *PLOS Medicine* **5**, e46 (2008). [ [https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0050046 \(Links to an external site.\)](https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0050046 (Links to an external site.)) ]
- Andrasfay, T. & Goldman, N. Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations | PNAS. *PNAS* **118**, (2021). [ <https://www-pnas-org.ezp-prod1.hul.harvard.edu/content/118/5/e2014746118/Links to an external site.> ]

## Section II: Health systems

### Session 5 (9/16): Comparative health systems (R. Atun)

This session introduces an analytical framework for examination of health systems and contexts within which health systems are situated. The session will use illustrative examples to discuss how the framework is used to examine and compare health system *functions*, namely, ‘Organization and Governance’, ‘Financing’ and ‘Resource Management’, how these functions are used to produce health system *outputs* (*Public Health Services and Individual Health Services*) and achieve a desired balance of *Equity, Effectiveness, Efficiency and Responsiveness*, in order to attain the right level and distribution of health systems *outcomes* of improved *Health, Financial Protection and User Satisfaction*. The session will use empirical cases and discuss various methods used in applying the framework to analyse and measure a health system’s performance in attaining a desired level of outputs and outcomes in relation to set output objectives (e.g. improving equity, efficiency, effectiveness and responsiveness) and outcome targets (e.g. improving financial protection), to compare performance over a period of time (longitudinal benchmarking) or in relation to performance of other health systems (comparative benchmarking).

#### *Learning Objectives*

The reading goals are to be familiarized with an analytical framework for examination of health systems and contexts within which health systems are situated, and how the framework can be used variously to analyze health system performance in producing health system outputs that are equitable, effective, efficient and responsive and attaining improved level and distribution of health system outcomes.

#### **Required Readings:**

- Atun R, et al. Universal health coverage in Turkey: enhancement of equity. *Lancet* 2013; 382: 65-99. [<https://www-sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S014067361361051X?via%3Dihub>]
- Atun R, Andrade LOM, Almeida G, et al. Health system reform and universal health coverage in Latin America. *Lancet* 2015; 385(9974):1230-47 [[http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1016/S0140-6736\(14\)61646-9?nosfx=y](http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1016/S0140-6736(14)61646-9?nosfx=y)]
- Geldsetzer P, Manne-Goehler J, Marcus M-E, [et al] ... Atun R<sup>†</sup>, Vollmer S<sup>†</sup>, Jaacks LM<sup>†</sup>. The state of hypertension care in 44 low- and middle-income countries: a cross-sectional study of individual-level nationally representative data from 1.1 million adults. *The Lancet* 2019; Jul 11. pii: S0140-6736(19)31243-7. [<https://www-sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S0140673619309559>]

#### **Optional Reading:**

- Hone T, Rasella D, Barreto M, Atun R, Majeed A, Millett C. Large Reductions in Amenable Mortality Associated with Brazil's Primary Care Expansion and Strong Health

- Governance. *Health Affairs* 2017;36(1):149-158. [<http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1377/hlthaff.2016.0966?nosfx=y>]
- Geldsetzer P, Haakenstad A, James EK, Atun R. Non-technical health care quality and health system responsiveness in middle-income countries: a cross-sectional study in China, Ghana, India, Mexico, Russia, and South Africa. *J Glob Health*. 2018 Dec;8(2):020417. doi: 10.7189/jogh.08.020417. [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6189548/>]
  - Tirgil A, Dickens WT, Atun R. Effects of expanding a non-contributory health insurance scheme on out-of-pocket healthcare spending by the poor in Turkey. *BMJ Glob Health*. 2019 Aug 31;4(4):e001540. doi: 10.1136/bmjgh-2019-001540. eCollection 2019. [<https://gh-bmj-com.ezp-prod1.hul.harvard.edu/content/4/4/e001540Links to an external site.> ]
  - Tirgil A, Gurol-Urganci I, Atun R. Early experience of universal health coverage in Turkey on access to health services for the poor: regression kink design analysis. *J Glob Health*. 2018 Dec;8(2):020412. doi: 10.7189/jogh.08.020412
    - [<https://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/pmc/articles/PMC6150612/Links to an external site.> ]
  - Atun R, Moore G. *Building a High Value Health System*. Oxford University Press. Oxford, 2021. ISBN 978-0-19-752854-9 (Chapters 1 and 2)
    - Chapter 1: <https://oxford-universitypressscholarship-com.ezp-prod1.hul.harvard.edu/view/10.1093/oso/9780197528549.001.0001/oso-9780197528549-chapter-1Links to an external site.>
    - Chapter 2: <https://oxford-universitypressscholarship-com.ezp-prod1.hul.harvard.edu/view/10.1093/oso/9780197528549.001.0001/oso-9780197528549-chapter-2Links to an external site.>

## Session 6 (9/21): Introduction to ethical frameworks for allocating scarce resources (D. Jones)

### Session Objectives:

For as long as we can tell, there has been more demand for health care services, and more providers eager to provide them, than there have been resources to pay for it all. Through the 19th century, this was managed through a mix of market mechanisms (fee for service) and charity (both formal and informal). With the increasing complexity of health care and health care financing in the 20th century, experts have taken a more deliberate approach to questions of resource allocation (also known as rationing). In this session we will explore the history and ethics of allocating scarce resources in health care.

### Required Readings:

- Annas, George J. “The Prostitute, the Playboy, and the Poet : Rationing Schemes for Organ Transplantation.” *American Journal of Public Health* 72 (1985): 187-189. [<https://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/pmc/articles/PMC1645985/pdf/amjph00278-0081.pdf>Links to an external site.]
  - Annas describes a classic case: rationing of renal dialysis in the 1960, before Congress acted to provide Medicare coverage for people with chronic kidney disease. What was the Seattle solution and where did it go awry? Scholars spent the subsequent decades arguing about the right (or better vs. worse) ways to ration.
- Brock, Dan W. “Health Care Resource Prioritization and Rationing: Why Is It So Difficult?” *Social Research* 74 (2007): 125-148. [<https://www-proquest-com.ezp-prod1.hul.harvard.edu/docview/209671946/fulltextPDF/B32C3D0E3D147A3PQ/1?accountid=11311>Links to an external site.]
  - Dan Brock provides a useful review of the key issues.
- Persad G, Wertheimer A, Emanuel EJ. Principles for Allocation of Scarce Medical Interventions. *Lancet* 2009; 373: 423-31. [[http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1016/S0140-6736\(09\)60137-9?nosfx=y](http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1016/S0140-6736(09)60137-9?nosfx=y)Links to an external site.]
  - Persad et al. (2009) developed this thinking into a set of actionable principles. What are their values? Are they the right ones? Are you convinced by their arguments? All the while, an ugly truth persisted in the US: health care is often rationed by ability to pay for it (i.e., the rich get more care than the poor), even though rationing by wealth has never been on ethicists’ lists of the right way to ration. COVID pulled these scholarly debates into the public spotlight.
- Persad, Govind, Monica E. Peek, and Ezekiel J. Emanuel. “Fairly Prioritizing Groups for Access to COVID-19 Vaccines.” *JAMA* 324 (27 October 2020): 1601-1602. [<https://jamanetwork.com/journals/jama/fullarticle/2770684> (Links to an external site.)]
  - Persad et al. (2020) revisited their 2009 framework to offer recommendations for rationing COVID vaccines.

- Fink, Sherry. “The Rationing of a Last-Resort Covid Treatment. Links to an external site.” New York Times, 12 July 2021. [<https://www.nytimes.com/2021/07/12/us/covid-treatment-ecmo.html> (Links to an external site.)]
  - Fink describes the dilemmas of ECMO rationing. Despite the renewed effort by ethicists to demonstrate just ways to allocate resources, financial considerations remain prominent (i.e., which countries have high vaccine rates at the moment?).
- Sayeed, Sadath A., and Lauren Taylor. “A Pandemic Induced Reckoning: Bioethics and Justice (Links to an external site.)” University of Toronto Medical Journal 98 (January 2021): 13-16. [<https://www.utmj.org/index.php/UTMJ/article/view/1397/1279> (Links to an external site.)]
  - Sayeed and Taylor offer a critique of the bioethical discourse that has led to this state of affairs. What do you think should be done?

## Session 7 (9/23): Introduction to Health Decision Science and Cost-Effectiveness Analysis (N. Menzies)

### Session Objectives:

This session introduces conceptual frameworks that have been used to facilitate optimal policy choice for health and healthcare. These frameworks assess the optimality of a given policy based on its likely consequences, as compared to the consequences of other policies that might be adopted. One challenge of comparing policies is the task of achieving fair comparisons between different kinds of health improvements. Another challenge is the need to trade-off spending on health against consumption or other use of resources. This session discusses cost-effectiveness analysis as one widely used way to resolve these challenges.

### Required Reading:

- Weinstein MC, Stason WB. Foundations of cost-effectiveness analysis for health and medical practices. *N Engl J Med* 1977;296(13):716-21. [<http://www.nejm.org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJM197703312961304>]
- Gold MR, Stevenson D, Fryback DG. HALYS and QALYS and DALYS, Oh My: similarities and differences in summary measures of population Health. *Annual Review of Public Health* 2002;23(1):115-134. [<https://www.annualreviews.org/doi/pdf/10.1146/annurev.publhealth.23.100901.140513>]

### Supplementary Articles:

- Doubilet P, Weinstein MC, McNeil BJ. Use and misuse of the term "cost effective" in medicine. *N Engl J Med* 1986;314(4):253-6. [<http://www.nejm.org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJM198601233140421> ]
- Brazier J. Valuing health states for use in cost-effectiveness analysis. *Pharmacoeconomics* 2008;26:769-779. [<http://ezp-prod1.hul.harvard.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=34479204&site=ehost-live&scope=site>]

## Session 8 (9/28): Technology assessment and resource allocation (A. Pandya)

### Session objectives:

[TF note: It happens to be Ankur's birthday! Happy birthday to Ankur!]

Cost-effectiveness analysis is used widely in most high-income countries to guide decisions about payment and reimbursement of medical services. In the US, use of cost-effectiveness analysis using quality-adjusted life years as the measure of health improvement is forbidden from policy decision making by the Affordable Care Act. It is used mainly behind the scenes in the private insurance sector, by medical professional organizations in guideline formulation, and to evaluate prevention programs such as vaccination.

Key questions for this session (including the readings):

- Can and should cost-effectiveness information be explicitly used in US health care decision-making, and if so, how?
- How should decision-makers weigh outcomes that are not fully captured by conventional cost-effectiveness analysis (such as distributional equity or budgetary impact)?

### Required readings:

- Pandya A. Adding cost-effectiveness to define low-value care. JAMA. 2018; 319(19):1977-1978. [ <https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama/article-abstract/2679461>Links to an external site.]
- Hoch JS, Trenaman L, Hearney SM, Dewa CS. How Economic Decision Modeling Can Facilitate Health Equity. AMA J Ethics. 2021;23(8):E624-630. doi: 10.1001/amajethics.2021.624. [ <https://journalofethics.ama-assn.org/article/how-economic-decision-modeling-can-facilitate-health-equity/2021-08> (Links to an external site.)]
- Bilinski A, Neumann P, Cohen J, Thorat T, McDaniel K, Salomon JA. When cost-effective interventions are unaffordable: Integrating cost-effectiveness and budget impact in priority setting for global health programs. PLoS Med. 2017; 14 (10): e1002397f [ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5624570/pdf/pmed.1002397.pdf> (Links to an external site.) ]

### Optional readings:

- Sanders GD, Neumann PJ, Basu A, et al. Recommendations for Conduct, Methodological Practices, and Reporting of Cost-effectiveness Analyses: Second Panel on Cost-Effectiveness in Health and Medicine. JAMA. 2016 Sep 13;316(10):1093-103. [ <https://www.ncbi.nlm.nih.gov/pubmed/27623463>Links to an external site. ]
- Asaria M, Griffin S, Cookson R. Distributional Cost-Effectiveness Analysis: A Tutorial. Med Decis Making. 2016 Jan;36(1):8-19. doi: 10.1177/0272989X15583266. Epub 2015 Apr 23

[\[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4853814/pdf/10.1177\\_0272989X15583266.pdf \(Links to an external site.\)\]](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4853814/pdf/10.1177_0272989X15583266.pdf) (Links to an external site.)

- Neumann PJ, Rosen A, Weinstein MC: Medicare and Cost-Effectiveness Analysis. NEJM 2005; 353:1516-1522. [<http://www.nejm.org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJMsb050564>Links to an external site.]
- Pandya A, Griffin S, Walker S. Responding to Health-Improving but Cost-Ineffective Care. JAMA Health Forum. 2021;2(3):e210229. doi:10.1001/jamahealthforum.2021.0229. [<https://jamanetwork.com/journals/jama-health-forum/fullarticle/2777531> (Links to an external site.)]

## Session 9 (9/30): Ethics of Universal Health Coverage in Low- and Middle-Income Countries (O. Norheim)

### Session Objectives:

- Learn about the ethical basis for efforts to achieve universal health coverage (UHC) under the Sustainable development Goals
- Apply this knowledge in a discussion of a real-life policy decision.

### Required Reading:

- **CHAPTER 3 ONLY.** World Health Organization Consultative Group on Equity and Universal Health Coverage: *Making Fair Choices on the Path to Universal Health Coverage* (WHO, 2014). [ <https://apps.who.int/iris/handle/10665/112671> ]

### Case study:

CASE STUDY #1 (Cover treatment for hepatitis B cirrhosis or extend services to more people? Voorhoeve, Edejer A, et al, “Three Case Studies in Making Fair Choices on the Path to Universal Health Coverage.” *Health and Human Rights Journal* 18(2), December 2016, pp. 11-22. [ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5395011/pdf/hhr-18-011.pdf> ]

### Optional Reading:

- Norheim, OF. Ethical priority setting for universal health coverage: challenges in deciding upon fair distribution of health services. *BMC Med* 2016; 14: 75 [ [https://link-springer-com.ezp-prod1.hul.harvard.edu/article/10.1186/s12916-016-0624-4](https://link.springer-com.ezp-prod1.hul.harvard.edu/article/10.1186/s12916-016-0624-4) ]

## Section III: Health insurance in the U.S.: coverage and market structure

### Session 12 (10/5): Private insurance markets and adverse selection (T. Layton)

#### *Session Objectives:*

We will discuss the economics of insurance, starting with the motivation for insurance as a means for providing risk protection and improving welfare by equalizing marginal utility in good and bad states of the world. We will then discuss the key market failures affecting insurance markets and causing markets to fail to deliver first-best outcomes. Specifically, we will focus on the economic concepts of moral hazard and adverse selection. The Cutler-Zeckhauser reading lays out the key conceptual issues around the value of insurance and the problem of moral hazard. The Einav and Finkelstein reading lays out the economics of adverse selection in the simple case where insurance contracts are assumed to be fixed, including its primary consequences for prices and welfare. The Cutler-Reber and Washington Post readings provide a case study and an accessible explainer of the problems caused by adverse selection in this context. Finally, the Geruso and Layton reading discusses the economics of adverse selection in the more complicated case where contracts are endogenous (i.e., can respond to adverse selection) and lays out the economics of the various policies used to combat selection-related inefficiencies.

The optional readings provide an overview of more recent advances in the economic literature on adverse selection. Chetty and Finkelstein provide a deeper overview of the economics of social insurance. Marone and Sabety study the question of whether any of this literature is relevant at all by asking whether we should even have any choice in health insurance. Geruso et al. study interactions between selection on the intensive (more vs. less generous insurance) and extensive (insurance vs. uninsurance) margins.

#### *Required reading:*

- David Cutler and Richard Zeckhauser, “The Anatomy of Health Insurance,” Chapter 11 in *Handbook of Health Economics*, Eds. A.J. Culyer and J.P. Newhouse, North-Holland, 2000. [<http://www.sciencedirect.com.ezp-prod1.hul.harvard.edu/science/article/pii/S1574006400801705>]
- Focus on Sections 2 and 3**
- Liran Einav and Amy Finkelstein, “Selection in Insurance Markets: Theory and Empirics in Pictures,” *Journal of Economic Perspectives*, 25(1) 115-138, 2011. [<http://pubs.aeaweb.org/doi/pdfplus/10.1257/jep.25.1.115>]
- Michael Geruso and Timothy Layton, “Selection in Health Insurance Markets and Its Policy Remedies,” *Journal of Economic Perspectives*, 31(4): 23-50, 2017. [<http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1257/jep.31.4.23?nosfx=y>]
- David Cutler and Sarah Reber, “Paying for Health Insurance: The Tradeoff Between Competition and Adverse Selection,” *Quarterly Journal of Economics*, Vol. 113, No.

2, pp. 433-466, May 1998. [<https://academic-oup-com.ezp-prod1.hul.harvard.edu/qje/article/113/2/433/1915723?login=true>]

- For an accessible explanation of an adverse selection "death spiral," see: Soffen, K. "How the Senate bill could send the health insurance market into a death spiral." *Washington Post*. 23 June 2017. [<https://www.washingtonpost.com/news/wonk/wp/2017/06/23/republicans-say-the-health-insurance-market-is-in-a-death-spiral-their-bill-could-make-it-really-happen/>]

***Optional reading:***

- Geruso, Michael and Layton, Timothy J. and McCormack, Grace and Shepard, Mark, The Two Margin Problem in Insurance Markets (May 3, 2019). [<https://ssrn-com.ezp-prod1.hul.harvard.edu/abstract=3385492>]
- Marone, Victoria and Sabety, Adrienne. When Should There Be Vertical Choice in Health Insurance Markets? (August 2021). [[https://victoriamarone.github.io/files/Marone\\_JMP\\_Vertical\\_Choice.pdf](https://victoriamarone.github.io/files/Marone_JMP_Vertical_Choice.pdf)]
- Chetty, R. & Finkelstein, A. Social Insurance: Connecting Theory to Data. in Handbook of Public Economics vol. 5 111–193 (2013). [[http://www.rajchetty.com/chettyfiles/handbook\\_soc\\_ins.pdf](http://www.rajchetty.com/chettyfiles/handbook_soc_ins.pdf)]
  - Through the end of section 2

## Session 11 (10/7): Introduction to the U.S. Health Insurance System (H. Huskamp)

### Session Objectives:

- Identify key dimensions of health care financing and delivery in the U.S.
- Describe current policy challenges including aggregate spending trends and health disparities

### Required Readings:

- Martin, Anne B., Micah Hartman, David Lassman, and Aaron Catlin. “National Health Care Spending In 2019: Steady Growth For The Fourth Consecutive Year.” *Health Affairs* 40, no. 1 (January 1, 2021): 14–24. [<https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/full/10.1377/hlthaff.2020.02022>]
- Mahajan, Shiwani, César Caraballo, Yuan Lu, Javier Valero-Elizondo, Daisy Massey, Amarnath R. Annapureddy, Brita Roy, et al. “Trends in Differences in Health Status and Health Care Access and Affordability by Race and Ethnicity in the United States, 1999-2018.” *JAMA* 326, no. 7 (August 17, 2021): 637–48. [<https://jamanetwork.com.ezp-prod1.hul.harvard.edu/journals/jama/article-abstract/2783069>]
- Keith, Katie. “Tracking The Uninsured Rate In 2019 And 2020,” October 7, 2020. [<https://www.healthaffairs.org/doi/10.1377/hblog20201007.502559/full/>]

### Optional readings:

- Bustamante, Arturo Vargas, Jie Chen, Lucía Félix Beltrán, and Alexander N. Ortega. “Health Policy Challenges Posed By Shifting Demographics And Health Trends Among Immigrants To The United States.” *Health Affairs* 40, no. 7 (July 1, 2021): 1028–37. [<https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/full/10.1377/hlthaff.2021.00037>]
- Brooks-LaSure, Chiquita, Elizabeth Fowler, and Gayle Mauser. “Building On The Gains Of The ACA: Federal Proposals To Improve Coverage And Affordability.” *Health Affairs* 39, no. 3 (March 1, 2020): 509–13. [<https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2019.01411>]

## Session 12 (10/12): Health system quality (M. Kruk)

### Session objectives:

- Define health system quality in global contexts and identify a handful of useful metrics
- Discuss theory and evidence on more and less effective means for improving quality at scale

### Required readings:

Kruk, M. E., et al. (2018). "High-quality health systems in the Sustainable Development Goals era: time for a revolution." *Lancet Glob Health* 6(11): e1196-e1252. [ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30386-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30386-3/fulltext) (Links to an external site.) ]

- Please read the Executive summary + Panel 9 + Section 5

Leslie, H. H., et al. (2016). "Training And Supervision Did Not Meaningfully Improve Quality Of Care For Pregnant Women Or Sick Children In Sub-Saharan Africa." *Health Aff (Millwood)* 35(9): 1716-1724. [ <https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/full/10.1377/hlthaff.2016.0261>Links to an external site. ]

Dixon-Woods, M. and G. P. Martin (2016). "Does quality improvement improve quality?" *Future Hosp J* 3(3): 191-194. [ [https://www.ncbi-nlm-nih-gov.ezp-prod1.hul.harvard.edu/pmc/articles/PMC6465806/Links to an external site. \]](https://www.ncbi-nlm-nih-gov.ezp-prod1.hul.harvard.edu/pmc/articles/PMC6465806/Links to an external site.)

### Optional readings:

Kruk, M. E., et al. (2018). "Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries." *Lancet* 392(10160): 2203-2212. [ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31668-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31668-4/fulltext) (Links to an external site.) ]

## Session 13 (10/14): Politics, public opinion and health policy in the U.S. (A. McIntyre)

### Session Objectives:

- Characterize structural political factors and attitudes toward government in the United States that inhibit efforts at large-scale health reform.
- Describe smaller-scale and less politically volatile opportunities to improve coverage by targeting administrative processes.
- Develop an understanding of the policy feedback process: how policy design can mediate public opinion and political behavior, with implications for future policy.

### Key takeaways:

Results from public opinion surveys should be used with care; policy views often are not strongly held and can be highly malleable.

Public opinion is only one part of the politics of coverage policy; structural features of the policymaking process (including the privileged position of some stakeholders relative to others) are also important on a first-order basis.

### Required readings.

[SKIM] Steinmo, S., & Watts, J. (1995). It's the institutions, stupid! Why comprehensive national health insurance always fails in America. *Journal of Health Politics, Policy and Law*, 20(2), 329-372. [[File link in Canvas Module](#)]

McIntyre, A., Blendon, R. J., Benson, J. M., Findling, M. G., & Schneider, E. C. (2020). The Affordable Care Act's Missing Consensus: Values, Attitudes, and Experiences Associated with Competing Health Reform Preferences. *Journal of Health Politics, Policy and Law*, 45(5), 729-755. [[File link in Canvas Module](#)]

Michener, J. (2019). Medicaid and the Policy Feedback Foundations for Universal Healthcare. *The ANNALS of the American Academy of Political and Social Science*, 685(1), 116-134. [ <https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/full/10.1177/0002716219867905> ]

### Optional readings:

Blendon, R. J., & Benson, J. M. (2001). Americans' views on health policy: a fifty-year historical perspective. *Health Affairs*, 20(2), 33-46. [ <https://www-proquest-com.ezp-prod1.hul.harvard.edu/docview/204641011?accountid=11311&pq-origsite=primo> ]

Campbell, A. L. (2011). Policy feedbacks and the impact of policy designs on public opinion. *Journal of Health Politics, Policy and Law*, 36(6), 961-973. [ <https://doi-org.ezp-prod1.hul.harvard.edu/10.1215/03616878-1460542> ]

Grogan, C. M., & Park, S. E. (2017). The racial divide in state Medicaid expansions. *Journal of Health Politics, Policy and Law*, 42(3), 539-572. [ <https://doi-org.ezp-prod1.hul.harvard.edu/10.1215/03616878-3802977> ]

Haeder, S. F., Sylvester, S. M., & Callaghan, T. (2021). Lingerings Legacies: Public Attitudes about Medicaid Beneficiaries and Work Requirements. *Journal of Health Politics, Policy and Law*, 46(2), 305-355. [[File link in Canvas Module](#)]

## **Session 14 (10/19): Congress and health insurance coverage policy-making (S. Burke)**

### **Required Readings:**

- Aaronson, W. E., Zinn, J. S., & Rosko, M. D. (1994). The Success and Repeal of the Medicare Catastrophic Coverage Act: A Paradoxical Lesson for Health Care Reform. *Journal of Health Politics, Policy and Law*, 19(4), 753–771. <https://doi.org/10.1215/03616878-19-4-753> [File]
- From Bill to Law. Stages of the Legislative Process. [File]
- Catastrophic Coverage Act Time Line. [File]
- **Case study:** Catastrophic Health Insurance for the Elderly. The Harvard Kennedy School Case Program. C18-95-1278.0

## Session 15 (10/21): Consumer choice and behavioral economics in health care (A. Sinaiko)

### Learning Goals:

- To examine the health insurance choice implications of the rational (e.g. neoclassical) model of consumer health insurance choice, and when and why the model fails.
- To spark your thinking about, in a choice-based market like the US health insurance market, potential policies that can harness the value of competition while minimizing inefficiencies and inequities.

### Reading guide:

- What does the rational (e.g. neoclassical model) predict about health insurance plan selection when consumers have a choice among plans?
- What do consumers say they want to know when they are choosing plans (e.g., what do they say they value?)
- What are some of the drivers of consumers' health insurance choice challenges?
- What is behavioral economics? Why is the behavioral economics literature important to health insurance choices?
- How do the biases and heuristics that commonly impact health insurance choices contribute to inefficiencies and inequities in health insurance coverage?

### Required Readings:

- Beshears J, Choi JJ, Laibson D, Madrian BC. How Are Preferences Revealed? *Journal of Public Economics* 2008. 92: 1787-1794. [ <https://www-sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S0047272708000728> ]
- Ericson KM and Snyder J. The Questionable Value of Having A Choice of Levels of Health Insurance Coverage. *Journal of Economic Perspectives* 2017. 31(4): 51-72. [ <https://www-proquest-com.ezp-prod1.hul.harvard.edu/docview/1958238875?accountid=11311&pq-origsite=primo> ]
- Lubalin JS and Harris-Kojetin LD. What Do Consumers Want and Need to Know in Making Health Care Choices? *Medical Care Research & Review* 1999. 56(1): 67-102. *Please read pages 67-76 only* [ <https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/pdf/10.1177/1077558799056001S04> ]
- Sinaiko AD and Hirth RA. Consumers, Health Insurance and Dominated Choices. *Journal of Health Economics* 2011; 30:450-457. doi:10.1016/j.jhealeco.2010.12.008. [ <https://www-sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S016762961100004X> ]

### Optional Readings:

- Madrian BC and Shea DF. The Power of Suggestion: Inertia in 401(k) Participation and Savings Behavior. *The Quarterly Journal of Economics* 116(4): 1149-1187.
  - There are many empirical analyses of consumer health insurance choice in real-world settings, presenting evidence of different biases and heuristics that affect health insurance choices. This Madrian and Shea article is the classic article from the savings literature illustrating the power of defaults in a similar context – choice of retirement savings plans.
- Loewenstein G, Asch DA, Volpp KG. Behavioral Economics Holds Potential To Deliver Better Results for Patients, Insurers, and Employers. *Health Affairs* 32(7): 1244-1250. [<https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/pdf/10.1377%2Fhlthaff.2012.1163> ]
  - There are many articles that apply findings from behavioral economics to policies that aim to improve health behaviors (e.g. smoking cessation, weight loss, adherence to chronic condition maintenance medications). This paper provides an overview of these ideas.

## Session 16 (10/26): Mental health parity and related insurance issues (adverse selection, carveouts) (R. Frank)

### Session Goals:

- Review history of financing arrangements for mental health and substance use disorder (MHSUD) services.
- Discuss role of moral hazard and adverse selection in insurance markets for MHSUD services, and legislative and regulatory efforts to ensure parity in coverage for MHSUD vs. other types of health care services.

### Required Readings:

- Frank, Richard G., Glied, Sherry A. *Better But Not Well: Mental Health Policy in the United States since 1950*. Baltimore: The Johns Hopkins University Press; 2006, Chapter 4: Health Care Financing and Income Support. [<https://muse-jhu-edu.ezp-prod1.hul.harvard.edu/books/9780801889103>]
- Huskamp, HA. Mental Health Insurance Parity – How full is the glass? [Courseweb]
- Frank RG, Glied SA. *Behavioral Health and the Individual Health Insurance Market: Preserving Key Elements of Reform*. Scattergood Foundation; 2017. [[https://www.scattergoodfoundation.org/wp-content/uploads/yumpu\\_files/Behavioral\\_Health\\_and\\_the\\_Individual\\_Health\\_Insurance\\_Market\\_03.23.17.pdf](https://www.scattergoodfoundation.org/wp-content/uploads/yumpu_files/Behavioral_Health_and_the_Individual_Health_Insurance_Market_03.23.17.pdf)].
- Garfield R, Zur J. *The Current Medicaid Policy Debate and Implications for Behavioral Healthcare in the United States*. Scattergood Foundation; 2017. [[https://www.scattergoodfoundation.org/wp-content/uploads/yumpu\\_files/The\\_Current\\_Medicaid\\_Policy\\_Debate.pdf](https://www.scattergoodfoundation.org/wp-content/uploads/yumpu_files/The_Current_Medicaid_Policy_Debate.pdf)].

## Session 17 (10/28): The Oregon health insurance experiment: methods insights (video module on moral hazard in advance) (M. Landrum)

### Session Objectives:

- To discuss the role of experimental evidence in health policy
- To identify methodological strengths and weakness of the OHE

### Required Videos:

- RAND and the Moral Hazard: Healthcare Triage #10 [ <https://www.youtube.com/watch?v=q0OtUbDYdxw> ]

### Required Readings:

- A Note on Moral Hazard [ *File in Canvas Module* ]
- Baicker, Katherine, Sarah L. Taubman, Heidi L. Allen, Mira Bernstein, Jonathan H. Gruber, Joseph P. Newhouse, Eric C. Schneider, Bill J. Wright, Alan M. Zaslavsky, and Amy N. Finkelstein. “The Oregon Experiment — Effects of Medicaid on Clinical Outcomes.” *The New England Journal of Medicine* 368 (May 1, 2013): 1713–22. [ <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/10.1056/NEJMsa1212321> ]
- Taubman, Sarah L., Heidi L. Allen, Bill J. Wright, Katherine Baicker, and Amy N. Finkelstein. “Medicaid Increases Emergency-Department Use: Evidence from Oregon’s Health Insurance Experiment.” *Science* 343, no. 6168 (January 17, 2014): 263–68. [ [https://www-jstor-org.ezp-prod1.hul.harvard.edu/stable/42914667?seq=1#metadata\\_info\\_tab\\_contents](https://www-jstor-org.ezp-prod1.hul.harvard.edu/stable/42914667?seq=1#metadata_info_tab_contents) ]

### Optional Video:

- The RAND Health Insurance Experiment: A Retrospective at 40 Years [ [https://www.youtube.com/watch?v=HtoUs\\_4OYV](https://www.youtube.com/watch?v=HtoUs_4OYV) ]
- Allen, Heidi, Katherine Baicker, Sarah Taubman, Bill Wright, and Amy Finkelstein. “The Oregon Health Insurance Experiment: When Limited Policy Resources Provide Research Opportunities.” *Journal of Health Politics, Policy and Law* 38, no. 6 (December 1, 2013): 1183–92. <https://doi.org/10.1215/03616878-2373244>. [ <https://read-dukeupress-edu.ezp-prod1.hul.harvard.edu/jh ppl/article/38/6/1183/13609/The-Oregon-Health-Insurance-Experiment-When> ]

## Session 18 (11/2): Preferences and tradeoffs in health insurance decisions (D. Wright)

### Learning Goals:

- To introduce the concepts of preferences, utility, and heuristics in the context of health plan choice
- To explore outcomes other than financial efficiency that need to be maximized in a consumer's utility function

### Reading Guide:

- This literature in the context of Anna's lecture. Specifically, what are the common heuristics people use to make decisions and biases people have in decision making and which (other than cheapest plan) may apply to health insurance decision making?
- What is the difference between values and preferences highlighted in the Witteman paper?
- How do the authors integrate values and preferences into decision making tools?
- The role of uncertainty-- how decision making about treatment may differ from decision making about insurance.
- Weaknesses of values clarification methods.
- Do outcomes like decisional conflict and decision regret matter with respect to health insurance choice and how?

### Required Readings

- Wright DR, Sinaiko AD, Galbraith AA. "You Can't Always Get What You Want: Preferences and Trade-offs for Health Insurance Plan Decisions?" JAMA Health Forum. Published online July 17, 2020. [<https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama-health-forum/fullarticle/2768694?resultClick=1>Links to an external site. ]
- Politi, Mary C, Kuzemchak, Marie D, Liu, Jingxia, Barker, Abigail R, Peters, Ellen, Ubel, Peter A, Kaphingst, Kimberly A, McBride, Timothy, Kreuter, Matthew W, Shacham, Enbal, & Philpott, Sydney E. (2016). Show Me My Health Plans. *MDM Policy & Practice*, 1(1), 238146831667999. doi.org/10.1177/2381468316679998 [File link in Canvas Module]
- Politi MC, Grant RL, George NP, et al. Improving Cancer Patients' Insurance Choices (I Can PIC): A Randomized Trial of a Personalized Health Insurance Decision Aid. *Oncologist*. 2020;25(7):609-619. doi:10.1634/theoncologist.2019-0703 [<https://theoncologist.onlinelibrary.wiley.com/doi/full/10.1634/theoncologist.2019-0703?sid=vendor%3Adatabase> ]

### Optional readings:

- Ericson KM, Starc A. Heuristics and Heterogeneity in Health Insurance Exchanges: Evidence from the Massachusetts Connector. *American Economic Review*. 2012;102(3):493-497. doi:10.1257/aer.102.3.493 [<https://www-proquest-com.ezp-prod1.hul.harvard.edu/docview/1015152978?pq-origsite=primo&accountid=11311> ]

- Thokala P, Devlin N, Marsh K, et al. Multiple Criteria Decision Analysis for Health Care Decision Making--An Introduction: Report 1 of the ISPOR MCDA Emerging Good Practices Task Force. Value Health. 2016;19(1):1-13. doi:10.1016/j.jval.2015.12.003 [ <https://www-clinicalkey-com.ezp-prod1.hul.harvard.edu/#!/content/playContent/1-s2.0-S1098301515051359?returnurl=null&referrer=null> ]

## Session 19 (11/4): Survey methods: non-response in patient experience data (A. Zaslavsky)

### Instructions:

Please read the following articles to prepare for this session. You will be assigned to a small group to focus on one article that you will present to the seminar. Please plan on making a brief presentation (say, 3-5 minutes) on the main points of the reading, and give some initial reactions to the discussion question for your reading. You do not need to prepare slides for the presentation.

### Group Assignments for 3-5 minute presentation.

- Group 1: Katie, Derrick
- Group 2: Connie, Ibou, Celia
- Group 3: Carolyn, Marema
- Group 4: Andrea, Lindsay, Andrew
- Group 5: Hailey, Tai

### Group 1

- Hernan MA, Taubman SL. Does obesity shorten life? The importance of well-defined interventions to answer causal questions. *International Journal of Obesity*(2008) 32,S8–S14. [ <https://www-nature-com.ezp-prod1.hul.harvard.edu/articles/ijo200882.pdf> ]
  - What’s special about “interventions” (implying human agency) in demonstrating causality?
  - In the obesity example, what might be advantages and disadvantages of the following types of study:
    - Intervention on soda drinking with high school students participating in a broad health promotion program
    - Intervention on soda drinking with a general population
    - Collection of survey data on soda consumption from patients of a clinic (assuming that it can be linked to an electronic medical record).

### Group 2

- Greiner, D. J., & Rubin, D. B. (2011). Causal Effects of Perceived Immutable Characteristics. *The Review of Economics and Statistics*, 93(3), 775–785. [https://doi.org/10.1162/REST\\_a\\_00110](https://doi.org/10.1162/REST_a_00110) [ [https://www-jstor-org.ezp-prod1.hul.harvard.edu/stable/23016076?seq=1#metadata\\_info\\_tab\\_contents](https://www-jstor-org.ezp-prod1.hul.harvard.edu/stable/23016076?seq=1#metadata_info_tab_contents) ]
  - What’s special about “interventions” (implying human agency)?
  - Does the approach taken here solve the “immutable characteristics” problem?
  - If not, what problem (if any) does it solve?
  - What kinds of research question would be best addressed by each of the competing study designs?
  - What kinds of research question would be best addressed by the study design described in this article versus a retrospective study of sentencing in relation to race?

### Group 3

- Diez-Roux AV. Multilevel analysis in public health research. Annual review of public health. 2000 May;21(1):171-92. [ <https://www.annualreviews.org/doi/pdf/10.1146/annurev.publhealth.21.1.171> ]
  - Describe some examples and/or general types of questions for which a multilevel approach as described here would be advantageous

**Group 4**

- Rodriguez HP, Scoggins JF, von Glahn T, Zaslavsky AM, Safran DG. Attributing sources of variation in patients' experiences of ambulatory care. *Medical Care*. 2009; 47(8):835-841. [ <https://oce-ovid-com.ezp-prod1.hul.harvard.edu/article/00005650-200908000-00003/PDF> ]
  - What value, if any, would the analysis described here have for answering causal or noncausal questions relevant to reporting of quality?

**Group 5**

- Fenton JJ, Jerant AF, Bertakis KD, Franks P. The cost of satisfaction: a national study of patient satisfaction, health care utilization, expenditures, and mortality. *Archives of internal medicine*. 2012 Mar 12;172(5):405-11. [ <https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jamainternalmedicine/fullarticle/1108766> ]
  - (Skim for overview of the study.) What are the relevant levels/units for this study design? Any implications for causality?

**Optional reading for those interested**

- Bingenheimer JB, Raudenbush SW. Statistical and substantive inferences in public health: issues in the application of multilevel models. *Annu. Rev. Public Health*. 2004 Apr 21;25:53-77 [ <https://www.annualreviews.org/doi/pdf/10.1146/annurev.publhealth.25.050503.153925> ]
- Krieger N, Davey Smith G. The tale wagged by the DAG: broadening the scope of causal inference and explanation for epidemiology. *International Journal of Epidemiology*. 2016 Dec 1;45(6):1787-808 [ <https://academic-oup-com.ezp-prod1.hul.harvard.edu/ije/article/45/6/1787/2617188> ]

## Section IV: Social stratification and health

### Session 20 (11/9): Structural racism and health (N. Linos)

[TF Note: Natalia is planning for a discussion-oriented session, so please come prepared with questions, reflections, or ideas for how you might design research in this area for some of the unanswered questions/apply these concepts to your own research area. In addition to the readings, you can also take a look at the FXB Center's website (which Natalia now leads) to get an idea of the research & advocacy work they do, if it helps inform your reflections: The [FXB Center's general website](#), and their [racial justice projects](#)]

#### Learning objectives:

- 1) Understand the ways in which racism acts as a cause of health inequities in the United States, as well as the difference between structural racism and other forms of racism (like interpersonal racism).
- 2) Discuss standards for approaching and conducting research on race and racism in health policy and public health settings.
- 3) Discuss policy recommendations and current proposals for addressing racial health inequities.

#### Required Readings:

- Bailey, Zinzi D, Feldman, Justin M, & Bassett, Mary T. (2021). How Structural Racism Works — Racist Policies as a Root Cause of U.S. Racial Health Inequities. *The New England Journal of Medicine*, 384(8), 768–773. [ <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/10.1056/NEJMms2025396> ]
- Bailey, Zinzi D, et al. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet (British Edition)*, 389(10077), 1453–1463. [ <https://www-sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S014067361730569X> ]
- Boyd, Rhea, Edwin G. Lindo, Lachelle D. Weeks, and Monica R McLemore. “On Racism: A New Standard For Publishing On Racial Health Inequities.” *Health Affairs Blog* (blog), July 2, 2020. [ <https://www.healthaffairs.org/doi/10.1377/hblog20200630.939347/full/> ]

## Session 21 (11/11): Income and life expectancy/health (E. Meara)

Over the last several decades, differences in mortality and life expectancy in the United States have widened along multiple dimensions. Using the assigned readings, we will first characterize major trends over recent decades to summarize what is known about changes by income, by education, and across U.S. states and regions. We will consider the nature of evidence presented in each paper – What methods have been used and what are the strengths and weaknesses of such an approach? What inference can we make from these approaches about the source of inequality in mortality? We will also touch upon whether explanations for inequality grounded in economic frameworks (i.e. utility maximization) yield different hypotheses from those grounded in public health. We will spend the rest of our time considering support for (and against) key hypotheses to explain trends in mortality and life expectancy. **Please come to class prepared to share one hypothesis you think has support or one not covered in the articles that should be explored further to understand growing inequality in mortality and life expectancy.** As a bonus, think about a policy, current, historical, or hypothetical, that you think might mitigate inequalities.

### Learning objectives:

- Characterize inequality in mortality and life expectancy by income, education, and place
- Consider hypotheses consistent with the uneven changes in mortality/life expectancy observed
- Weigh evidence supporting institutions (i.e. policies) versus culture to explain

### Questions to guide your reading:

1. What does it mean that adults in the 99<sup>th</sup> percentile of income have higher life expectancy than adults in the 90<sup>th</sup> percentile?
2. How does the area (commuting zone) where people live affect differences in life expectancy at the bottom of the income distribution and at the top?
3. What are the leading explanations to explain why deaths of despair increase more for non-Hispanic non-Latinx White middle aged adults compared with other groups?
4. How does the income in a state compare to mortality rates in that state (circa 2016)?
5. How did state income compare to mortality rates in a state historically (circa 1990? Circa 1970?)
6. Do you agree with the authors of these papers regarding conclusions about what drives inequality in mortality or life expectancy

### Required Readings

- Chetty, Stepner, Abraham, Lin, Scuderi, Turner, Bergeron and Cutler, 2016 The Association Between Income and Life Expectancy in the United States, 2001-2014 <https://jamanetwork.com/journals/jama/article-abstract/2513561>
- Case, Anne, & Deaton, Angus. (2015). Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *Proceedings of the National Academy of Sciences - PNAS*, 112(49), 15078–15083. [ <http://ezp-prod1.hul.harvard.edu/login?url=https://www.jstor.org/stable/26466527> ]

- Couillard, Foote, Gandhi, Meara and Skinner, (2021) Journal of Economic Perspectives, Rising Geographic Disparities in US Mortality [ <https://pubs.aeaweb.org/doi/pdfplus/10.1257/jep.35.4.123> ]

### **Optional Readings**

- Case & Deaton “Morbidity and Mortality in the 21<sup>st</sup> Century” Brookings Papers on Economic Activity, 2017 [ <https://www.brookings.edu/wp-content/uploads/2017/08/casetextsp17bpea.pdf> ]

## **Session 22 (11/16): Quasi-experimental methods to measure the impact of racial injustice on health (L. Hatfield)**

### **Learning objectives:**

By the end of this session, students will be able to

- Identify mechanisms and health impacts of racism in the carceral system
- Explain and critically evaluate the causal and statistical assumptions of this study
- Propose policy solutions to address police violence and its direct and indirect health consequences

### **Required Readings**

- Bor J, Venkataramani AS, Williams DR, Tsai AC. Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study. *The Lancet*. 2018;392(10144):302-310. [ <https://www.sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S0140673618311309> ]
-

## Session 23 (11/18): Commodification: selling eggs, organs, and other things. (G. Cohen)

[TF note: Glenn has cold called students during this session in the past -- he is a law professor & that is more common in law schools! -- so be prepared!]

### Learning Goals:

- Students will learn how to reason ethically through a difficult question, when compensation commodifies, and use it to shape policy-setting for the law.

### Required Readings:

- In Re Baby M, 537 A.2d 1227 (N.J. 1988) [File linked in Canvas]
- Margaret Jane Radin. *Contested Commodities*. Cambridge: Harvard University Press, 1996. [File Linked in Canvas]
  - **pp. 131-140 (Beginning of chapter on Prostitution and Baby Selling only until “A Special Case of Commissioned Adoptions”)**
- Elizabeth S. Anderson, Is Women’s Labor a Commodity? 19 *Phil. & Pub. Affairs* 71 (1990) [<http://www.jstor.org.ezp-prod1.hul.harvard.edu/stable/2265363>]
- Cécile Fabre, *Whose Body Is It Anyway? Justice and the Integrity of the Person*. New York : Oxford University Press, 2006. [<http://www.oxfordscholarship.com.ezp-prod1.hul.harvard.edu/view/10.1093/0199289999.001.0001/acprof-9780199289998-chapter-6>]
  - **Chapter 6 (Organ Sales)**
- I. Glenn Cohen, Note: The Price of Everything, The Value of Nothing: Reframing the Commodification Debate, 117 *Harv. L. Rev.* 689 (2003) [<http://www.jstor.org.ezp-prod1.hul.harvard.edu/stable/3651950>]

## Session 23 (11/23): Characterizing variation. Disparities in health care (L. Hatfield)

### Required Readings:

- Lyratzopoulos G, Elliott M, Barbieri JM, et al. Understanding ethnic and other socio-demographic differences in patient experience of primary care: evidence from the English General Practice Patient Survey. *BMJ Quality and Safety*. 2012;21:21-29. [<https://qualitysafety-bmj-com.ezp-prod1.hul.harvard.edu/content/qhc/21/1/21.full.pdf> ]
- Cook B, Zuvekas S, Chen J, Progovac A, Lincoln A. Assessing the Individual, Neighborhood, and Policy Predictors of Disparities in Mental Health Care. *Med Care Res Rev*. 2017;74(4):404-430. [ <https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/full/10.1177/1077558716646898> ]
- Gillborn, D. (2010). The colour of numbers: surveys, statistics and deficit-thinking about race and class. *Journal of Education Policy*, 25(2), 253-276. [<https://www-tandfonline-com.ezp-prod1.hul.harvard.edu/doi/full/10.1080/02680930903460740> ]

**Thanksgiving holiday**

## Session 25 (11/30): Access to and quality of care for people with disabilities (L. Iezzoni)

### Session objectives:

1. Discuss the roles of structural and interpersonal discrimination against people with disabilities (i.e., ableism) as determinants of health care access and outcomes
2. Identify opportunities and challenges for health policy to promote health equity for people with disabilities

As you prepare for the class and read the materials: (1) consider the mechanisms through which people with disabilities are denied the same opportunities for health and well-being as others – it may help to think back to the Camara Jones [paperLinks to an external site.](#) that Alecia and Ben discussed on September 14<sup>th</sup>; (2) map out in your mind the ways in which health policies (provider regulations, payment, coverage, etc.) negatively affect health equity for people with disabilities and what reforms might have the biggest impact on access and outcomes, including patient experience.

### Required readings:

- Ogg, Michael. “Remaining At Home With Severe Disability.” *Health Affairs* 38, no. 6 (June 1, 2019): 1046–49. [ <https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2018.05532>Links to an external site. ]
- Iezzoni, Lisa I., Sowmya R. Rao, Julie Ressler, Dragana Bolcic-Jankovic, Nicole D. Agaronnik, Karen Donelan, Tara Lagu, and Eric G. Campbell. “Physicians’ Perceptions Of People With Disability And Their Health Care.” *Health Affairs* 40, no. 2 (February 1, 2021): 297–306. [ <https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2020.01452>Links to an external site. ]
- Iezzoni, Lisa I. “Dangers of Diagnostic Overshadowing.” *New England Journal of Medicine* 380, no. 22 (May 30, 2019): 2092–93. [ <https://www.nejm.org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJMp1903078>Links to an external site. ]
- Iezzoni, Lisa I., and Elizabeth Pendo. “Accessibility of Medical Diagnostic Equipment — Implications for People with Disability.” *New England Journal of Medicine* 378, no. 15 (April 12, 2018): 1371–73. [ <https://www.nejm.org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJMp1800606>Links to an external site. ]

**Session 24 (12/02): Disability policy** (N. Maestas)**Session objectives:**

- Understand the major federal and state policies that provide income support and access to health insurance and other services for people with disabilities
- Understand the insurance-incentive tradeoffs and potential for moral hazard in this unique context
- Describe current policy challenges and pathways for improving program design
- Tour the research frontier in this area

**Required Reading:**

- Maestas, Nicole (2019). “Identifying Work Capacity and Promoting Work: A Strategy for Modernizing the SSDI Program.” *The ANNALS of the American Academy of Political and Social Science*, 686:93-120. [<https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/full/10.1177/0002716219882354>]
- Maestas Nicole, Mullen Kathleen J., Strand Alexander. “Does Disability Insurance Receipt Discourage Work? Using Examiner Assignment to Estimate Causal Effects of SSDI Receipt.” *American Economic Review* 103(5): 1797-1829. [<http://pubs.aeaweb.org.ezp-prod1.hul.harvard.edu/doi/pdfplus/10.1257/aer.103.5.1797>]
  - **[Focus on the quasi-experimental design, be prepared to discuss strengths and limitations]**
- Daly, Mary C. and Mark Duggan (2019). SKIM. “When One Size Does Not Fit All: Modernizing the Supplemental Security Income Program.” *The ANNALS of the American Academy of Political and Social Science*, 686: 229-249. [<https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/full/10.1177/0002716219884072>]
  - **[Skim this one, provides background for Longmore article]**
- Longmore, Paul K. “Ch. 13. Why I Burned My Book” in *Why I Burned My Book and Other Essays on Disability*. Philadelphia: Temple University Press, 2003. Print.
  - **[Read pp. 230-246, skim the rest].**
  - File linked in Canvas

**Optional reading:**

- Autor, David and Mark Duggan, “The Rise in Disability Reciprocity and the Decline in Unemployment,” *Quarterly Journal of Economics*, 2003, 118(1), 157-206. [<https://doi-org.ezp-prod1.hul.harvard.edu/10.1162/00335530360535171>]
- Liebman, Jeffrey B. "Understanding the Increase in Disability Insurance Benefit Receipt in the United States." *The Journal of Economic Perspectives* 2 (2015): 123-149. [[https://www-aeaweb-org.ezp-prod1.hul.harvard.edu/jep/app/2902/29020123\\_corr.pdf](https://www-aeaweb-org.ezp-prod1.hul.harvard.edu/jep/app/2902/29020123_corr.pdf)]
- Maestas Nicole, Mullen Kathleen J., Strand Alexander. The Effect of Economic Conditions on the Disability Insurance program: Evidence from the Great Recession. *Journal of Public Economics*, 199 (2021): 104410. [ <https://www-sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S0047272721000463?> ]

- Burkhauser, Richard V., and Mary Daly. "The Economic Status of People with Disabilities (Ch. 1)," in *The declining work and welfare of people with disabilities: What went wrong and a strategy for change*. AEI Press, 2011, 10-20. [[Library](#)]
- Deshpande, Manasi, and Yue Li. "Who is screened out? Application costs and the targeting of disability programs." *American Economic Journal: Economic Policy* (2019): 213-48. [ <https://www-aeaweb-org.ezp-prod1.hul.harvard.edu/articles?id=10.1257/pol.20180076> ]

## Section V: Health care delivery: management and quality

### Session 1 (01/25): Organizing Health Care for Learning, Improvement, and Innovation (R. Huckman)

**[TF Note: Welcome back! Rob will be using an HBS Case to guide the discussion. Please note his discussion questions for the case below and think about them before class.]**

#### Learning Objectives:

- Develop an understanding of a key theme in the health care management literature—designing and operating organizations to foster improvement and innovation
- Appreciate the tension between standardization and local autonomy as approaches for stimulating improvement and innovation
- Consider the extent to which improvement tools developed in manufacturing (e.g., lean production, learning curves and focused factories) can be applied to health care delivery

#### Required Readings:

- R.M.J. Bohmer, R.S Huckman, J. Weber, and K.J. Bozic, 2007. “Managing Orthopaedics at Rittenhouse Medical Center,” HBS Case 607-152.
  - **TO ACCESS THE CASE:** You can access a copy of the case in "Files: [File Linked in Canvas](#).
  - **Please do not distribute the PDF to others.** HBS cases are purchased by the program and distributed on a per-user basis. We purchased 12 copies, but we are uploading a single PDF to Canvas for your convenience.
  - You can also use this [link](#) to access the case directly on the HBS site, but you'll need to make a (free) Harvard Business Publishing account.
- P. Hartzband and J. Groopman, 2016. “Medical Taylorism,” New England Journal of Medicine 374: 106-108. [ <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJMp1512402> ]
- R.S. Huckman and A. Raman, 2015. “Medicine’s Continuous Improvement Imperative,” Journal of the American Medical Association 313(18): 1811–1812. [ <https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama/fullarticle/2290658> ]
- 

**Note: To focus your preparation, please read the three items above. Please read the Rittenhouse Medical Center case closely and come prepared to discuss the following questions related to it:**

1. What is your assessment of the 3B Orthopedics model relative to that used for typical procedures performed by the faculty practice surgeons? Which is better? What are the key criteria for your assessment?
2. What are the possible sources of conflict between Booth’s model of care and the faculty

practice's model? How might this potential conflict be reduced?

3. Should Neela Wilson accede to Dr. Booth's request? If not, how should she respond?

### Optional readings:

- Bloom, R. Lemos, R. Sadun and J. Van Reenen, 2020. “Healthy Business? Managerial Education and Management in Healthcare,” *Review of Economics and Statistics* 102(3): 506–517. [ <https://direct-mit-edu.ezp-prod1.hul.harvard.edu/rest/article/102/3/506/96786/Healthy-Business-Managerial-Education-and> ]
- J.R. Clark and R.S. Huckman, 2012. “Broadening Focus: Spillovers, Complementarities and Specialization in the Hospital Industry,” *Management Science* 58(4): 708–722. [ <https://pubsonline-informs-org.ezp-prod1.hul.harvard.edu/doi/pdf/10.1287/mnsc.1110.1448> ]
- R.S. Huckman and G.P. Pisano, 2006. “The Firm Specificity of Individual Performance: Evidence from Cardiac Surgery,” *Management Science* 52(4): 473–488. [ <https://pubsonline-informs-org.ezp-prod1.hul.harvard.edu/doi/pdf/10.1287/mnsc.1050.0464> ]
- KC, B.R. Staats, and F. Gino, 2013. “Learning from My Success and from Others' Failure: Evidence from Minimally Invasive Cardiac Surgery,” *Management Science* 59(11): 2435-2449. [ <https://pubsonline-informs-org.ezp-prod1.hul.harvard.edu/doi/pdf/10.1287/mnsc.2013.1720> ]
- G.P. Pisano, R.M.J. Bohmer, and A.C. Edmondson, 2001. “Organizational Differences in Rates of Learning: Evidence from the Adoption of Minimally Invasive Cardiac Surgery,” *Management Science* 47(6): 752-768. [ <https://pubsonline-informs-org.ezp-prod1.hul.harvard.edu/doi/pdf/10.1287/mnsc.47.6.752.9811> ]
- Reagans, L. Argote, and D. Brooks, 2005. “Individual Experience and Experience Working Together: Predicting Learning Rates from Knowing Who Knows What and Knowing How to Work Together,” *Management Science* 51(6): 869–881. [ <https://pubsonline-informs-org.ezp-prod1.hul.harvard.edu/doi/pdf/10.1287/mnsc.1050.0366> ]
- B.J. Weiner, C.D. Helfrich, and A. Nguyen, 2020. “Complexity, Learning and Innovation,” Ch. 8 in *Shortell and Kaluzny's Health Care Management: Organization Design and Behavior*, L.R. Burns, E.H. Bradley, and B.J. Weiner, eds. [ Request via [HOLLIS](#) if interested ]

## Session 2 (01/27): Introduction to the spring (M. Rosenthal)

### Learning objectives/preparation:

There are no required readings for the session, but please spend time on the 2 tasks below prior to class:

1. Meredith will be introducing the arc of the spring semester and invite a discussion about your research projects. **Please review the latest spring assignment instructions come prepared with questions.**
  - More details, including links to examples of proposals from last year, are available on the Assignments page. Please also feel free to review one or two (or three!) of these as you prepare for Thursday.
2. As we set up for the spring, please also come prepared to tell us about one thing you learned in Core last semester that surprised you and one thing about health policy or any of the "institutional" details that we discussed that still puzzles you.

### Session 3 (02/01): Organizational behavior (M. Kerrissey)

[TF note: Michaela would like you to read an HBS case, like you did for Rob's class. She included some discussion questions to consider -- see below. However, she said you can skim the case (you do not have to read it as in-depth as Rob's case). But spend a few minutes thinking about the questions, especially as they pertain to the other readings.]

#### Learning Objectives:

- Develop familiarity with organizational behavior scholarship and its application in healthcare research
- Explore the value, benefits and limits of social factors in care delivery
- Identify key issues in the measurement of social and team factors
- 

#### Required Readings:

- Kerrissey, M., Tietschert, M., Novikov, Z., Bahadurzada, H., Sinaiko, A. D., Martin, V., & Singer, S. J. (2021). Social Features of Integration in Health Systems and Their Relationship to Provider Experience, Care Quality and Clinical Integration. *Medical Care Research and Review*: <https://doi.org/10.1177/10775587211024796>
  - [ <https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/full/10.1177/10775587211024796> ]
- Mortensen, M., & Haas, M. R. (2018). Perspective—Rethinking teams: From bounded membership to dynamic participation. *Organization Science*, 29(2), 341-355. <https://doi.org/10.1287/orsc.2017.1198>
  - [ <https://pubsonline-informs-org.ezp-prod1.hul.harvard.edu/doi/full/10.1287/orsc.2017.1198> ]
- Kerrissey, M. & Edmondson A. Enabling Teamwork at the Cleveland Clinic. Harvard Business School Case No. 621040. (you can skim this – it is intended to give a concrete example of team issues in health systems but we will not delve into the details in class)
  - **TO ACCESS THE CASE:** You can access a copy of the case in [File linked in Canvas](#).
  - **Please do not distribute the PDF to others.** HBS cases are purchased by the program and distributed on a per-user basis. We purchased 12 copies, but we are uploading a single PDF to Canvas for your convenience.
  - You can also use this [link](#) to access the case directly on the HBS site, but you'll need to make a (free) Harvard Business Publishing account.

#### Questions to Guide your Preparation:

- Why did the Cleveland Clinic move to an institute model?
- How would you assess the benefits and drawbacks or risks of this transition?
- How is the current environment for the Clinic changing and what are the implications for teamwork?
- What kind of study would you set up to evaluate the newer teamwork issues surfaced in the Cleveland Clinic case? How would you approach it? What would you worry about?
- What are the benefits and limits of considering social features of care delivery (such as teamwork, norms, culture) in research?

- What do you think is required to make managerial research both rigorous and relevant to contemporary healthcare?

**Optional Readings:**

- *Perspectives on the field and methodological approaches:*
  - Edmondson, A. C., & McManus, S. E. (2007). Methodological fit in management field research. *Academy of management review*, 32(4), 1246-1264.
  - Davis, G. F. (2015). Editorial essay: What is organizational research for?. *Administrative Science Quarterly*, 60(2), 179-188.  
<https://doi.org/10.1177/0001839215585725>
  - Gioia, D. (2021). On the Road to Hell: Why Academia Is Viewed as Irrelevant to Practicing Managers. *Academy of Management Discoveries*:  
<https://doi.org/10.5465/amd.2021.0200>
  - Kerrissey, M. J., Satterstrom, P., & Edmondson, A. C. (2020). Into the fray: Adaptive approaches to studying novel teamwork forms. *Organizational Psychology Review*, 10(2), 62-86.
- *Examples of multi-method papers on teams:*
  - Kerrissey, M. J., Mayo, A. T., & Edmondson, A. C. (2021). Joint problem-solving orientation in fluid cross-boundary teams. *Academy of Management Discoveries*, 7(3), 381-405.
  - Valentine, M. A., & Edmondson, A. C. (2015). Team scaffolds: How mesolevel structures enable role-based coordination in temporary groups. *Organization Science*, 26(2), 405-422.
- *Papers on integration from social/organizational perspectives:*
  - Burns, L. R., Nembhard, I. M., & Shortell, S. M. (2021). Integrating network theory into study of integrated healthcare. *Social Science & Medicine*, 114664.  
<https://doi.org/10.1016/j.socscimed.2021.114664>
  - Singer, S. J., Kerrissey, M., Friedberg, M., & Phillips, R. (2020). A comprehensive theory of integration. *Medical Care Research and Review*, 77(2), 196-207. <https://doi.org/10.1177/1077558718767000>

## Session 4 (02/03): Quality improvement/patient safety and health equity (T. Sequist)

### Learning Objectives:

1. To introduce the concept of quality improvement in health care
2. To explore what we know and need to know about improving quality of care for racial/ethnic/linguistic minority populations and other groups that experience worse health outcomes

### Required Readings:

- Sequist, Thomas D. et al. “Cultural Competency Training and Performance Reports to Improve Diabetes Care for Black Patients.” *Annals of Internal Medicine*, vol. 152, no. 1, 2010, p. 40. [<https://www-acpjournals-org.ezp-prod1.hul.harvard.edu/doi/pdf/10.7326/0003-4819-152-1-201001050-00009> ]
- Rodriguez, Jorge A., Betancourt, Joseph R., Sequist, Thomas D., and Ganguli, Ishani. “Differences in the Use of Telephone and Video Telemedicine Visits during the COVID-19 Pandemic.” *The American Journal of Managed Care*, vol. 27, no. 1, 2021, pp. 21–26., <https://doi.org/10.37765/ajmc.2021.88573>. [<https://www.ajmc.com/view/differences-in-the-use-of-telephone-and-video-telemedicine-visits-during-the-covid-19-pandemic> ]

## Session 5 (02/08): Quality measurement (N. Keating)

### Learning Objectives

- Review definition of “quality”
- Understand goals of quality measurement & what makes a good quality measure
- Understand challenges of quality measurement
- Consider the role of equity in quality measurement

### Required Readings

- Berwick, Donald M. 2002. A User’s Manual for the IOM’s ‘Quality Chasm’ Report. Health Affairs. 21(3): 80-90. [ <https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/full/10.1377/hlthaff.21.3.80> ]
- McGlynn EA, Adams JL. What makes a good quality measure? JAMA 2014; 312(15): 1517-1518  
[ <https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama/fullarticle/1915591> ]
- Keating NL, Landrum, MB, Samuel-Ryals CA, Sinaiko AD, Wright AA, Brooks GA, Bai B, Zaslavsky AM. Measuring racial inequities in the quality of care across oncology practices. Manuscript in 2<sup>nd</sup> revision at Health Affairs. [Download here]
  - *note that this manuscript is under revision at a journal so do not circulate or cite to anyone outside the class*

### Optional Readings

- Donabedian A. Evaluating the quality of medical care. Milbank Quarterly 2005; 83 (4): 691-729. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1468-0009.2005.00397.x>  
Reprinted from the Millbank Quarterly 1966; 44(3) 166-203)
- McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. The quality of health care delivered to adults in the United States. N ENgl J Med 2003; 348: 2634-2645. [ <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/nejmsa022615> ]
- Keating NL, Cleveland JLF, Wright AA, Brooks GA, Meneades L, Riedel L, Zubizarreta JR, Landrum MB. Reliability and correlation of quality measures for oncology cancer care: implications for alternative payment models. JAMA Netw Open. 2021;4(3):e212474. doi:10.1001/jamanetworkopen.2021.2474 [ <https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jamanetworkopen/fullarticle/2777742> ]

## Session 6 (02/10): Methods: qualitative research in health management

(E. Aveling)

[TF note: Emmilie would like you to watch a 45-min video lecture as preparation for class. Be sure to budget enough time to do so! Links to the 4 parts of the video (and 2 readings) are below.]

### Learning objectives:

- Describe key features and foundational assumptions of the qualitative research paradigm
- Identify types of healthcare research questions that qualitative approaches can address
- Describe key considerations for assessing the quality and utility of qualitative research

### Required reading/viewing:

- Priya Das, Tom Newton-Lewis, Karima Khalil, Madhavi Rajadhyaksha, Phalasha Nagpal, (2021) How performance targets can ingrain a culture of ‘performing out’: An ethnography of two Indian primary healthcare facilities, *Social Science & Medicine*, ISSN 0277-9536, <https://doi.org/10.1016/j.socscimed.2021.114489>.
  - As you read, consider the following prompts:
    - What is the **research question(s)** this study is addressing?
    - What do you think are some **strengths** of the study?
    - What do you think are some **limitations**? (Or, what methodological **questions**/concerns does it raise for you?)
    - What are the **implications** of this study for managing healthcare quality/strategies for improving healthcare quality?
- Malterud, Kirsti. (2001). Qualitative Research: Standards, Challenges, and Guidelines. *Lancet*. 358. 483-8. 10.1016/S0140-6736(01)05627-6. [\[Download here\]](#)

**Video lecture:** Introduction to the Qualitative Research Paradigm (Emmilie Aveling) (From Chan School Course: MPH 101 – Qualitative Methods for Public Health)

Slides to accompany the videos are [attached](#). Kaltura links below (it’s divided into shorter segments totaling 45 minutes)

1.1 What is Qualitative Research?

<http://www.kaltura.com/tiny/02o0w>

1.2 Philosophical Assumptions and Methodological Choices

<http://www.kaltura.com/tiny/0vblb>

1.3 Research Paradigms: Why Do Underlying Assumptions Matter?

<http://www.kaltura.com/tiny/0vltt>

1.4 Fundamental Assumptions of the Qualitative Paradigm

<http://www.kaltura.com/tiny/03a0v>

## Section VI: Health care delivery: models and incentives

### Session 7 (02/15): Methods for adjustment (J. Zubizarreta)

#### Learning goals:

- To understand how different methods for adjustment, such as regression, matching, and weighting, act on the individual-level data to approximate a hypothetical randomized experiment under different identification strategies.
- To understand the strengths and weaknesses of these methods in terms of study design, statistical efficiency, and computational tractability.

#### Readings:

- Silber, J.H., Rosenbaum, P.R., Ross, R.N., Ludwig, J.M., Wang, W., Niknam, B.A., Mukherjee, N., Saynisch, P.A., Even-Shoshan, O., Kelz, R.R. and Fleisher, L.A., 2014. Template matching for auditing hospital cost and quality. *Health Services Research*, 49(5), pp.1446-1474.
  - [ <https://onlinelibrary-wiley-com.ezp-prod1.hul.harvard.edu/doi/full/10.1111/1475-6773.12156> ]
- Chattopadhyay, A. and Zubizarreta, J.R., 2021. On the implied weights of linear regression for causal inference. arXiv preprint arXiv:2104.06581.
  - [ <https://arxiv.org/abs/2104.06581> ]
- Ellis, & McGuire, T. G. (1996). Hospital response to prospective payment: Moral hazard, selection, and practice-style effects. *Journal of Health Economics*, 15(3), 257–277.  
[https://doi.org/10.1016/0167-6296\(96\)00002-1](https://doi.org/10.1016/0167-6296(96)00002-1)
  - [ <https://www.sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/0167629696000021> ]

#### Optional/Recommended readings:

- Imbens, G.W., 2015. Matching methods in practice: Three examples. *Journal of Human Resources*, 50(2), pp.373-419.
  - [ <https://muse-jhu-edu.ezp-prod1.hul.harvard.edu/article/581179> ]

## Session 8 (02/17): Outsourcing Responsibility for Social Health Insurance: Design of Health Plan Payments (T. McGuire)

The U.S. and many countries subcontract paying for/providing health care to private health plans. The contract between payers and health plans is arguably the most important contract in health policy. The purpose of this session is to introduce issues and methods of analysis for health plan payment.

### To set the stage, the class will be asked to:

- Explain the choice of health insurance coverage from the standpoint of a Medicare beneficiary, focusing on the choice to remain in Traditional Medicare or choose a Medicare Advantage plan. Students unfamiliar with this aspect of Medicare should consult MedPAC material that contains the relevant background.
- In this context of beneficiary choice, enumerate the major policy problems you see for Medicare related to incentives and methods of health plan payment.

### Required Readings

- Thomas McGuire and Richard van Kleef, “Regulated Competition in Health Insurance Markets: Paradigms and Ongoing Issues,” Chapter 1 in McGuire and Van Kleef (eds), *Risk Adjustment, Risk Sharing and Premium Regulation in Health Insurance Markets: Theory and Practice*, Elsevier, 2018.
  - [McGuireVanKleef\\_RegulatedCompetitionHealthInsuranceMarkets\\_BookChapter1.pdf](#)
- Randall Ellis, Bruno Martins, and Sherri Rose, “Risk Adjustment of Health Plan Payment,” Chapter 3 in McGuire and Van Kleef (eds), *Risk Adjustment, Risk Sharing and Premium Regulation in Health Insurance Markets: Theory and Practice*, Elsevier, 2018. Focus on 3.2, 3.4, 3.5, 3.6.
  - [Ellis\\_Martins\\_Rose\\_RiskAdjustmentHealthPlanPayment\\_BookChapter3.pdf](#)

### Optional Readings

Risk adjustment heresy: take stuff out rather than put stuff in:

- Thomas G. McGuire, Anna L. Zink and Sherri Rose, “Simplifying and Improving the Performance of Risk Adjustment Systems: Constrained Regression, Reinsurance, and Variable Selection,” *American Journal of Health Economics*, 7(4) Fall 2021, pp 497-521. published online Oct 4 2021: <https://www.journals.uchicago.edu/doi/10.1086/716199>. Depending on time, this paper may be presented.
  - [McGuire\\_Zink\\_Rose\\_ImprovingPerformanceRiskAdj\\_AJHE2021.pdf](#)

Risk adjustment can be combined with risk sharing:

- Thomas G. McGuire, Sonja Schillo, Richard C. van Kleef, “Reinsurance, Repayment and Risk Adjustment in Individual Health Insurance Markets: Germany, The Netherlands and the US Marketplaces,” *American Journal of Health Economics* 6(1) Winter, 2020.

- [McGuire\\_Schillo\\_VanKleef\\_ReinsuranceRepaymentRiskAdjustment\\_AJHE\\_2020.pdf](#)

***Dissertation essays on risk adjustment by students in our program:***

- Sebastian Bauhoff, “Do Health Plans Risk Select? An Audit Study of Germany’s Social Health Insurance,” *Journal of Public Economics*, 96 (2012) 750-759.
- Ellen J. Montz, Timothy J. Layton, Alisa B. Busch, Randall P. Ellis, Sherri R. Rose, and Thomas G. McGuire. Risk Adjustment Simulation: Health Plans May Have Incentives to Distort Mental Health and Substance Abuse Coverage. *Health Affairs*, 35(6): 1022-1028, 2016.
- Monica Farid, “The Extremely Under and Overcompensated in Individual Health Insurance Markets,” unpublished.
- Savannah Bergquist, Timothy J. Layton, Thomas G. McGuire and Sherri Rose, “Sample Selection for Medicare Risk Adjustment with Systematically Missing Data,” *Health Services Research*, September 2018. DOI: 10.1111/1475-6773.13046
- Savannah Bergquist, Timothy J. Layton, Thomas G. McGuire and Sherri Rose, “Data Transformations to Improve the Performance of Health Plan Payment Methods,” *Journal of Health Economics*, (2019) 66:195-207.
- Eran Politzer, “The Impact of Utilization Thresholds in Risk Adjustment Systems on Fit and Incentives for Gaming,” Revisions requested, *American Journal of Health Economics*
- Anna Zink and Sherri Rose 2020. Fair Regression for Health Care Spending. *Biometrics*, Volume 73, Issue 3. Link: <https://onlinelibrary.wiley.com/doi/full/10.1111/biom.13206>

## Session 9 (02/22): Alternative payment models (M. Rosenthal)

### **Learning Objectives:**

By the end of this session, you will be able to:

- Describe the major types of provider payment methods including “value-based” approaches
- Explain the principles of incentive design
- Analyze the likely effects and potential adverse consequences of alternative payment approaches

### **Be prepared to discuss:**

- How important do you think financial incentives are at the point of care (i.e., how much do they enter into a decision to do or not do something for a patient)?
- What is the ideal way to pay doctors and hospitals?
- What unintended consequences might ensue as we incorporate quality and cost measures into payment formulas?
- What needs to happen for value-based purchasing to be successful in health care?

### **Required Readings**

1. Robinson JC. The Theory and Practice of Physician Payment Incentives. *Milbank Quarterly*; May 2001, Vol. 79 Issue 2, p149, 29p. [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2751195/pdf/milq\\_202.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2751195/pdf/milq_202.pdf) [ <https://onlinelibrary-wiley-com.ezp-prod1.hul.harvard.edu/doi/pdfdirect/10.1111/1468-0009.00202> ]
2. VanLare, Jordan M., and Patrick H. Conway. "Value-based purchasing—national programs to move from volume to value." *New England Journal of Medicine* 4 (2012): 292-295. [ <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJMp1204939> ]
3. Kaufman, B.G., Spivack, B.S., Stearns, S.C., Song, P.H. and O'Brien, E.C., 2019. Impact of accountable care organizations on utilization, care, and outcomes: a systematic review. *Medical Care Research and Review*, 76(3), pp.255-290. [ <https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/full/10.1177/1077558717745916> ]

### **Required Video**

- Watch the short video here for an introduction to ACOs: <https://innovation.cms.gov/innovation-models/aco>

## Session 10 (02/24): Performance-Based Financing in Low- and Middle-Income Countries (S. Bauhoff)

[TF note: The required readings are bolded and highlighted. The readings are organized by theme (with some of the optional readings mixed in) because Sebastian would like you to think about the variation in perspectives on this topic -- see Learning Objectives. But only the highlighted ones are required.]

### Learning Objectives:

- 1) Become familiar with performance-based financing (PBF) initiatives and policies in low- and middle-income countries
- 2) Consider the range of perspectives on PBF (e.g., economic/impact-evaluation versus health systems/policy perspectives). What differences are there and how do they create tensions?

### Readings:

#### Conceptual issues

- **Miller G, Babiarz K. [Pay -for-Performance Incentives in Low- and Middle-Income Country Health Programs](#). National Bureau of Economic Research Working Paper Series. 2013; No. 18932**
  - Describes the economic perspective on PBF in these settings
- Lohmann J, Houliort N, De Allegri M. [Crowding out or no crowding out? A Self-Determination Theory approach to health worker motivation in performance-based financing](#). Social Science & Medicine. 2016 Nov 1;169(Supplement C):1–8.
  - Conceptual framework for thinking about possible negative effects of PBF

#### Evidence

- **Basinga P, Gertler PJ, Binagwaho A, Soucat AL, Sturdy J, Vermeersch CM. [Effect on Maternal and Child Health Services in Rwanda of Payment to Primary Health-Care Providers for Performance: An Impact Evaluation](#). The Lancet. 2011;377(9775):1421–8.**
  - Very influential early trial that set off the policy interest in PBF and also served as template for subsequent impact evaluations of PBF pilots
- Diaconu K, Falconer J, Verbel Facuseh AV, Fretheim A, Witter S. [Paying for Performance to Improve the Delivery of Health Interventions in Low- and Middle-Income Countries](#). Cochrane Database of Systematic Reviews. 2021
  - Most recent systematic review

#### Policy debate

- **Meessen B, Soucat A, Sekabaraga C. [Performance-Based Financing: Just a Donor Fad or a Catalyst Towards Comprehensive Health-Care Reform?](#) Bull World Health Organ. 2011;89(2):153–6.**
  - Motivation for PBF to drive health systems reform

- Paul E, Albert L, Bisala BN, Bodson O, Bonnet E, Bossyns P, et al. [Performance-based financing in low-income and middle-income countries: isn't it time for a rethink?](#) BMJ Global Health. 2018;3(1):e000664.
  - Summarizes many of the concerns with PBF / policy focus on PBF

#### Additional optional readings

- Donato K, Miller G, Mohanan M, Truskinovsky Y, Vera-Hernández M. [Personality Traits and Performance Contracts: Evidence from a Field Experiment among Maternity Care Providers in India](#). American Economic Review. 2017 May;107(5):506–10.
  - How do conscientiousness and neurotic respond to performance incentives?
- Mohanan M, Donato K, Miller G, Truskinovsky Y, Vera-Hernández M. [Different Strokes for Different Folks? Experimental Evidence on the Effectiveness of Input and Output Incentive Contracts for Health Care Providers with Varying Skills](#). American Economic Journal: Applied Economics. 2021 Oct;13(4):34–69.
  - Directly compares output vs input-based contracts
- Sherry T. [A Note on the Comparative Statics of Pay-for-Performance in Health Care](#). Health Economics. 2016;25(5):637–44.
  - Conceptual explanation why it's not so obvious what happens when a PBF program rewards some activities but not others
- Ngo DK, Bauhoff S. [The Medium-Run and Scale-up Effects of Performance-Based Financing: An Extension of Rwanda's 2006 Trial Using Secondary Data](#). World Development. 2021;139:105264.
  - Using secondary data to learn more from pilot studies

## Session 11 (03/01): Long-term care (D. Grabowski)

### Objectives:

- Understand the basic economics of the long-term care market.
- Review the reasons for long-standing quality of care problems in long-term care.
- Learn about potential policy factors to address these performance issues.
- Identify how COVID exacerbated these issues and further suggests reform is needed.

### Required Readings:

- Grabowski DC. The market for long-term care services. *Inquiry*. 2008 Spring;45(1):58-74. doi: 10.5034/inquiryjrnl\_45.01.58. PMID: 18524292.
  - [ [https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/pdf/10.5034/inquiryjrnl\\_45.01.58](https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/pdf/10.5034/inquiryjrnl_45.01.58) ]
- Konetzka RT, Werner RM. Applying market-based reforms to long-term care. *Health Aff (Millwood)*. 2010 Jan-Feb;29(1):74-80. doi: 10.1377/hlthaff.2009.0559. PMID: 20048363.
  - [ <https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2009.0559> ]
- McGarry BE, Grabowski DC. Nursing Homes and COVID-19: A Crisis on Top of a Crisis. *Annals AAPSS*, In press.
  - [ <https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/full/10.1177/00027162211061509> ]

## Session 12 (03/03): Behavioral design and global health (M. McConnell)

### Session goals:

The overall objective of the session is to familiarize students with how an interdisciplinary approach to behavioral design can support the design of interventions in global health to improve health outcomes. The session has the following specific goals:

- To introduce students to the process of behavioral design including the identification of a problem, diagnosis of behavioral challenges, design of intervention and evaluation of the intervention's effectiveness using specific examples from applied health settings
- To compare disciplinary approaches to both the design and evaluation of behavioral interventions
- To prepare students to critically evaluate evidence from field experiments to evaluate behavioral interventions in global health

### Required readings:

- Kremer, Rao and Schilbach, "Behavioral Development Economics," Chapter in the Handbook of Behavioral Economics
  - Online Here: <https://economics.mit.edu/files/16499>
  - File in Canvas [Kremer\\_Rao\\_Schilbach\\_Chapter 5 -- Behavioral development economics.pdf](#)
- Chapters 8 and 11 of the 2015 World Development Report
  - <http://www.worldbank.org/en/publication/wdr2015>
- Datta, & Mullainathan, S. (2014). Behavioral Design: A New Approach to Development Policy. The Review of Income and Wealth, 60(1), 7–35.
  - [ <https://doi.org/10.1111/roiw.12093> ]
  - [ <https://onlinelibrary-wiley-com.ezp-prod1.hul.harvard.edu/doi/full/10.1111/roiw.12093> ]
- McConnell M, Rothschild CW, Ettenger A, Muigai F, Cohen J. (2018) Free contraception and behavioural nudges in the postpartum period: evidence from a randomised control trial in Nairobi, Kenya. BMJ Global Health, 2018, 3:5.
  - [ <https://gh-bmj-com.ezp-prod1.hul.harvard.edu/content/3/5/e000888> ]
- Cohen, J., Lofgren, K. and McConnell, M.(2017) Pre-Commitment, Cash Transfers, and Timely Arrival for Birth: Evidence from a Randomized Controlled Trial in Nairobi Kenya. American Economic Review Papers and Proceedings 107(5): 501-505.
  - [ <https://www-aeaweb-org.ezp-prod1.hul.harvard.edu/articles?id=10.1257/aer.p20171104> ]

- Cohen, J, Rothschild, C, Golub G, Omondi G, Kruk M, McConnell, M(2017) Enhancing Demand for High-Quality Maternity Care with Lost-Cost Nudges: Evidence from a Randomized Controlled Trial in Nairobi, Kenya. Health Affairs 36(11): 1956-1964.
  - [ <https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2017.0537> ]

## Session 13 (03/08): Competition (L. Dafny)

### Learning Objectives:

- Understand the general motivations for consolidation
- Learn about the recent trends in health care consolidation in the US (particularly among providers)
- Describe the evidence regarding costs and benefits of consolidation
- Familiarize yourself with the regulations and regulators that promote competition and enforce competition law

### Readings:

- Dafny L. Hospital Industry Consolidation — Still More to Come? N Engl J Med. 2014;370(3):198-199. doi:10.1056/NEJMp1313948
  - [ <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/10.1056/NEJMp1313948> ]
- Tsai TC, Jha AK. Hospital Consolidation, Competition, and Quality: Is Bigger Necessarily Better? JAMA. 2014;312(1):29. doi:10.1001/jama.2014.4692
  - [ <https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama/fullarticle/1884584> ]
- Dafny LS, Lee TH. The Good Merger. N Engl J Med. 2015;372(22):2077-2079. doi:10.1056/NEJMp1502338
  - [ <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/10.1056/NEJMp1502338> ]
- KFF: What we know about providers
  - [ <https://www.kff.org/health-costs/issue-brief/what-we-know-about-provider-consolidation/> ]

## Section VII: Public Health Policy

### Session 14 (03/10): Harm reduction (A. Brandt)

#### Objectives

This session will assess the history and philosophy of health interventions that focus on reducing risks of morbidity and mortality. Over recent decades these strategies and technologies have proven controversial. These debates have centered on problems of reducing versus eliminating serious risks to health, and the relationship of alternative approaches. The class will center attention on several cases: methadone and other medically-assisted treatments for substance use disorders; safe-injection equipment and sites for opiate use; e-cigarettes and vaping technology to reduce tobacco related harms. We will discuss strategies for the evaluation of harm reduction interventions, as well as cultural and political obstacles to their implementation.

#### Readings:

##### *Methadone and medically assisted treatment:*

- Kuehn, Bridget M. "Methadone Treatment Marks 40 Years." *JAMA* 294, no. 8 (August 24, 2005): 887–89.
  - [<https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama/fullarticle/1719708>]
- Kalk, Nicola J. "Harm Reduction in Opioid Treatment: An Established Idea under Threat." *Addiction* 114, no. 1 (2019): 20–21.
  - [<https://onlinelibrary-wiley-com.ezp-prod1.hul.harvard.edu/doi/full/10.1111/add.14468>]

##### *Safe injection of opiates:*

- Potier, Laprévotte, V., Dubois-Arber, F., Cottencin, O., & Rolland, B. (2014). Supervised injection services: What has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*, 145, 48–68.
  - [<https://www-sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S0376871614018754> ]
- Barry, Sherman, S. G., & McGinty, E. E. (2018). Language Matters in Combatting the Opioid Epidemic: Safe Consumption Sites Versus Overdose Prevention Sites. *American Journal of Public Health* (1971), 108(9), 1157–1159.
  - [<https://ajph-aphapublications-org.ezp-prod1.hul.harvard.edu/doi/10.2105/AJPH.2018.304588> ]
- Harm Reduction Grant Program

- [ <https://www.samhsa.gov/grants/grant-announcements/sp-22-001> ]
- Kornfield, & Alfaro, M. (2022). No, the federal government isn't spending \$30 million on 'crack pipes' *The Washington Post*.
  - [ <https://www-washingtonpost-com.ezp-prod1.hul.harvard.edu/health/2022/02/09/safe-smoke-kit-crack-pipe-fact-check/h/2022/02/09/safe-smoke-kit-crack-pipe-fact-check/> ]

#### *E-cigarettes:*

- Fairchild AL, Lee JS, Bayer R, Curran J. “E-cigarettes and the harm-reduction continuum.” *N Engl J Med* 2018; 378:216-219.
  - [ <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/10.1056/NEJMp1711991> ]

#### *Optional*

- Chang, Andrew Y., and Michele Barry. “The Global Health Implications of E-Cigarettes.” *JAMA* 314, no. 7 (August 18, 2015): 663–64.
  - [ <https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama/fullarticle/2428965> ]

### *Spring Recess: No class 03/15 and 03/17*

#### **Session 15 (03/22): Cancer modeling for policy development (J. Kim)**

This session brings together core concepts of decision analysis and cost-effectiveness analysis as a methodological approach to informing health policy, using cancer prevention as an applied example. Principles of decision analysis, including framing of policy questions and consideration of tradeoffs in decision making, will be reinforced; the advantages and limitations of mathematical modeling for decision making will be discussed; and the emerging use of modeling to evaluate the impacts of structural racism on cancer disparities will be introduced. The session will conclude with a conversation and Q&A of how and why decision analysis has shaped policy decisions in certain areas of health, and what barriers remain.

#### **Required Readings:**

- Kim JJ, Tosteson ANA, Zauber AG, Sprague BL, Stout NK, Alagoz O, Trentham-Dietz A, Armstrong K, Pruitt SL, Rutter CM, on behalf of the PROSPR (Population-based Research Optimizing Screening through Personalized Regimens) consortium. Cancer models and real-world data: Better together. *J Natl Cancer Inst* 2015;108(2).
  - [<http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1093/jnci/djv316?nosfx=y>]
- Kim JJ, Campos NG, Sy S, Burger EA, Cuzick J, Castle PE, Hunt WC, Waxman A, Wheeler CM on behalf of the New Mexico HPV Pap Registry Steering Committee. Inefficiencies and high-value improvements in current U.S. cervical cancer screening practice: A cost-effectiveness analysis. *Ann Intern Med* 2015; 163:589-597.
  - [<http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.7326/M15-0420?nosfx=y>]
- Chapman CH, Schechter CB, Cadham CJ, Trentham-Dietz A, Gangnon RE, Jagsi R, Mandelblatt JS. Identifying Equitable Screening Mammography Strategies for Black Women in the United States Using Simulation Modeling. *Ann Intern Med* 2021;174(12):1637-1646. doi: 10.7326/M20-6506. Epub 2021 Oct 19.
  - [<https://pubmed-ncbi-nlm-nih-gov.ezp-prod1.hul.harvard.edu/34662151/> ]

#### **Optional Reading:**

- Pallok K, De Maio F, Ansell DA. Structural Racism - A 60-Year-Old Black Woman with Breast Cancer. *N Engl J Med* 2019;380(16):1489-1493. doi: 10.1056/NEJMp1811499.
  - [<https://pubmed-ncbi-nlm-nih-gov.ezp-prod1.hul.harvard.edu/30995369/> ]

## Session 16 (03/24): Mental health policy: Global Perspectives (S. Saxena)

### Learning Objectives

By the end of this session, you will be able to:

- Describe the place of mental health policy within the global health and development agenda
- Explain the core characteristics of evidence and value based mental health policy
- Provide some examples of opportunities and challenges for implementation of mental health policy during COVID-19 pandemic

### Required Readings:

- WHO Comprehensive Mental Health Action Plan 2013-2030
  - [<https://www.who.int/publications/i/item/9789240031029>]
- Kola L et al. "COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health" *The Lancet Psychiatry* (2021)
  - [<https://www.thelancet.com/action/showPdf?pii=S2215-0366%2821%2900025-0>]

### Optional Reading:

- Patel et al., "The Lancet Commission on global mental health and sustainable development" *The Lancet Commissions* (2018).
  - [[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)31612-X.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)31612-X.pdf)]

## Session 17 (03/29): Obesity/Nutrition policy (A. Grummon)

### Learning Objectives:

1. Describe and apply a framework for evaluating food policies
2. Describe how warning labels and taxes are likely to influence:
  - Consumer behavior
  - The food supply
  - Population health and health equity
3. Describe key methods for evaluating the impact of food policies and compare their strengths and weaknesses

### Required Readings:

- Afshin A, Sur PJ, Fay KA, et al. Health effects of dietary risks in 195 countries, 1990–2017: A systematic analysis for the Global Burden of Disease Study 2017. *Lancet*. 2019;393(10184):1958-1972. doi:[10.1016/S0140-6736\(19\)30041-8](https://doi.org/10.1016/S0140-6736(19)30041-8).
  - **Students can skim intro, figures, discussion – a detailed read is not needed**
  - [ <https://www.sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S0140673619300418?via%3Dihub> ]
- Hawkes C, Smith TG, Jewell J, et al. Smart food policies for obesity prevention. *The Lancet*. 2015;385(9985):2410-2421. doi:[10.1016/S0140-6736\(14\)61745-1](https://doi.org/10.1016/S0140-6736(14)61745-1)
  - [ <https://www.sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S0140673614617451?via%3Dihub> ]
- Krieger J, Bleich SN, Scarmo S, Ng SW. Sugar-sweetened beverage reduction policies: Progress and promise. *Annu Rev Public Health*. 2020;42:439-461. doi:[10.1146/annurev-publhealth-090419-103005](https://doi.org/10.1146/annurev-publhealth-090419-103005)
  - [ <https://www-annualreviews-org.ezp-prod1.hul.harvard.edu/doi/10.1146/annurev-publhealth-090419-103005> ]
- Kumanyika SK, Obarzanek E, Stettler N, et al. Population-based prevention of obesity: The need for comprehensive promotion of healthful eating, physical activity, and energy balance. A scientific statement from American Heart Association Council on Epidemiology and Prevention, Interdisciplinary Committee for Prevention. *Circulation*. 2008;118(4):428-464
  - [ [https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.108.189702?url\\_ver=Z39.88-2003&rfr\\_id=ori:rid:crossref.org&rfr\\_dat=cr\\_pub%20%20pubmed](https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.108.189702?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed) ]

**Additional Optional Readings:**

1. Gracner T, Marquez-Padilla F, Hernandez-Cortes D. Changes in weight-related outcomes among adolescents following consumer price increases of taxed sugar-sweetened beverages. *JAMA Pediatr.* 2022;176(2):150—158. doi:[10.1001/jamapediatrics.2021.5044](https://doi.org/10.1001/jamapediatrics.2021.5044)
2. Reyes M, Taillie LS, Popkin B, Kanter R, Vandevijvere S, Corvalán C. Changes in the amount of nutrient of packaged foods and beverages after the initial implementation of the Chilean Law of Food Labelling and Advertising: A nonexperimental prospective study. *PLOS Med.* 2020;17(7):e1003220. doi:[10.1371/journal.pmed.1003220](https://doi.org/10.1371/journal.pmed.1003220)
3. Grummon AH, Hall MG. Sugary drink warnings: A meta-analysis of experimental studies. *PLOS Medicine.* 2020;17(5):e1003120. doi:[10.1371/journal.pmed.1003120](https://doi.org/10.1371/journal.pmed.1003120)
4. Wang Y, Coxson P, Shen YM, Goldman L, Bibbins-Domingo K. A penny-per-ounce tax on sugar-sweetened beverages would cut health and cost burdens of diabetes. *Health Aff.* 2012;31(1):199-207.

## Session 18 (03/31): Methods workshop (L. Garabedian)

### Learning objectives:

- Become familiar with threats to internal validity that are common in health policy research.
- Consider how different study designs protect against these threats to internal validity.
- Review rigorous quasi-experimental research designs and understand the conditions under which each design is feasible and appropriate.
- Consider the generalizability (i.e., external validity) of different study designs.
- Apply these concepts to the development of your Core Research Proposal.
- Understand the components of a strong research proposal and the criteria on which research proposals are evaluated by external funders.

### Required Readings:

1. Haffajee RL, Mello MM, Zhang F, Zaslavsky AM, Larochelle MR, Wharam JF. States with overall robust prescription monitoring programs experienced reductions in opioids prescribed to commercially-insured individuals. *Health Affairs (Millwood)*. 2018 June; 37(6): 964-974.
  - [ <https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2017.1321> ].
  - Plus skim Appendices A and B.
  - Policy evaluation that uses interrupted time series and difference-in-differences.
2. Wallace, J. and Z. Song (2016). Traditional Medicare Versus Private Insurance: How Spending, Volume, And Price Change At Age Sixty-Five. *Health Affairs (Millwood)*. 2016; 35(5): 864-872.
  - [ <https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2015.1195> ].
  - Policy evaluation that uses regression discontinuity.
3. Find an organization (i.e., NIH, AHRQ, foundation) that funds grants in your area of research. Read through a request for proposal (aka program announcement or program opportunity), paying particular attention to the criteria on which the proposals are evaluated.
  - (Examples: AHRQ Health Services Research Projects R01 [ <https://grants.nih.gov/grants/guide/pa-files/pa-18-795.html> ]; RWJF Foundation Innovative Research to Advance Racial Equity [ <https://anr.rwjf.org/viewCfp.do?cfpId=1600&cfpOverviewId=> ])

### Optional:

- Primers on the quasi-experimental research designs we will discuss:
  - Garabedian LF. Key Points: Quasi-experimental study designs.
  - Bernal JL, Cummins S, Gasparrini A. Interrupted time series regression for the evaluation of public health interventions: a tutorial. *International Journal of Epidemiology*. 2017; 348–355. [ <https://academic-oup-com.ezp-prod1.hul.harvard.edu/ije/article/46/1/348/2622842> ].

- Venkataramani AS, Bor J, Jena AB. Regression discontinuity in health care research. *BMJ*. 2016; 352:i1216. [<https://www-bmj-com.ezp-prod1.hul.harvard.edu/content/352/bmj.i1216>].
- Soumerai SB, Starr D, Majumdar SR. How Do You Know Which Health Care Effectiveness Research You Can Trust? A Guide to Study Design for the Perplexed. *Prev Chronic Dis* 2015;12:150187. [[https://www.cdc.gov/pcd/issues/2015/15\\_0187.htm](https://www.cdc.gov/pcd/issues/2015/15_0187.htm)]
  - Overview of threats to validity and weak vs. robust study designs.
- William R. Shadish, Thomas D. Cook, Donald T. Campbell, *Experimental and Quasi-Experimental Designs for Generalized Causal Inference*, Boston: Houghton Mifflin, 2002. [Library]
  - Review Internal Validity, pages 53 – 63.
  - Chapter 5 (Designs that Use Both Control Groups and Pretests)
  - Chapter 6 (Interrupted Time Series)
  - Chapter 7 (Regression Discontinuity)
- Wagner AK, Soumerai SB, Zhang F, Ross-Degnan D. Segmented regression analysis of interrupted time series studies in medication use research. *J Clin Pharm Ther*. 2002; 27(4):299-309. [<https://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/pubmed/12174032>]

## Session 19 (04/05): AI and Health (D. DiSanzo)

### Learning Objectives

At the end of the class -- including the mini lectures and readings -- students will:

- Understand the history, terminology, and types of artificial intelligence.
- Learn practical uses of AI in health today as well as possible uses of AI in the next 3 -5 years.
- Discuss Ethics in data and AI algorithms.

### Mini Lectures

- Definitions of Artificial Intelligence. History of Artificial Intelligence
  - <https://www.youtube.com/watch?v=dS2jMKq6hqE> (9.40 minutes)
- Artificial Intelligence/Machine Learning/Deep Learning/ Artificial Neural Networks
  - - <https://www.youtube.com/watch?v=2t73foQXOI0> (6.27 minutes)
- Types of Deep Learning
  - [https://www.youtube.com/watch?v=uy\\_v-owMWaU](https://www.youtube.com/watch?v=uy_v-owMWaU) (7.19 minutes)

### Required Readings

1. **Case:** Shulman, Kevin A, Ho, Kevin. 2020. “Verily Life Sciences and Machine Learning.” Stanford Graduate School of Business. Harvard Business Publishing. July 28, 2020. **Product #:** SM335-PDF-ENG
  0. **TO ACCESS THE CASE:** You can access a copy of the case in "Files:" [download here](#)
    1. **Please do not distribute the PDF to others.** HBS cases are purchased by the program and distributed on a per-user basis. We purchased 12 copies, but we are uploading a single PDF to Canvas for your convenience.
    2. You can also use this [link](#) to access the case directly on the HBS site, but you'll need to make a (free) Harvard Business Publishing account.
2. “Artificial Intelligence in Health Care.” *AMA Journal of Ethics*. February 2019. Letter from the Editor. <https://journalofethics.ama-assn.org/article/ethical-dimensions-using-artificial-intelligence-health-care/2019-02> )
3. Igor, Katherine. 2021. "Algorithmic Bias in Health Care Exacerbates Social Inequities - How to Prevent it." *Harvard TH Chan School of Public Health Blog*. March 12, 2021. [Algorithmic Bias in Health Care Exacerbates Social Inequities - How to Prevent it.](#)
4. Sweeney, Chris. 2021. “Artificial Intelligence’s Promise and Peril.” *Harvard Public Health*. [https://www.hsph.harvard.edu/magazine/magazine\\_article/artificial-intelligences-promise-and-peril/](https://www.hsph.harvard.edu/magazine/magazine_article/artificial-intelligences-promise-and-peril/)

## Session 20 (04/07): COVID, disparities and health (M. Alsan)

### Required readings:

- Alsan, M., Chandra, A., Simon, K., 2021. The Great Unequalizer: Initial Health Effects of COVID-19 in the United States. *Journal of Economic Perspectives* 35, 25–46.
  - [ <https://www-aeaweb-org.ezp-prod1.hul.harvard.edu/articles?id=10.1257/jep.35.3.25> ]
- Alsan, M., Stanford, F.C., Banerjee, A., Breza, E., Chandrasekhar, A.G., Eichmeyer, S., Goldsmith-Pinkham, P., Ogbu-Nwobodo, L., Olken, B.A., Torres, C., Sankar, A., Vautrey, P.-L., Duflo, E., 2021. Comparison of Knowledge and Information-Seeking Behavior After General COVID-19 Public Health Messages and Messages Tailored for Black and Latinx Communities. *Ann Intern Med* 174, 484–492. <https://doi.org/10.7326/M20-6141>
  - [ <https://www-acpjournals-org.ezp-prod1.hul.harvard.edu/doi/10.7326/M20-6141> ]

### Optional Readings

- **[Optional commentary, applying lessons from the RCT above to vaccination]:** Bajaj, S.S. and Stanford, F.C., 2021. Beyond Tuskegee – Vaccine Distrust and Everyday Racism. *New England Journal of Medicine*. 384:e12. <https://www.nejm.org/doi/full/10.1056/NEJMp2035827>
  - [ <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJMp2035827> ]
- Miller, S., Wherry, L.R., Mazumder, B., 2021. Estimated Mortality Increases During The COVID-19 Pandemic By Socioeconomic Status, Race, And Ethnicity. *Health Affairs* 40, 1252–1260. <https://doi.org/10.1377/hlthaff.2021.00414>
  - [ <https://www-healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2021.00414> ]

## Session 21 (04/12): Impact evaluation (J. Cohen)

**[TF note: Please read these papers closely, as you will be working through the key assumptions, identification strategies, statistics/models, and results interpretation with Jessica in class.]**

### Learning Objectives:

- Discuss design decisions for sampling and intervention in randomized controlled trials (RCTs).
- Discuss how null results inform us about what works and what doesn't and how this relates to our theory of change.

### Required Readings

- Finkelstein, Zhou, A., Taubman, S., & Doyle, J. (2020). Health Care Hotspotting — A Randomized, Controlled Trial. *The New England Journal of Medicine*, 382(2), 152–162. <https://doi.org/10.1056/NEJMsa1906848>
  - <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/10.1056/NEJMsa1906848>
- Semrau, Hirschhorn, L. R., Marx Delaney, M., Singh, V. P., Saurastri, R., Sharma, N., Tuller, D. E., Firestone, R., Lipsitz, S., Dhingra-Kumar, N., Kodkany, B. S., Kumar, V., & Gawande, A. A. (2017). Outcomes of a Coaching-Based WHO Safe Childbirth Checklist Program in India. *The New England Journal of Medicine*, 377(24), 2313–2324. <https://doi.org/10.1056/NEJMoa1701075>
  - <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/10.1056/NEJMoa1701075>

## Section VIII: Innovation and health

### Session 22 (04/14): Missing Innovations: Prevention, Diagnostics, Treatments, Delivery (A. Chandra)

#### Learning Objectives

- Discuss how patent policy drives investment in certain types of innovation.
- Describe the key challenges in designing the optimal patent policy.
- Discuss the social welfare consequences of our current patent policy in relation to pharmaceuticals.
- Discuss the optimal allocation of resources for innovation in Alzheimer's disease that addresses the interests of both society and private firms.
- Give examples of factors that are important to consider in when thinking through an economic framework for a disease in which a person is (or will be) cognitively constrained.

#### Required Readings

- Budish, Roin, B. N., & Williams, H. (2015). Do Firms Underinvest in Long-Term Research? Evidence from Cancer Clinical Trials. *The American Economic Review*, 105(7), 2044–2085. <https://doi.org/10.1257/aer.20131176>
  - <https://www-aeaweb-org.ezp-prod1.hul.harvard.edu/articles?id=10.1257/aer.20131176>
  - PDF file linked in Canvas.
- Chandra, Coile, C., & Mommaerts, C. (2020). What can economics say about Alzheimer's disease?: Vol. no. 27760. National Bureau of Economic Research.
  - PDF file linked in Canvas.

## Session 23 (04/19): Digital health (A. Stern)

### Learning objectives:

- Describe different applications of digital products and the opportunities and risks are associated with each product type
- Consider and evaluate strategies and incentives for implementing digital health tools in practice (generally) and within complex health systems (in particular)
- Discuss promising research areas in the various areas of digital health and how they may overlap with other topical interests you may have (e.g., value-based care, precision medicine, quality improvement initiatives, bundled payments, technology adoption, health disparities and under-served populations)

### Required Readings:

Please read the first item on the list (a non-peer-reviewed blog post from the Digital Medicine Society) as background and for a few clear definitions. The other six readings are all *short* articles that touch on different aspects of digital health/digital medicine. Our discussion during this session of the course will focus on exploring promising research topics for health policy in various areas of digital health.

1. Jennifer Goldsack, Megan Coder, Chandana Fitzgerald, Natalie Navar-Mattingly, Andy Coravos, and Ashish Atreja "Digital Health, Digital Medicine, Digital Therapeutics (DTx): What's the difference?" Digital Medicine Society.
  - [Blog Post](#) (Medium.com)
2. Goldsack, Jennifer C., Andrea Coravos, Jessie P. Bakker, Brinnae Bent, Ariel V. Dowling, Cheryl Fitzer-Attas, Alan Godfrey et al. "Verification, analytical validation, and clinical validation (V3): the foundation of determining fit-for-purpose for Biometric Monitoring Technologies (BioMeTs)." *NPJ digital medicine* 3, no. 1 (2020): 1-15.
  - [ <https://www-nature-com.ezp-prod1.hul.harvard.edu/articles/s41746-020-0260-4> ]
3. Marra, Caroline, Jacqueline L. Chen, Andrea Coravos, and Ariel D. Stern. "Quantifying the use of connected digital products in clinical research." *NPJ digital medicine* 3, no. 1 (2020): 1-5.
  - [ <https://www-nature-com.ezp-prod1.hul.harvard.edu/articles/s41746-020-0259-x> ]
4. Gordon, William J., Adam Landman, Haipeng Zhang, and David W. Bates. "Beyond validation: getting health apps into clinical practice." *NPJ digital medicine* 3, no. 1 (2020): 1-6.
  - [ <https://www-nature-com.ezp-prod1.hul.harvard.edu/articles/s41746-019-0212-z> ]
5. Marwaha, Jayson S., Adam B. Landman, Gabriel A. Brat, Todd Dunn, and William J. Gordon. "Deploying digital health tools within large, complex health systems: key

considerations for adoption and implementation." *npj Digital Medicine* 5, no. 1 (2022): 1-7.

- [ <https://www-nature-com.ezp-prod1.hul.harvard.edu/articles/s41746-022-00557-1> ]
6. Sanders, Samantha F., Mats Terwiesch, William J. Gordon, and Ariel D. Stern. "How artificial intelligence is changing health care delivery." *NEJM Catalyst* 5, no. 5 (2019).
    - **LINK TO BE UPDATED**
  7. Mecklai, Keizra, Nicholas Smith, Ariel D. Stern, and Daniel B. Kramer. "Remote patient monitoring-overdue or overused?." *The New England journal of medicine* 384, no. 15 (2021): 1384-1386. [ <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/10.1056/NEJMp2033275> ]

## Session 24 (04/21): Gun Policy and Injury Prevention (M. Miller)

### Learning Objectives

- Describe the epidemiology of firearm exposure and injury in the U.S.
- Describe the epidemiology of gun deaths.
- Understand the contributions, strengths, and weaknesses of ecologic, case-control, and cohort studies of the gun-suicide relationship and distinguish these studies from those that evaluate the effect of gun legislation.
- Understand the evidence and rationale for means restriction.

### Required Readings

- Anglemeyer, Horvath, T., & Rutherford, G. (2014). The Accessibility of Firearms and Risk for Suicide and Homicide Victimization Among Household Members: A Systematic Review and Meta-analysis. *Annals of Internal Medicine*, 160(2), 101–110.  
<https://doi.org/10.7326/M13-1301>
  - <https://pubmed.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/24592495/>
- Miller, & Hemenway, D. (2008). Guns and Suicide in the United States. *The New England Journal of Medicine*, 359(10), 989–991. <https://doi.org/10.1056/NEJMp0805923>
  - <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJMp0805923>
- Hemenway, & Miller, M. (2013). Public Health Approach to the Prevention of Gun Violence. *The New England Journal of Medicine*, 368(21), 2033–2035.  
<https://doi.org/10.1056/NEJMs1302631>
  - <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/10.1056/NEJMs1302631>
- Salhi C, Azrael D, Miller M. Parent and Adolescent Reports of Adolescent Access to Household Firearms in the United States. *JAMA Network Open*. 2021;4(3):e210989. doi:10.1001/jamanetworkopen.2021.0989.
  - <https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jamanetworkopen/fullarticle/2777216>

### Optional Readings

- Miller, Barber, C., White, R. A., & Azrael, D. (2013). Firearms and Suicide in the United States: Is Risk Independent of Underlying Suicidal Behavior? *American Journal of Epidemiology*, 178(6), 946–955. <https://doi.org/10.1093/aje/kwt197>
  - <https://academic-oup-com.ezp-prod1.hul.harvard.edu/aje/article/178/6/946/111054>
- Studdert, Zhang, Y., Swanson, S. A., Prince, L., Rodden, J. A., Holsinger, E. E., Spittal, M. J., Wintemute, G. J., & Miller, M. (2020). Handgun Ownership and Suicide in California. *The New England Journal of Medicine*, 382(23), 2220–2229.  
<https://doi.org/10.1056/NEJMs1916744>
  - <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/10.1056/NEJMs1916744>

- Kellermann, Rivara, F. P., Rushforth, N. B., Banton, J. G., Reay, D. T., Francisco, J. T., Locci, A. B., Prodzinski, J., Hackman, B. B., & Somes, G. (1993). Gun Ownership as a Risk Factor for Homicide in the Home. *The New England Journal of Medicine*, 329(15), 1084–1091. <https://doi.org/10.1056/NEJM199310073291506>
  - <https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJM199310073291506>
- Kellerman AL, Rivara FP, Somes G, et al. Suicide in the Home in Relation to Gun Ownership. *New England Journal of Medicine*. 1992; 327(7):467-472
- Grossman, Mueller, B. A., Riedy, C., Dowd, M. D., Villaveces, A., Prodzinski, J., Nakagawara, J., Howard, J., Thiersch, N., & Harruff, R. (2005). Gun Storage Practices and Risk of Youth Suicide and Unintentional Firearm Injuries. *JAMA : the Journal of the American Medical Association*, 293(6), 707–714. <https://doi.org/10.1001/jama.293.6.707>
  - <https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama/fullarticle/200330>
- Miller M, Swanson S, Azrael D. Are We Missing Something Pertinent? A Bias Analysis of Unmeasured Confounding in the Firearm-Suicide Literature. *Epidemiol Rev* (2016) 38 (1): 62-69.doi: 10.1093/epirev/mxv011.
  - <https://academic-oup-com.ezp-prod1.hul.harvard.edu/epirev/article/38/1/62/2754867>
- Miller, Salhi, C., Barber, C., Azrael, D., Beatriz, E., Berrigan, J., Brandspigel, S., Betz, M. E., & Runyan, C. (2020). Changes in Firearm and Medication Storage Practices in Homes of Youths at Risk for Suicide: Results of the SAFETY Study, a Clustered, Emergency Department–Based, Multisite, Stepped-Wedge Trial. *Annals of Emergency Medicine*, 76(2), 194–205. <https://doi.org/10.1016/j.annemergmed.2020.02.007>
  - <https://www-clinicalkey-com.ezp-prod1.hul.harvard.edu/#!/content/playContent/1-s2.0-S0196064420301049>
- Miller, Zhang, W., & Azrael, D. (2022). Firearm Purchasing During the COVID-19 Pandemic: Results From the 2021 National Firearms Survey. *Annals of Internal Medicine*, 175(2), 219–225. <https://doi.org/10.7326/M21-3423>
  - <https://www-acpjournals-org.ezp-prod1.hul.harvard.edu/doi/pdf/10.7326%2FM21-3423>
- Miller, Zhang, W., Rowhani-Rahbar, A., & Azrael, D. (2022). Child Access Prevention Laws and Firearm Storage: Results From a National Survey. *American Journal of Preventive Medicine*, 62(3), 333–340. <https://doi.org/10.1016/j.amepre.2021.09.016>
  - <https://www-clinicalkey-com.ezp-prod1.hul.harvard.edu/#!/content/playContent/1-s2.0-S0749379721005547>

## Session 25 (04/26): Regulation of drugs and devices (A. Kesselheim)

### Learning Objectives

- Understand the basic FDA rules for drug approval and how the accelerated approval program adjusts those rules
- Consider the appropriateness of the approval of aducanumab under the accelerated approval program and policy options for changes to the accelerated approval program
- Understand the strategies manufacturers use to delay generic entry and extend market exclusivity for brand-name drugs
- Evaluate the costs of those strategies and consider proposals for reform.

### Required Readings

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  - <https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jamainternalmedicine/fullarticle/2653452>