Objectives:
1. To examine the changing provider-patient-manager relationship
2. To explore how contemporary forces in health care influence its organization, delivery, and financing.

Prerequisites: None

This course presents an overview of how social and economic forces are changing how patients, providers and health care managers interact. Although this course is likely to appeal to students who plan careers as health care providers or managers, it is intended also for students with a broad range of interests, as all of us will at some point be patients, and approximately one sixth of the US economy is devoted to health care. This course complements other Health Care Management courses that take a societal perspective by focusing on the individuals—patients, providers, and managers—who participate in the rapidly changing health care enterprise.

Students who have taken courses in Health Care Systems, Health Law, and/or Health Economics will be able to extend their understanding of health care by examining the interface among patients, providers, and management. However, the course is also appropriate for students from across the university who have not previously studied these issues and who want to know more about the people who control so much of the US economy.

The course will mix lecture and discussion and rely heavily on visiting speakers.

- First, we will examine the current health care marketplace, including changes in how health care is financed, managed, and delivered, and its possible future. These issues will be explored from multiple perspectives, including physicians, non-physician providers, and health care managers on provider and payer sides.
- Second, we will explore the evaluation of medical technology, the relationships between the costs of technology and the benefits it provides, and the uses and limitations of economic analysis to answer vexing questions of ethics, resource allocation, and rationing.
- Third, we will explore some critical issues in the organization and management of health care, including the definition and marketing, innovation, medical industries and the measurement and improvement of medical quality.
- Fourth, we will examine how patients, providers, and managers are influenced by a variety of social phenomena, including politics, social media, and medical entrepreneurialism.
- We will conclude with some speculations about the future, and the potential impact of these forces on the stakeholders in the health care enterprise.

Instructors: Office hours by appointment
David A. Asch, MD, MBA. 215.746.2705 asch@wharton.upenn.edu. PCAM 14-171 14th Floor South Pavilion
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Teaching Assistants: Available by e-mail, telephone, or in person as scheduled, or by appointment.
Alomi Parikh 201.467.7595 alparikh@wharton.upenn.edu Office hours: 12:15 – 1:15 PM Tuesday
Ilana Nelson-Greenberg 646.331.8573 inels@wharton.upenn.edu Office hours: 3:00 – 4:00 PM Tuesday

TA office hours will be held in the CPC Basement; an announcement will be made on Canvas if cancelled.

Grading and Requirements
The final grade will depend on performance on the midterm exercise (40%), final exercise (40%), class participation (10%), and the innovation tournament (10%).

Midterm and Final Essay Exercises (40% each). These are not traditional examinations, but instead are take-home short essays based on the concepts of the material in each half of the course. The final will not be cumulative—although some basic concepts of the first half of the course will probably be relevant. A session of the course will be devoted to discussing responses to the midterm and final short essay exercises.

Class Participation (10%). Class participation adds greatly to the quality of the course. Students should bring name tents to class and should plan on being active participants. Open laptops are not permitted. In addition to in-class participation, guiding questions for each class’s assigned readings will be posted in the “Discussions” section of Canvas. You can receive participation credit by responding there.

Innovation Tournament (10%). The final two sessions of the course will be devoted to an Innovation Tournament. The final structure of this tournament is not yet fully decided but will likely involve groups of students presenting, in 60-90 seconds, an idea for improving health care—one that is plausible and testable potentially transformative. The class itself will vote on these ideas and a selection of finalists will be chosen to move forward. Some of this activity will take place online outside of class, but the last two sessions of the course will bring the innovation tournaments to a conclusion. Grades will largely be based on participation with only a small fraction of the grading determined by advancing in the tournament.

Materials and Resources

Other readings. Many of the readings assigned in this course represent important material that will not be covered in lectures and discussions (but might show up on the midterm and final exercises). For some lectures, what looks like a considerable amount of reading is assigned. Don’t be alarmed. I have marked critical readings with an asterisk (*). Other readings should be skimmed, and are included for additional interest. In general, articles will be posted at Canvas [https://wharton.instructure.com/login].

Quality Circle
Approximately 4-6 students (preferably some each from SAS, Wharton, Nursing, SEAS) should volunteer to participate in a quality circle to meet with the instructor and TA approximately twice to suggest ways of improving the course.

Guest Lecturers
- Robert Aronowitz, MD – Walter H. & Leonore C. Annenberg Professor in the Social Sciences
- Michael Cirigliano, MD, FACP – Founders Associate Professor in General Internal Medicine
- Allison Davenport, MPA – CEO, UnitedHealthcare Community Plan of Pennsylvania
- Peter Groeneveld, MD, MS – Professor of Medicine
- Elliot Menschik, MD, PhD – WW Lead, Healthcare & Life Science Startups @ Amazon.com
- Raina Merchant, MD, MSHP, FAHA Suzan – Director, Center for Digital Health, Center for Health Care Innovation, Associate Professor of Emergency Medicine
- Richard Murray, MD – Fellow, Advanced Leadership Initiative (ALI), Harvard
- Roy Rosin – Chief Innovation Officer, Penn Medicine
- Suzanne Sawyer – Chief Marketing Officer, Penn Medicine
- Roy Schwartz - Vice President, Managed Care and Payer Relations, UPHS

Schedule of Lectures, Readings (Readings with an asterisk (*) are required. Others can be skimmed for interest)

17-Jan-2019  Asch/Grande  Introduction

22-Jan-2019  Grande  The Health Care Marketplace
- *Eisenberg J. Doctors’ Decisions and the Cost of Medical Care Health Administration Press Perspectives “Variation in Medical Decision Making” (Chapter 1)
- *Eisenberg J. “The Physician as Guarantor of Social Good” (Chapter 4)
- *Eisenberg J. “Changing Physicians’ Practice Patterns: Why Should We Care?” (Chapter 9)

24-Jan-2019  Grande  Paying for Health Care: Making Sense of the Alphabet Soup
- *Bodenheimer & Grumbach (B&G) Chapters 1, 2, 4, 9, 16

- *Payment Case: Read and prepare your thoughts for a discussion of this case in class 1/29/2019

29-Jan-2019  Grande  Paying for Health Care Part II
- Refer to 24-Jan-2019 section for readings

31-Jan-2019  Cirigliano  Physicians
• Gawande A. Whose Body is it, Anyway? The New Yorker. October 4, 1999: 84-91. [Not required, but interesting reading.]
• *Tingley K. Trying to Put a Value on the Doctor-Patient Relationship. The New York Times Magazine | The Health Issue. May 16, 2018

5-Feb-2019 Asch Resident Physicians
• *Gawande A. The Learning Curve. The New Yorker. January 28, 2002; 52-61
• Friedman RA. Accepting the Risks in Creating Confident Doctors. The New York Times March 17, 2009

7-Feb-2019 R. Schwartz Health Systems
• *Kolata G. What are a Hospital’s Costs? Utah System is Trying to Learn. NY Times (On-Line). September 7, 2015

12-Feb-2019 Grande Patients
• *Goodnough A., Pear R. Unable to Meet the Deductible or the Doctor. The New York Times. October 17, 2014
• *Gawande A. Overkill: An avalanche of unnecessary medical care is harming patients physically and financially. The New Yorker. May 11, 2015

14-Feb-2019 Groeneveld Adoption & Diffusion of Technology
*Groeneveld PW. Technology and the rising cost of health care. Harvard Health Policy Review. 2010; 11(1)

19-Feb-2019 Asch Technology Assessment I: Principles
*Bodenheimer & Grumbach (B&G) Chapter 8

21-Feb-2019 Asch Technology Assessment II: Limitations
*Bodenheimer & Grumbach (B&G) Chapter 13

Midterm short essay exercise distributed online for completion at “home”. Due midnight before class 2/28/18.

26-Feb-2019 Asch Individuals vs. Populations
*Sox H. Resolving the Tension Between Population Health and Individual Health Care. JAMA. 2013; 310:1933-1934
*Debate between Milton Friedman and Michael Moore about the Pinto. https://www.youtube.com/watch?v=VdyKAIhLdNs

28-Feb-2019 Midterm Discussion

Spring Break
March 2-10, 2019
12-Mar-2019  Asch  Quality & Clinical Performance

- *Bodenheimer & Grumbach (B&G) Chapter 10
- *Werner RM, Asch DA. The unintended consequences of publicly reporting quality information. JAMA 2005;293:1239-44
- *Hayward RA, Kent DM. 6 EZ steps to improving your performance. JAMA. 2008;300:255-6

14-Mar-2019  Grande  Health Reform

- *Bodenheimer & Grumbach (B&G) Chapter 15
- *Slavitt A. Our next health care debate. JAMA 2017; 318: 1212-1213

19-Mar-2019  Rosin  Health Care Innovation

- The Economist. Life should be cheap: How China and India can help cut Western medical bills Asian medical innovation. January 20, 2011

*Privacy Case: Read and prepare your thoughts for a discussion of this case in class 3/21/2019

21-Mar-2019  Grande  Privacy & Health Information

- *Ornstein C. Your health records are supposed to be private. They aren’t. The Washington Post Online. December 30, 2015

26-Mar-2019  Davenport  Health Insurance and Population Health

28-Mar-2019  TAs  Physician Workforce

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• *Bodenheimer & Grumbach (B&G) Chapter 7
• *Gawande A. Piecework. The New Yorker. April 4, 2005
• *Cooper R. Unraveling the Physician Supply Dilemma. JAMA. 2013;310:1931-1932
• *Frankel, TC. New machine could one day replace anesthesiologists. The Washington Post. May 11, 2015

2-Apr-2019 Menschik Health Care Business Development

4-Apr-2019 Sawyer Marketing

7-Apr-2019 Innovation Tournament ideas due by 11 PM today

9-Apr-2019 Asch Health Care Behavioral Economics
• *Loewenstein G, Brennan T, Volpp KG. Asymmetric paternalism to improve health behaviors. JAMA. 2007;298:2415-7
• **“One Way to Lower Health Costs: Pay People to Be Healthy” Knowledge@Wharton. June 24, 2009
• Loewenstein G, Asch DA, Volpp KG. Behavioral economics holds potential to deliver better results for patients, insurers, employers. Health Affairs. 2013;32:1244-50
• Halpern SD, Ubel PA, Asch DA. Harnessing the power of default options to improve health care. N Engl J Med. 2007;357:1340-4

11-Apr-2019 Murray Pharmaceuticals
• Szabo L. Price tag fears cast shadow over ‘revolutionary’ leukemia drug. CNN. August 29, 2017

15-Apr-2019 Innovation Tournament ratings due by 11 PM

16-Apr-2019 Aronowitz Defining Disease

*Making Sense of Illness “Lyme Disease: The Social Construction of a New Disease and its Social Consequences” (Chapter 3)

*Wegman D, Woods N, Bailar J.  How Would We Know a Gulf War Syndrome if We Saw One? American Journal of Epidemiology 1997; 146:  704-11


**Final Short Essay Exercise distributed after class for completion at “home” due midnight before class 4/23/19**

18-Apr-2019  16-Apr-2019  Merchant  Social Media


23-Apr-2019  Final Exercise Discussion
Final short essays are due midnight prior to the beginning of class and will be discussed in class.

25-Apr-2019  CLASS  Innovation Tournament I (in class)
30-Apr-2019  CLASS  Innovation Tournament II (in class)