



**HPM 754**  
**Health Care in the United States:**  
**Structure and Policy**  
**(Credit Hours: 3)**  
*Department of Health Policy and Management*  
**School of Public Health**  
**Fall 2016**

**Syllabus, Reading, and Assignment Schedule**  
**Class Location: 1301 McGavran-Greenberg**  
**Meeting Times: Monday & Wednesday 11:15 am – 12:30 pm**

Faculty: **Pam Silberman, JD, DrPH** TA: Alex Gertner  
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This core course is designed to provide students with an overview of the structure, systems, and policies of health care delivery in the United States. The goal is to increase students’ knowledge and abilities to analyze and address health care issues from both management and policy perspectives. The major structural/system issues include the “big three,” access, quality, and financing, which includes Medicare, Medicaid, and private insurance. Other system topics include the uninsured, hospitals, long-term care, mental health, oral health, safety net systems of care, and public health. The course prepares learners to understand and apply basic concepts in policy analysis and advocacy in practice settings. The course concludes with a brief overview of non-health system issues that affect health, including social determinants of health. The course applies learning techniques that are highly interactive, encourages discussion and debate, and prompts learners to seek out their own answers to complex problems in our health care system.

**Learning Objectives and HPM Competencies**

	<i>Course Learning Objective</i>	<i>Competencies</i>
1	Distinguish among various health care payers, providers, organizations and functions	Analytical Thinking
2	Understand past, current, and emerging key issues in health care financing, insurance, delivery, organization, policy, administration, access, and quality in the United States	Analytical Thinking
3	Apply knowledge of these issues to administrative decision-making and policy development, and do so with a grounding in public health ethics	Political Savvy

4	Explore and analyze an important health policy issue and recommend a realistic approach to addressing the issue	Analytical Thinking Information Seeking Political Savvy Innovative Thinking Communication Skills
5	Achieve Objective #5 by working effectively in a team of fellow students	Accountability Team Dynamics
6	Cogently discuss and debate complex, current and future public health and health services issues	Communication Skills

## Requirements and Expectations

### ***Group Presentations/Policy Brief Projects:***

Students work in assigned groups of 4-5 people for the purpose of completing this important part of the course. Each group is assigned a state and a policy problem (e.g., Whether Oklahoma should expand Medicaid, and if so, how). **Each group must prepare a policy brief, which includes, at a minimum:**

- 1) **A description of the problem**, which includes evidence of the extent of the problem you are trying to address,
- 2) **At least 4 different public policy options** to address the underlying problem (one of which is maintaining the status quo). We are looking for *public policy* solutions that the *state legislature* could adopt. Thus, do not consider options that can only be addressed at the federal level, or options that do not require legislative action. (Note: some non-policy relevant solutions can be turned into a state-level policy. For example, you might want to encourage health professionals to counsel their patients or provide evidence-based screening/treatments to address a health-related problem. Working with health professional associations to encourage providers to offer evidence-based treatment is not a public policy. However, changing the reimbursement system in Medicaid or the State Health Plan to offer financial incentives to providers who follow the recommended practice guidelines would be a public policy option.)
- 3) **A description of the 4-5 evaluation criteria you plan on using (including those listed below), and how you will use the evaluation criteria to evaluate the different options (eg, on a scale of 1-5, with 5 being best, and 1 being worst).** Note: you will be graded both on how well you describe your evaluation criteria, and if you defined how the grading system you are using.
- 4) **An evaluation of the different policy options** using your selected evaluation criteria. (This should be presented in both a matrix and written format.)
- 5) **A stakeholder analysis** (you only have to submit the stakeholder analysis for your final policy recommendation, but you should think about the stakeholder positions for the other proposed solutions—as that will affect the political feasibility of the different options).

There are examples of policy briefs and stakeholders analysis available on Sakai.

Students must use the following 3 evaluation criteria as part of their evaluation:

- Impact: You can look at either the number of people who will be positively impacted through the proposed policy, or the extent of the impact. Do not include both in your one “impact” evaluation criteria. If you want to look at both numbers and extent of the impact, create two separate evaluation criteria.
- Political feasibility (this will be largely dependent on your stakeholder analysis, as noted above)
- Costs (you do not need to come up with exact cost estimates, just high, medium or low will be sufficient—I just want you to think about the potential cost implications for the different policy options).
- You must select 1-2 other evaluation criteria to use in your policy analysis.

Each group will make a short oral presentation of their different policy options for delivery on an assigned date. The written policy brief should generally not exceed 20 pages double spaced.

Students are expected to use resources from the library, Internet, and course materials in documenting their work. (Include a list of resources, including websites and the date you visited each site as an addendum to your policy brief.) Projects should integrate concepts from course lectures and readings, and from other academic and professional literature. **Students are expected to meet with the TA at least twice during the semester to discuss their policy paper and potential policy options.**

Ideally, students should set up a time to meet:

- 1) In the first 3 weeks, after you have done some initial research on the problem and as you are identifying potential policy options to consider to address your policy problem and appropriate evaluation criteria.
- 2) Before finalizing their policy analysis—to discuss how the different policy options meet the specified evaluation criteria and to discuss different stakeholder positions.

**Final policy briefs and fact sheets are due before class on the day you are scheduled to present (either Wednesday, November 9, Monday, Wednesday, November 16, or Monday, November 21), and must be submitted to the appropriate link on the Sakai website.**

Group project grades are based on the following areas:

- 1) **Clearly written paper covering the following (50 points in total)**
  - Description of the problem (providing evidence of the extent of the problem) (10 points)
  - Short description of different policy options considered, the evaluation criteria you selected, and the rating methods (10 points)
  - Evaluation of the policy options using the selected criteria (with a clear description of the evaluation criteria used, rating scale and any weighting to different evaluation criteria) (20 points). You should be applying the same evaluation criteria to all of the different policy options (including the status quo).
  - Well-designed tables and figures that convey relevant information (5 points)
- 2) **Stakeholder analysis (10 points).** You should be able to articulate the stakeholder’s perspective on the different policy alternatives, along with an explanation of why they are likely to support/oppose those options, resources they bring to the table, and likelihood of

getting involved in a particular policy debate. You should include both a table with the stakeholder's analysis, but it should also be summarized in the text of your paper.

- 3) **Evidence-informed recommendations (20 points).** Your recommendation should flow from the evaluation of the different options using the set evaluation criteria. In addition, you should provide evidence to show the effectiveness of the different policy options, or if not research is available, information from other similar initiatives to support your final recommendations..
- 4) **Presentation (20 points).** Your presentation will be graded on the following factors:
  - Clear explanation of the problem you are trying to address (5 points)
  - Brief discussion of the different policy options your team considered (5 points)
  - Brief overview of the evaluation criteria you used, and how the policies scored (5 points)
  - Explanation of the final recommendation (5 points)

Each member will be required to complete a peer evaluation twice during the project (mid-semester) and once the project is completed. The peer evaluations will be factored into your grades. Your final grade can be reduced by up to 20 points if you did not actively participate in your group (as reflected in your peer evaluations).

The UNC Writing Center is available to help students with writing, if you need assistance. They have helpful information on their website at: <http://writingcenter.unc.edu/handouts/>.

### *Individual Fact Sheet:*

Excellent writing skills are a critical competency for professional success. For this assignment, students will produce a 1-2 page individual fact sheet on your policy issue from the perspective of one of the stakeholders of your policy brief. For example, if you are in a group working on expanding dental care access, your group may have students assigned to write fact sheets from the perspective of low-income consumer groups, dental society, hygienists' association, Blue Cross and Blue Shield, or the association of community health centers. Each student will be assigned to represent one stakeholder group. You may not be able to find, through the internet, actual policy positions of a particular interest group. If you cannot find their actual position on your assigned policy, then you should do research to examine the stakeholder's position on similar policy issues or look at the policy positions of similar organizations in other states (or at the national level).

Better papers will be easy to read, written for a lay person, and make a clear advocacy argument from the perspective of your stakeholder group. The CDC has a nice publication on everyday words for public health communications:

[http://www.cdc.gov/other/pdf/everydaywordsforpublichealthcommunication\\_final\\_11-5-15.pdf](http://www.cdc.gov/other/pdf/everydaywordsforpublichealthcommunication_final_11-5-15.pdf).

The fact sheet should either support or oppose the proposed legislative policy recommendation of your full group. **(The group should make up a bill number for the proposed legislation, so you can each ask legislators to either support bill #XXX, oppose bill #XXX, or amend bill #XXX).** You can also argue in opposition to the recommended policy option, but in favor of another policy option that your group considered.

Good fact sheets generally have limited number of points they convey (eg, no more than 3 major points in support of your position). **Fact sheets should also be concise (no more than one-double**

**sided page, although one single-sided page is better), easy to read (key points highlighted and lots of white space).** They need to be grammatically correct, free of typos and other errors, and logically constructed. Examples of fact sheets and fact sheet hints will be listed on Sakai. This short paper is worth 10 percent of students' grades.

Individual fact sheet grades are based on the following:

- 1) **Introduction** specifying what you want the legislator to do. (You should ask them to support or oppose or amend a particular piece of legislation) (10 points)
- 2) **Key messages.** The fact sheet should focus on a few key (generally 2-3) messages to explain why the legislators should support, oppose, or amend the legislation. The fact sheet should both describe the problem (if seeking affirmative legislation) or why the proposed legislation is bad (if seeking to oppose the legislation). The points should be compelling, and should be consistent with the position the stakeholder group would likely take. It should be understandable to a lay person (eg, limited jargon or acronyms, technical language explained, etc.). **(50 points)**
- 3) **Fact Sheet Flow.** Fact sheet should use headings to highlight important points. **Only key points should be highlighted.** (Don't highlight everything—the point is to draw the readers' eyes to the most important points. The fact sheet should be attractive, well laid out, easy to read (generally 12-point type, white space, grammatically correct). Good use of graphics or human interest story. Ideally, one single-sided page (no more than 1 page, double sided). (30 points)
- 4) **Appropriate citations/references.** Fact sheet should have a few references, unless there are no useful references. (5 points)
- 5) **Name and contact information.** Fact sheet should have the name, organization, and contact information at the bottom of the fact sheet. You can include made-up contact information (eg, it doesn't have to be your phone number or email). (5 points)

Note: Fact sheets need to be written for a lay audience to understand. The CDC has a nice publication on everyday words for public health communications:  
[http://www.cdc.gov/other/pdf/everydaywordsforpublichealthcommunication\\_final\\_11-5-15.pdf](http://www.cdc.gov/other/pdf/everydaywordsforpublichealthcommunication_final_11-5-15.pdf).

### *Exams:*

**There are two exams during the class. Both are closed book exams.** They will consist of a mix of short answer, brief essay and/or lengthier case questions. The exam requires students to demonstrate basic knowledge and comprehension, to apply concepts to specific problems and situations, and to analyze how different concepts, trends, and issues influence health care delivery and policy. The exam covers material from required readings, lectures, guest speakers, and in-class discussions through the date that the exam is administered.

The two exams are:

- **Monday, October 3, 2016.** Covers the first half of the class, including different financing systems (private insurance, Medicaid, CHIP, Medicare, ACA, and factors driving health care costs), and public policy analysis process.
- **Monday, December 5, 2016.** Covers the second half of the class, including different types of health care professionals, types of health care and public health providers, oral health and

behavioral health, quality of care, factors that influence health outcomes, and international comparisons.

### *Cell Phones and Laptops:*

Turn off cell phones in class and during exams. Laptops should be used in class only for taking notes and for looking up information relevant to the topic being discussed.

## **Evaluation/Grading**

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### *Grade Components*

Component	% of Grade
In-class Exam 1	30%
In-class Exam 2	30%
Group policy brief	30%
Individual fact sheet	10%
TOTAL	100%

### *Grading Scale*

90 or above (H)  
75 to 89 (P)  
60 to 74 (L)  
Below 60 (F)

NOTE: Students are expected to come to class prepared to participate in discussions. **The course is designed to encourage interaction and debate by students.** The quality (not quantity) of a student's in-class comments and questions can move the student's final grade up one notch on the above scale (from, say, a P+ to an H-). Quality is assessed by the relevance, thoughtfulness, and understanding displayed.

## **Recognizing, Valuing and Encouraging Diversity**

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The importance of diversity is recognized in the mission statement of HPM. In the classroom, diversity *strengthens* the products, *enriches* the learning, and *broadens* the perspectives of all in the class. Diversity requires an atmosphere of inclusion and tolerance, which oftentimes challenges our own closely-held ideas, as well as our personal comfort zones. The results, however, create a sense of community and promote excellence in the learning environment. This class will follow principles of inclusion, respect, tolerance, and acceptance that support the values of diversity.

Diversity includes consideration of: (1) life experiences, including type, variety, uniqueness, duration, personal values, political viewpoints, and intensity; and (2) factors related to "diversity

of presence,” including, among others, age, economic circumstances, ethnic identification, family educational attainment, disability, gender, geographic origin, maturity, race, religion, sexual orientation, social position, and veteran status.

## UNC Honor Code

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The principles of academic honesty, integrity, and responsible citizenship govern the performance of all academic work and student conduct at the University as they have during the long life of this institution. Your acceptance of enrollment in the University presupposes a commitment to the principles embodied in the Code of Student Conduct and a respect for this most significant Carolina tradition. Your reward is in the practice of these principles.

Your participation in this course comes with the expectation that your work will be completed in full observance of the Honor Code. Academic dishonesty in any form is unacceptable, because any breach in academic integrity, however small, strikes destructively at the University's life and work.

**Each student will be expected to review the materials on plagiarism from the UNC Library: <http://guides.lib.unc.edu/c.php?g=9028&p=45251>. Make sure to review all the information contained in all the tabs on the website.** It is an honor code violation to plagiarize materials, which includes (but is not limited to), taking direct quotations from other documents without properly citing it. (For example, it is plagiarism if you include a direct quotation and include the reference, but do not include quotation marks. Anything taken verbatim must include quotation marks—and you should use direct quotations sparingly).

If you have any questions about your responsibility or the responsibility of faculty members under the Honor Code, please consult with someone in either the Office of the Student Attorney General (919-966-4084) or the Office of the Dean of Students (919-966-4042).

Read “The Instrument of Student Judicial Governance” (<http://instrument.unc.edu>).

## Accommodations for People with Disabilities or Certain Medical Conditions

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UNC-CH supports all reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or a pregnancy complication resulting in difficulties with accessing learning opportunities.

All accommodations are coordinated through the UNC Office of Accessibility Resources & Services (ARS), <http://accessibility.unc.edu>; phone 919-962-8300. Students must document/register their need for accommodations with ARS before accommodations can be implemented.”

## Course Evaluation

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HPM participates in the UNC-CH's online course evaluation system, enabled at the end of each semester by DigitalMeasures. Your responses will be anonymous, with feedback provided in the aggregate. Open-ended comments will be shared with instructors, but not identified with

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individual students. Your participation in course evaluation is an expectation, since providing constructive feedback is a professional obligation. Feedback is critical, moreover, to improving the quality of our courses, as well as for instructor assessment.

## Resources

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### *Textbooks*

None required. Recommended (not required):

Eugene Bardach. *A Practical Guide for Policy Analysis: The Eightfold Path to More Effective Problem Solving*. Third Edition. CQ Press. 2005.

Deborah Stone. *Policy Paradox: The Art of Political Decision Making*. Revised Edition. WW Norton & Co. 2002.

Optional (good references for anyone interested in learning more about the policy making process):

Kingdon JW. *Agendas, Alternatives, and Public Policies*. Updated Second Edition. Longman. (2011).

Beaufort B. Longest. *Health Policy Making in the United States*. Fifth Edition. Health Administration Press. (2010).

### *Website:*

HPM 754 has its own website on Sakai. This syllabus is on the website.

*Articles:* All articles can be accessed via links available on the course web site or will be posted on Sakai.

### *Web Sources:*

Among the many useful websites are:

- The Henry J. Kaiser Family Foundation ([www.kff.org](http://www.kff.org))
- Kaiser Foundation State Health Facts ([www.statehealthfacts.org](http://www.statehealthfacts.org))
- Health Affairs “Health Policy Briefs” ([www.healthaffairs.org/healthpolicybriefs](http://www.healthaffairs.org/healthpolicybriefs)) and the Health Affairs Blogs (<http://healthaffairs.org/blog/>)
- The Congressional Budget Office ([www.cbo.gov](http://www.cbo.gov))
- The Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov))
- The National Center for Health Statistics ([www.cdc.gov/nchs/](http://www.cdc.gov/nchs/))
- The Commonwealth Fund ([www.cmwf.org](http://www.cmwf.org))
- The Robert Wood Johnson Foundation (<http://www.rwjf.org/>)
- The National Conference of State Legislatures ([www.ncls.org](http://www.ncls.org))

A more complete list of useful websites will be posted on Sakai. Review of websites is not required unless specified. These URLs are provided as a service.



## **Course Schedule (Readings and Assignments)**

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Note: The schedule below lists the speakers for each section (either Pam Silberman, guest lectures, or student led classes). It also includes the objectives and readings for each session. The objectives and readings may be updated during the semester; a current schedule will always be posted on the course Sakai site.

In addition, there is a separate document, posted on Sakai, with useful health-related websites. This document may include links to organizational websites that will be useful to you for your recitations and for your policy analysis and mock legislative presentation.

### **WEDNESDAY, AUGUST 24, 2016**

*Lecture 1: Introduction, Course Overview and Mini-History of U.S. Health Care*  
*Pam Silberman, JD, DrPH*

*Objectives:*

- Give an overview of the US medical and health system
- Introduce students to key concepts they will learn throughout the semester
- Know what the course will cover, how its structured (including recitations, exam, group project, and final presentation)
- Give a brief history of the US medical and public health systems
- Sharpen one's interest in and ability to think critically about health care in the U.S.

*Mandatory Readings:*

Silberman P, Ricketts T, Cohen-Ross D. The US Healthcare System and the Need for Patient Advocacy. Chapter 2. In Patient Advocacy for Health Care Quality. 2008. Available on Sakai through the course reserves at: <http://eres.hsl.unc.edu/eres/coursepage.aspx?cid=2486>.

*Optional Reading:*

Askin E, Moore N. The Health Care Handbook. Second Edition. Washington University in St. Louis. 2014.

### **MONDAY, AUGUST 29, 2016**

*Lecture 2: Policy Analysis and Discussion of Class Assignment*  
*Pam Silberman, JD, DrPH*

*Objectives:*

- Describe the forms of health policy
- Understand the difference between public and private policies
- Identify sources of authority for development and implementation of health policies
- Recognize that there are a number of frameworks, theories or approaches to explaining the policy process
- Discuss one approach to policy analysis and its basic steps

- Preview the steps students will be expected to include as part of their policy analysis group exercise

*Mandatory Readings:*

Collins, T. Health policy analysis: a simple tool for policy makers. *Public Health*, Volume 119(3), 192-196, 2005. Available at:

<http://www.sciencedirect.com.libproxy.lib.unc.edu/science/article/pii/S003335060400099X> (Note: if you click on this link and you are asked to pay to get access, then you will need to go through the UNC Health Sciences online journal holdings to access all the articles. One way to do this is to go to [unc.edu](http://unc.edu), hit the “library” tab on the top bar, then you can either go to the ejournal you want, or can search through google scholar. Either will prompt you to input your onyen. Once you do that, you should be able to access the article without being prompted for payment).

A Framework for Analyzing Public Policies: Practical Guide. Institut National de Santé Publique. Québec. Sept. 2012. Available at:

[http://www.nchpp.ca/docs/Guide\\_framework\\_analyzing\\_policies\\_En.pdf](http://www.nchpp.ca/docs/Guide_framework_analyzing_policies_En.pdf).

*Optional reading:*

Eugene Bardach. *A Practical Guide for Policy Analysis: The Eightfold Path to More Effective Problem Solving*. Fourth Edition. Sage/CQ Press. 2011.

## **WEDNESDAY, AUGUST 31, 2016**

### ***Lecture 3: Legislative and Regulatory Process*** ***Pam Silberman, JD, DrPH***

*Objectives:*

- To gain a basic understanding of the legislative process
- To gain a basic understanding of the regulatory process
- Be able to explain the difference between the legislative and regulatory processes

*Mandatory Readings:*

US House of Representatives. The legislative process.

[http://www.house.gov/content/learn/legislative\\_process/](http://www.house.gov/content/learn/legislative_process/)

A Guide to the Rulemaking Process. Prepared by the Office of the Federal Register.

[https://www.federalregister.gov/uploads/2011/01/the\\_rulemaking\\_process.pdf](https://www.federalregister.gov/uploads/2011/01/the_rulemaking_process.pdf).

*Other useful websites:*

Pending and past legislation:

- National: [Congress.gov](http://Congress.gov)
- North Carolina: [www.ncleg.net](http://www.ncleg.net)

Proposed regulations (federal and state registers):

- National: <https://www.federalregister.gov/>
- North Carolina: [www.oah.state.nc.us/rules/register/](http://www.oah.state.nc.us/rules/register/)

Final regulations:

- National: <http://www.ecfr.gov/cgi-bin/searchECFR>
- North Carolina: <http://ncrules.state.nc.us/ncadministrativ /default.htm>

## **MONDAY, SEPT. 5, 2016** **LABOR DAY (NO CLASS)**

## **WEDNESDAY, SEPTEMBER 7, 2016**

*Lecture 4: Life Course Perspective*

*Peggye Dilworth Anderson, PhD*

*Objectives:*

- Define and differentiate among the factors in the life course perspective
- Identify factors that influence an individual's life course and the relationship to health outcomes
- Discuss the complexity of the life course perspective and its relationship to health outcomes
- Discuss the role of the life course perspective in developing and implementing of health policy

*Mandatory Readings:*

Lachman ME, Teshale S, Agrigoroaei S. Midlife as a Pivotal Period in the Life Course: Balancing Growth and Decline at the Crossroads of Youth and Old Age. *Int J Behav Dev.* 2015 January 1; 30(1):20-31. Available at: <http://midus.wisc.edu/findings/pdfs/1403.pdf>.

Barnes, L. L., Wilson, R. S., Everson-Rose, S. A., Hayward, M. D., Evans, D. A., & Mendes de Leon, C. F. Effects of early-life adversity on cognitive decline in older African Americans and whites. *Neurology*, 2012;79(24):2321–2327. (You'll need to go onto the UNC ejournal website and pull down this article yourself—there is not an easy link to the article).

Bethell, C., Newacheck, P.W., Fine, B., Strickland, B.B., Antonelli, R.C., Wilhelm, C.L., Honberg, L.E. & Wells, N. Optimizing health and health care systems for children with special health care needs using the life course perspective. *Maternal and Child Health Journal*, 2014;18, 467-477. Available at: <http://link.springer.com.libproxy.lib.unc.edu/article/10.1007/s10995-013-1371-1>

## **MONDAY, SEPTEMBER 12, 2016**

*Lecture 5: Private Insurance (Group, Nongroup, Fee-for-Service, Managed Care)*

*Pam Silberman, JD, DrPH*

*Objectives:*

- Understand the history of private insurance coverage
- Understand sources and types of private health insurance coverage
- Understand some of the problems in health insurance (including moral hazard and adverse selection)
- Understand how employers and insurers have responded to rising health care costs

- Learn about insurance protections built into the Affordable Care Act

*Mandatory Readings:*

Kaiser Family Foundation and Health Research and Education Trust. Employer Health Benefits. 2015 Summary of Findings. Available at: <http://files.kff.org/attachment/summary-of-findings-2015-employer-health-benefits-survey>

Gruber J. The Role of Consumer Copayments for Health Care: Lessons from the RAND Health Insurance Experiment and Beyond. Kaiser Family Foundation. Oct. 2006. Available at: <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7566.pdf>.

## **WEDNESDAY, SEPTEMBER 14, 2016**

### ***Lecture 6: Uninsured, Underinsured, and Nonfinancial Barriers to Care*** ***Pam Silberman, JD, DrPH***

*Objectives:*

- Understand the demographics of the uninsured
- Understand the health and financial consequences of being uninsured
- Understand that many with insurance are underinsured
- Learn about nonfinancial barriers to access (racial and ethnic disparities in care, language, geography, disabilities)

*Mandatory Readings:*

Kaiser Commission on Medicaid and the Uninsured. The Uninsured: A Primer. January 2015. Available at: <http://files.kff.org/attachment/the-uninsured-a-primer-key-facts-about-health-insurance-and-the-uninsured-in-america-primer> .

## **MONDAY, SEPTEMBER 19, 2016**

### ***Lecture 7: Medicare*** ***Jonathan Oberlander, PhD***

*Objectives:*

- Gain a basic understanding of Medicare history, eligibility and services
- Be able to distinguish the four different Medicare components (Part A, B, C, and D)
- Know how Medicare is financed, long-term financing challenges, and proposals to reduce long-term spending growth in Medicare.

*Mandatory Readings:*

Blumenthal D, Davis K, Guterman S. Medicare at 50—Origins and Evolution. NEJM. Jan. 29, 2015;372(5):479-486. Available at: <http://www.nejm.org/doi/pdf/10.1056/NEJMp1411701>

Blumenthal D, Davis K, Guterman S. Medicare at 50—Moving Forward. NEJM. Feb. 12, 2015;372(7):671-677. Available at: <http://www.nejm.org/doi/pdf/10.1056/NEJMp1414856>

## **WEDNESDAY, SEPTEMBER 21, 2016**

### ***Lecture 8: Medicaid and CHIP***

***Pam Silberman, JD, DrPH***

#### *Objectives:*

- Gain a basic understanding of Medicaid eligibility and covered services
- Understand how the ACA has changed Medicaid eligibility
- Know how Medicaid is financed and its impact on the states
- Gain a basic understanding of the Children's Health Insurance Program

#### *Mandatory Readings:*

Iglehart JK, Sommers B. Medicaid at 50—From Welfare Program to Nation's Largest Health Insurer. NEJM. May 28, 2015;372(22):2152-2159. Available at: <http://www.nejm.org/doi/pdf/10.1056/NEJMhpr1500791>.

Paradise J, Lyons B, Rowland D. Medicaid at 50. KCMU. May 2015. Available online at: <http://files.kff.org/attachment/report-medicaid-at-50>.

## **MONDAY, SEPTEMBER 26, 2016**

### ***Lecture 9: New Coverage Options under the ACA***

***Pam Silberman, JD, DrPH***

#### *Objectives:*

- Understand new coverage options available under the ACA (including Medicaid expansion and Exchanges)
- Know which states are expanding Medicaid and creating own state-based Exchanges
- Understand other health insurance mandates (including essential benefits package, coverage for people with pre-existing conditions)

#### *Mandatory Readings (and Viewings):*

Watch "Health Insurance Explained: The YouToons Have it Covered". <http://kff.org/health-reform/video/health-insurance-explained-youtoons/>

Sommers B. Health Care Reform's Unfinished Work—Remaining Barriers to Coverage and Access. NEJM. Dec. 17, 2015;373:2395-2398. <http://www.nejm.org/doi/pdf/10.1056/NEJMp1509462>.

The Requirement to Buy Coverage under the Affordable Care Act 2015 and Beyond. Kaiser Family Foundation. <http://kff.org/infographic/the-requirement-to-buy-coverage-under-the-affordable-care-act/>.

*Optional readings:*

Kaiser Family Foundation has a series of one-page papers on Obamacare and You. Available at: <http://kff.org/health-reform/fact-sheet/obamacare-and-you/>

Kaiser subsidy calculator available at: <http://kff.org/interactive/subsidy-calculator/>

Silberman P. Implementing the Affordable Care Act in North Carolina: The Rubber Hits the Road. NCMJ. 2013;74(4):298-307. Available at: <http://classic.ncmedicaljournal.com/wp-content/uploads/2013/07/74403.pdf>.

Healthcare.gov is the official web portal to purchase coverage in the federal marketplace. It also has information and fact sheets on the ACA (under the all topics tab). Available at: <https://www.healthcare.gov>

## **WEDNESDAY, SEPTEMBER 28, 2016**

### *Lecture 10: Stakeholders and the Policy Making Process*

*Pam Silberman, JD, DrPH*

*Objectives:*

- Be able to define the term “stakeholders” and discuss their interests and roles in the policymaking process
- Identify and categorize examples of key stakeholders in the policymaking process
- Understand how to conduct a basic stakeholders analysis

*Readings:*

Stone D. *Policy Paradox*. WW Norton & Company. New York. 2002. Chpt. 9: Interests. Available in Sakai through course reserves: <http://eres.hsl.unc.edu/eres/coursepage.aspx?cid=2486>

Schmeer K. Guidelines for Conducting a Stakeholder Analysis. Partnership for Health Reform Publication. Nov. 1999. Available at: <http://www.who.int/management/partnerships/overall/GuidelinesConductingStakeholderAnalysis.pdf>.

## **MONDAY, OCTOBER 3, 2016**

### *Exam 1*

## **WEDNESDAY, OCTOBER 5, 2016**

### *Lecture 11: Health Professional Workforce*

*Erin Fraher, PhD (confirmed)*

*Objectives*

At the end of the class, students should be able to describe:

- The key issues facing workforce policy analysis at the state and national level

- The implications of health reform on workforce policy
- The debate about whether we have enough health care professionals to meet future demand

*Readings:*

Ricketts TC, Fraher EP. Reconfiguring Health Workforce Policy So that Education, Training and Actual Delivery of Care are Closely Connected. *Health Affairs*. 2013;32(11):1874-1880. Available at: <http://content.healthaffairs.org.libproxy.lib.unc.edu/content/32/11/1874.full.pdf>

Bodenheimer TS, Smith MD. Workforce: Proposed Solutions to the Physician Shortage without Training More Physicians. *Health Affairs*. 2013;32(11):1881-1886. Available at: <http://content.healthaffairs.org.libproxy.lib.unc.edu/content/32/11/1881.full.pdf>

Dower C, Moore J, Langelier M. It's Time to Restructure Health Professions Scope-of-Practice Regulations to Remove Barriers to Care. *Health Affairs*. 2013;32(11):1971-1976. Available at: <http://content.healthaffairs.org.libproxy.lib.unc.edu/content/32/11/1971.full.pdf>

## **MONDAY, OCTOBER 10, 2016**

### ***Lecture 12: Hospitals and Integrated Delivery Systems***

***Paul Wiles (invited 6-1-16)***

*Objectives:*

- Understand the challenges faced by the hospital industry
- Frame the environmental forces affecting the history and formation of integrated delivery systems (IDS)
- Understand the design and development of an IDS under population health models

*Mandatory Readings:*

Barnet S, et. al. 10 Challenges and Opportunities for Hospitals in 2015. *Becker's Hospital Review*. Dec. 30, 2014. <http://www.beckershospitalreview.com/hospital-management-administration/10-challenges-and-opportunities-for-hospitals-in-2015.html>

Survey: Healthcare Finance, Reform Top Issues Confronting Hospitals in 2014. ACHE. <https://www.ache.org/pubs/research/ceoissues.cfm>.

Chukmaitov A, et. al. Delivery system characteristics and their association with quality and costs of Care: Implications for Accountable Care Organizations. *Health Care Management Review*. 2015;40(2):92-103. Available at: <http://vb3lk7eb4t.scholar.serialssolutions.com/?sid=google&auinit=A&aulast=Chukmaitov&atitle=Delivery+system+characteristics+and+their+association+with+quality+and+costs+of+care:+Implications+for+accountable+care+organizations&id=pmid:24566250>

## **WEDNESDAY, OCTOBER 12, 2016**

### ***Lecture 13: Pharmaceuticals and the Health of the Public***

***Stacie Dusetzina, PhD***

#### *Objectives:*

- Understand what is entailed in creating drugs and bringing them to market
- Know the nature and extent of the role of pharmaceuticals in health care delivery
- Describe and differentiate among the financial and policy/ethical issues surrounding the pharmaceutical industry
- Know the impact drugs have on disease
- Know the federal government's role in regulating pharmaceuticals

#### *Mandatory Readings:*

Agrawal S, Brennan N, Budetti P. The Sunshine Act – Effects on Physicians. *NEJM*. May 30, 2013;368(22):2054-2057. Available at:

<http://www.nejm.org.libproxy.lib.unc.edu/doi/pdf/10.1056/NEJMp1303523>.

Also look at the following Kaiser poll:

<http://kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-august-2015/>

## **MONDAY, OCTOBER 17, 2016**

### ***Lecture 14: Behavioral Health***

***Alex Gertner***

#### *Objectives:*

- Describe the historical progression of the provision of behavioral health services
- Understand the nature and prevalence of mental health and substance abuse disorders
- Describe the issues surrounding financing mental health and substance abuse services
- Understand recent policy changes that affect the demand and supply of behavioral health services

#### *Readings:*

Institutionalized: Mental Health Behind Bars. *VICE News*. April 7, 2015. <https://youtu.be/-fQ50a-m92Y>.

Garfield RL. Mental Health Financing in the United States. A Primer. Kaiser Commission on Medicaid and the Uninsured. April 2011. Executive Summary pp. i-v. Available at:

<http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8182.pdf>.

Sundararaman R. The US Mental Health Delivery System Infrastructure: A Primer. Congressional Research Service. April 2009. Summary, Introduction, Background and Current Mental Health Care Delivery System pp. 1-11. Available at <https://www.fas.org/sgp/crs/misc/R40536.pdf>.



Barry CL, Goldman HH, Huskamp HA. Federal Parity In The Evolving Mental Health And Addiction Care Landscape. Health Affairs 35, no.6 (2016):1009-1016. Available at <http://content.healthaffairs.org/content/35/6/1009>.

## **WEDNESDAY, OCTOBER 19, 2016**

### ***Lecture 15: Oral Health***

***Alex White, DDS, MPH***

#### *Objectives:*

- Understand the nature and prevalence of oral health disorders
- Describe the issues surrounding financing and insurance coverage for dental services
- Understand the different professionals that make up the oral health workforce, and challenges meeting all the oral health needs in the state and country

#### *Readings:*

U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000. Executive Summary pages 1-13.

Available at:

<http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv.@www.surgeon.fullrpt.pdf>.

## **MONDAY, OCTOBER 24, 2016**

### ***Lecture 16: Long-Term Services and Supports***

***Heather Altman, DrPH***

Project Manager, Global Aging & Technology Collaborative

UNC Gillings School of Global Public Health &

Director, Community Connections

Carol Woods Retirement Community

#### *Objectives:*

- Understand the full continuum of long term services and supports (LTSS)
- Know who uses LTSS
- Identify sources of financial support for LTSS
- Discuss and evaluate policy issues facing LTSS now and in the future

#### *Readings:*

Aging in Place: A State Survey of Livability

Policies and Practices (report)

<http://assets.aarp.org/rgcenter/ppi/liv-com/ib190.pdf>

Family Caregiving (report)

<http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf>

Understanding Long Term Care (website) (Read section on institutional LTC and community-based long-term services and supports)

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/long-term-services-and-supports.html>

## **WEDNESDAY, OCTOBER 26, 2016**

### ***Lecture 17: Public Health***

***Leah Devlin, DDS, MPH***

#### *Objectives:*

- Define “public health” and know its historical development
- Understand roles and duties of government in providing public health services
- Identify issues facing public health now and in the future

#### *Mandatory Readings:*

Frieden TR. A Framework for Public Health Action: The Health Impact Pyramid. American Journal of Public Health April 2010;100(4):590-595.

<http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2009.185652>

Explore RWJF website: Culture of Health. <http://www.rwjf.org/en/culture-of-health.html>

#### *Other important websites:*

<http://publichealth.nc.gov/>

<http://www.cdc.gov>

<http://www.iom.edu>

## **MONDAY, OCTOBER 31, 2016**

### ***Lecture 18: Safety Net Programs and the Veterans Health Administration***

***Pam Silberman, JD, DrPH***

#### **Objectives:**

- Understand the different types of safety net programs available to serve the uninsured (FQHCs, free clinics, rural health centers, pharmaceutical assistance programs, Project Access models)
- Understand the strengths and limitations of these models
- Understand the gaps in coverage
- Understand basics of the VA and military health systems

#### **Readings:**

NCIOM. Health Care Services for the Uninsured and Other Underserved Populations. A Technical Assistance Manual to Help Communities Create or Expand Health Care Safety Net Services. Read “Types of Health Care Safety Net Organizations” on pp. 35-54. Available at:

[http://www.nciom.org/wp-content/uploads/NCIOM/pubs/safetynet\\_tam.pdf](http://www.nciom.org/wp-content/uploads/NCIOM/pubs/safetynet_tam.pdf).

Honoring their Service: A Report of the North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and their Families. Chapter 4. Health Care Benefits for Veterans and Active Duty Military and their Families Through the Federal System. North Carolina Institute of Medicine. 2011. Available at: [http://www.nciom.org/wp-content/uploads/2011/03/MH\\_Ch4.pdf](http://www.nciom.org/wp-content/uploads/2011/03/MH_Ch4.pdf). (Note: while this chapter focuses on access to behavioral health services, it gives a good overview of the VA and military health systems).

## **WEDNESDAY, NOVEMBER 2, 2016**

### ***Lecture 19: Putting Together an Advocacy Campaign*** ***Pam Silberman, JD, DrPH***

#### *Objectives:*

- Understand how to design a legislative campaign
- Understand your short term and long term goals
- Understand trade-offs in selecting a sponsor
- Understand how to work in coalitions to advance your legislative agenda
- Strategies to involve the media and grassroots

#### *Mandatory Readings:*

How to write an advocacy fact sheet and make a short legislative presentation (on Sakai)

Silberman, P. Consumers Guide to Health Care Policy Making: How to Change North Carolina Health Policies. 1997 Aug. (on Sakai) (*Note: this is outdated, but still may provide helpful steps for you to think about if you want to develop an advocacy campaign*).

## **MONDAY, NOVEMBER 7, 2016**

### ***Lecture 20: International Comparisons of Cost and Quality*** ***Pam Silberman, JD, DrPH***

#### *Objectives:*

- Discuss the report from the Institute of Medicine on health disparities between the US and 16 peer countries
- Attempt to explain the differences in these poor health outcomes
- Recommend appropriate response related to research and policy

#### *Readings:*

US Health in International Perspective: Shorter Lives, Poorer Health. Institute of Medicine. Report Brief. January 2013.

[http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2013/US-Health-International-Perspective/USHealth\\_Intl\\_PerspectiveRB.pdf](http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2013/US-Health-International-Perspective/USHealth_Intl_PerspectiveRB.pdf).

#### *Optional resources:*

OECD Health Statistics 2015. <http://www.oecd.org/els/health-systems/health-data.htm>.

**WEDNESDAY, NOVEMBER 9, 2016**  
*Class Presentations (Group 1-4)*

## **MONDAY, NOVEMBER 14, 2016**

### ***Lecture 21: Factors Driving Up Health Care Costs and New Financing Models***

***Stuart Altman, PhD***

#### *Objectives:*

- Understand trends in health care cost escalation and how it is expected to grow over the next decade
- Understand the potential impact of health care escalation on federal, state, and family expenditures over time
- Understand what factors economists identify as driving up health care costs (eg, technology, unnecessary use of health services, moral hazard, pharmaceuticals)
- Learn about different strategies to reduce rising health care costs
- Understand reasons for recent decline in health care spending

#### *Readings:*

KFF. Health Care Costs: A Primer. May 2012. Available at:  
<https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7670-03.pdf>

Blumenthal D, Abrama M, Nuzum R. The Affordable Care Act at 5 Years. NEJM. June 18, 2015;372(25):2451-2458. Available at: <http://www.nejm.org/doi/pdf/10.1056/NEJMhpr1503614>.

Keehan S et. al., National Health Expenditure Projections 2015-2025: Economy, Prices and Aging Expected to Shape Spending and Enrollment. Health Affairs. Web First. July 13, 2016. Available at:  
<http://content.healthaffairs.org.libproxy.lib.unc.edu/content/early/2016/07/15/hlthaff.2016.0459.full.pdf>.

## **WEDNESDAY, NOVEMBER 16, 2016**

***Class Presentations (Group 5-8)***

## **MONDAY, NOVEMBER 21, 2016**

***Class Presentations (Group 9-13)***

***Note: Expect class to run late this date because there will be 5 group presentations***

## **WEDNESDAY, NOVEMBER 23, 2016**

**THANKSGIVING BREAK**

## **MONDAY, NOVEMBER 28, 2016**

### ***Lecture 22: Quality of Care***

***Pam Silberman, JD, DrPH***

#### *Objectives:*

- Understand the major components of health care quality (eg, structure, process, outcomes, consumer satisfaction)
- Know how quality is measured and the state of quality in health services in the U.S.
- Understand the causes of poor quality

#### *Readings:*

Gawande A. Big Med. New Yorker. August 13, 2013.

<http://www.newyorker.com/magazine/2012/08/13/big-med>

McGlynn EA. Six challenges in measuring the quality of health care. Health Affairs. 1997;16(3):7-21. Available at: <http://content.healthaffairs.org/content/16/3/7.full.pdf>

Pope GC. Overview of Pay for Performance Models and Issues. Chapter 2 in Pay for Performance in Health Care: Methods and Approaches. Cromwell J, Trisolini MG, Pope G, Mitchell JB Greenwald LM, editors. RTI International. March 2011. Available at:

<http://www.rti.org/sites/default/files/resources/rtipress/mitchell/bk-0002-1103-ch02.pdf>.

## **WEDNESDAY, NOVEMBER 30, 2016**

### ***Lecture 23: Other Factors that Influence Health (Socioecological Model of Health Behavior)***

***Shelley Golden, PhD***

#### *Objectives*

- Understand other factors that influence health aside from medical care (eg, genetics, health behaviors, community and environment).
- Understand the socioecological model of health
- Learn the major contributors to death and disability in this country (eg, tobacco use, substance abuse disorders, mental health, etc.)
- Understand how social determinants of health influence health outcomes

#### *Mandatory Readings:*

Mokdad AH, Marks JS, Stroup DF & Gerberding JL. Actual causes of death in the U.S., 2000. JAMA. 2004;291(10): 1238-1245.

<http://jama.jamanetwork.com/article.aspx?articleid=198357&resultClick=3>. (Note: there is a correction in 2005. The correction is not required but if you want to read it, it is available at:

<http://jama.jamanetwork.com/article.aspx?articleid=200177&resultClick=3>.)

Lantz PM, Lichtenstein RL & Pollack HA. Health policy approaches to population health: the limits of medicalization. Health Affairs 2007;26(5): 1253–1257. Available at:

<http://content.healthaffairs.org/content/26/5/1253.full.pdf>.

Sacks R, Yi S, Nonas C. Increasing Access to Fruits and Vegetables: Perspectives from the New York City Experience. American Journal of Public Health. May 2015;105(5):e29-e37. Available at: <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2015.302587>.

**MONDAY, DECEMBER 5, 2016**

*Exam 2*

**WEDNESDAY, DECEMBER 7, 2016**

*Class wrap-up*

## Guest Speaker Bios

**Heather Altman, DrPH.** Heather Altman has worked with Carol Woods, a continuing care retirement community in Chapel Hill since 2003. For the past eight years, she has served as the Director of Community Connections, focusing on community-based initiatives that address service delivery, workforce development and policy and planning related to aging services, with particular emphasis on improving care transitions and supporting aging-in-place initiatives. Dr. Altman serves on the boards of local non-profits and public agencies dedicated to supporting older adults and their caregivers. In 2014, she was appointed as project manager of the Global Aging & Technology Collaborative, co-sponsored by partners at Carol Woods, UNC, MIT, and Cambridge & Newcastle Universities in the United Kingdom. Prior to joining Carol Woods, Dr. Altman worked for the Center for Advancing Health in Washington, DC and Howe-Lewis International and Planned Parenthood Federation of America in New York City. Originally from Boston, she received her undergraduate degree from Brandeis University and Master of Public Health and Doctor of Public Health degrees from UNC-Chapel Hill.

**Stuart Altman, PhD.** Dr. Altman is the Sol C. Chaikin Professor of National Health Policy and former Dean of The Heller School for Social Policy & Management and University. Dr. Altman is an economist whose research interests are primarily in the area of federal and state health policy. From 2000-2002 he was Co-Chair for the Legislative Health Care Task Force for the Commonwealth of Massachusetts. In 1997, he was appointed by President Clinton to the National Bipartisan Commission on the Future of Medicare. Dr. Altman was Dean of The Florence Heller Graduate School from 1977 until July 1993 and interim President of Brandeis University from 1990-1991. He served as the Chairman of the congressionally legislated Prospective Payment Assessment Commission for twelve years. ProPac was responsible for advising the U.S. Congress and the Administration on the functioning of the Medicare Diagnostic Related Group (DRG) Hospital Payment System and other system reforms. Between 1971 and 1976, Dr. Altman was Deputy Assistant Secretary for Planning and Evaluation/Health at HEW. While serving in that position, he was one of the principal contributors to the development and advancement of the Administration's National Health Insurance proposal. Dr. Altman is a member of The Institute of Medicine of the National Academy of Sciences; a member of the Board of Tufts-New England Medical Center in Boston, Massachusetts; and, Co-Chairman of the Advisory Board to the Schneider Institute for Health Policy at The Heller School for Social Policy & Management, Brandeis University. He has an MA and PhD degree in economics from UCLA.

**Leah Devlin, DDS, MPH.** Dr. Devlin is a professor of the practice in the Department of Health Policy and Management at the Gillings School of Global Public Health. Dr. Devlin has more than 30 years in public health practice in North Carolina including 10 years as the State Health Director. Dr. Devlin engages faculty, students and staff in researching public health problems in North Carolina and also helps increase the visibility of the School with statewide leaders. In addition, Dr. Devlin serves as a consultant to the Research Triangle Institute, International (RTI). She serves on many boards at the state and national level, including the Robert Wood Johnson Foundation, the Centers for Disease Control and Prevention Foundation Board, and the NC Medical Society Foundation Board. Dr. Devlin's honors include recognition from numerous professional associations for her contributions to public health, and in 2008 she received UNC's Distinguished Alumni Award. Dr. Devlin earned her bachelor's, master's and dental degrees from UNC.



**Peggye Dilworth-Anderson, PhD.** Dr. Dilworth-Anderson is a Professor, Department of Health Policy and Management, Gillings School of Global Public Health, University of North Carolina-Chapel Hill. Her areas of expertise include minority aging and health, dementia and family caregiving, and health disparities regarding access to care. She received the 2010 Ronald and Nancy Reagan Award for her research in Alzheimer's disease and related dementias. Dr. Dilworth is former President of the Gerontological Society of America (2010); she served on the board of directors of the National Alzheimer's Association and on its Medical and Scientific Advisory Council (2007-2011). She currently serves on board of directors for the Eastern North Chapter of the Alzheimer's Association. She is a member of the Global Council on Brain Health, created by AARP in collaboration with Age UK, to provide trusted information to the world on how to maintain and improve our brain health. Dr. Dilworth-Anderson completed her bachelor's degree in sociology from Tuskegee Institute in 1970, and earned her master's and doctorate degrees in sociology from Northwestern University in 1972 and 1975, respectively. Her postdoctoral training in aging research (1976-78) was at the Midwest Council on Social Research in Aging. She is a Fellow of the Gerontological Society of America and the National Council of Family Relations. She is a member of the Gerontological Society of America, American Public Health Association, and International Society to Advance Alzheimer's Research and Treatment.

**Stacie Dusetzina, PhD.** Dr. Dusetzina is a health services researcher and Assistant Professor at the University of North Carolina at Chapel Hill in the UNC Eshelman School of Pharmacy and the Gillings School of Global Public Health. Her work focuses on measuring and evaluating population-level use and costs of anticancer therapy in the United States. Prescription drug pricing – particularly in oncology - has been a topic of increasing interest in recent years, with very little population-based data available to inform public debates. Dr. Dusetzina's work has contributed to the evidence base for the role of drug costs on patient access to care. Specifically, she led the first paper to evaluate the role of privately insured patient out-of-pocket costs for imatinib, a highly effective anticancer medication, and the impact of having higher costs on patient adherence to therapy. In addition, Dr. Dusetzina has led projects estimating the potential burden of out-of-pocket costs for outpatient infused cancer therapies across multiple data sources and payer types, including uninsured individuals. She also led work focused on estimating out-of-pocket cost burden and formulary coverage for orally-administered anticancer therapies on Medicare Part D plans. In that paper she was able to document that Medicare beneficiaries on virtually all available Part D plans would face substantial out-of-pocket costs for orally-administered anticancer medications and that out-of-pocket spending would not be significantly reduced even after the Part D coverage gap (i.e., “the donut hole”) is closed in 2020. Finally, she has documented spending by health plans on orally-administered anticancer medications and trends in spending at launch and over time. Dr. Dusetzina's work on the topic of prescription drug spending and access has been broadly covered by Reuters, the Washington Post, STAT News and the Wall Street Journal.

**Erin Fraher, PhD.** Dr. Fraher holds a joint appointment as an Assistant Professor in the Department of Family Medicine and Research Assistant Professor in the Department of Surgery. She is the Director of the Carolina Health Workforce Research Center, one of five national health workforce research centers funded by the Health Resources and Services Administration to provide impartial, policy-relevant research that answers the question: what health care workforce is needed to ensure access to high quality, efficient health care for the U.S. population? Dr. Fraher is well known for her ability to communicate complex research findings in ways that are easily understood and policy-relevant.

**Alex Gertner.** Alex Gertner is an MD/PhD student in the Department of Health Policy and Management. Alex researches several topics in mental health and substance abuse services, including access to treatment for opioid addiction, the integration of primary and behavioral health care, and the effects of mental health and substance abuse treatment on criminal recidivism. Prior to joining UNC, Alex worked for Human Rights Watch, an international organization that conducts human rights research and advocacy, where he focused on policies affecting people who use drugs and people who engage in sex work. Alex has also conducted ethnographic research on the integration and delivery of high cost care through the public health care system in his native Brazil. Alex has a BA in Anthropology from Princeton University and a squirrel-hunting dog from North Carolina named Nemo.

**Shelly Diane Golden, PhD.** Shelley Golden is a Clinical Assistant Professor in the Department of Health Behavior at the School of Public Health at the University of North Carolina at Chapel Hill. Her research focuses on the political and economic conditions in which individuals and policymakers make decisions that impact population health. Most of her current work focuses on tobacco product price policies, especially those implemented at the state and local level. Through her research, teaching and other public health practice endeavors, Dr. Golden has had the privilege of working with a variety of agencies and groups, including the Health Promotion Branch of the North Carolina Division of Public Health, the United States Indian Health Service, the North Carolina SAFE KIDS Coalition, and the Orange County Rape Crisis Center. Dr. Golden received her bachelors of science in biology from Yale University, and earned her master's of public health in health behavior and health education, as well as her doctorate degree in public policy, from the University of North Carolina at Chapel Hill.

**Jonathan Oberlander, PhD.** Jonathan Oberlander is Professor and Chair of Social Medicine and Professor of Health Policy & Management at the University of North Carolina-Chapel Hill School of Medicine and Gillings School of Global Public Health. Dr. Oberlander's research focuses on health care politics and policy, health reform, and Medicare. Currently, he is studying and writing about health care cost containment, implementation of the Affordable Care Act, Medicare, the Children's Health Insurance Program, and the political history of U.S. health care reform. Dr. Oberlander holds a Ph.D. and M.A. in political science from Yale University, and a B.A. in political science from the University of North Carolina-Chapel Hill.

**Alex White, DDS, DrPH.** Since 2014, B. Alex White, DDS, DrPH, has been an Associate Professor in the Department of Health Policy and Management at the Gillings School of Global Public Health and in the Department of Dental Ecology at the School of Dentistry. A Carolina graduate, he received a Bachelor of Arts (chemistry) in 1979 and a Doctor of Dental Surgery in 1983. After completing a two-year residency in general dentistry at the Brigham and Women's Hospital in Boston, MA, he enrolled in the Harvard University School of Public Health. He received a Master of Public Health and a Master of Science in Health Policy and Management in 1987 and a Doctor of Public Health in 1992. From 1987-1989, he was a Robert Wood Johnson Dental Services Research Scholar at the Harvard School of Dental Medicine. From 1990-1995, he was a Commissioned Officer in the U.S. Public Health Service and held positions at the Agency for Healthcare Research and Quality, Centers for Medicare and Medicaid Services, The White House, and the National Institutes of Health. From 1995-2003, he was a Senior Investigator at the Kaiser Permanente Center for Health Research in Portland, OR. From 2002-2004, he served as Oral Research Director at Tom's of Maine. From 2003-2010, he was employed at the DentaQuest Institute in Westborough, MA. Most recently, he was Assistant Professor at the East Carolina University School of Dental Medicine in Greenville, NC.

**Paul Wiles.** Paul M. Wiles served as the Chief Executive Officer and President of Novant Health Inc., from July 1, 1997 to December 31, 2011. Mr. Wiles served as the President and Chief Executive Officer of Carolina MediCorp. and Forsyth Memorial Hospital Inc., from January 1985 to June 1997. Mr. Wiles was a first lieutenant in the U.S. Air Force, serving in the Medical Service Corps from 1971 to 1974. Mr. Wiles served as a Member of NC Health & Wellness Trust Fund Commission; Member of UNC School of Public Health Advisory Council since 2001; Member of Winston-Salem State University, Business and Economics Advisory Council since 1996; Board Member of Forsyth Technical Community College Foundation from 1997 to 2003; Member of Winston-Salem Alliance since 1998; Director of NC Citizens for Business & Industry from 1997 to 2005; Member of Health Research & Development Institute (HRDI) since 1996; Member of Wachovia Bank, Piedmont Triad Regional Board of Greensboro since 2001; Board Member of NC Emerging Technology Alliance since 1998; Member of Rotary Club of Winston-Salem since 1995. He currently serves on the NC Medical Care Commission, the Board of Trustees of Forsyth Technical Community College, Arbor Acres CCRC, BEST NC, and the Board of Advisors of Project Impact of The Winston Salem Forsyth County School System. He holds a Master of Hospital Administration from Duke University and a Bachelor of Arts in Business Administration from St. Michael's College in Winooski, Vermont.