HPM 758
Underserved Populations and Health Reform
(Credit Hours: 3)
Department of Health Policy and Management
School of Public Health

Fall, 2017 Syllabus
Class Location: 2308 McGavran-Greenberg
Meeting Times (Tuesday 5:00-8:00pm)

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Office Hours: Upon request

Course Overview

This is an elective policy course offered to give students a greater understanding of programs available to serve underserved populations, and how the ACA (or any replacement) will impact on care provided to underserved populations. The course is divided into two sections: (1) Historical overview of publicly funded programs and new coverage options for the uninsured; (2) Impact of other changes in the ACA (or any replacement) on underserved populations.

Learning Objectives and HPM Competencies

<table>
<thead>
<tr>
<th>Course Learning Objective</th>
<th>Competencies</th>
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<tr>
<td>Understand the history, eligibility and recent changes in the delivery of services provided by safety net programs.</td>
<td>Information Seeking</td>
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</table>
2. Understand Medicaid, CHIP and Medicare Part D eligibility and coverage options, so that students can assist underserved populations in accessing needed health services.

3. Understand and be able to articulate how different implementation options within the Patient Protection and Affordable Care Act will impact on underserved populations.

4. Gain practical skills by helping a community group identify evidence-based or best practices to implement PPACA, or otherwise improve access or quality of care for underserved populations.

5. Achieve Objective #4 by working effectively in a team of fellow students.

6. Gain knowledge and skills needed to develop public policies or safety net programs to address the needs of the uninsured.

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<th>Requirements and Expectations</th>
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**Medicare Part D Analysis**

Students will be given the prescription drug information for Mr. Smith (a fictional Medicare beneficiary). You will be required to go online to: [https://www.medicare.gov/find-a-plan/questions/home.aspx](https://www.medicare.gov/find-a-plan/questions/home.aspx) and do a generalized search for the different plans that are offered in the 27705 zip code area. I want you to look at the different drug plans, and help write up a one-page description of which plan is best for him, and why. **You should look at both stand alone drug plans, and comprehensive care plans (HMO, private fee-for-service, PPOs that offer drug benefits).** This 2-3 page analysis will constitute 5% of your class grade.

The grade for the Medicare Part D analysis is based on:

- Demonstration that you explored different options including both PDPs and Medicare Advantage Plans with prescription drugs
- Analysis of whether all of Mr. Smith’s drugs are on the formulary, or whether there are any other limits which could impact on his ability to obtain necessary drugs
- Discussion of different ways in which Mr. Smith could further reduce his drug costs (if any). Lowering his drug costs is one of his main concerns.
- Potential impact of the choice of prescription drug plans on access to other health services or...
• Cogent explanation of why you chose the plan that you chose

Case Studies

The class will go over different case studies of families that need help obtaining needed health services. Through this exercise, students will learn how to determine eligibility for Medicaid and CHIP, as well as identify other appropriate safety net resources. Students will not be graded on this exercise, but similar case studies will be included on the first exam.

Students will also be asked to select a Marketplace plan assuming different scenarios.

Exams

The first exam (October 10, 2017) is in-class, closed book, and may consist of true-false, short answer, short essays, or case analysis (determining eligibility for public programs or safety net programs), and brief essay questions.

The second exam will be a task home exam and due on November 22, 2017. Exams require students to demonstrate basic knowledge and comprehension, to apply concepts to specific problems and situations, and to analyze how changes in the health care delivery system, broader market, and Patient Protection and Affordable Care Act affect care for underserved populations. Exams cover material from required readings, lectures, and in-class discussions. The first exam covers Section I. The second exam covers Section II.

Note, to receive full credit for any question which focuses on current Medicaid and CHIP eligibility, the students must address three questions: 1) Is the individual or family categorically eligible? 2) Does the individual or family have income below the Medicaid/CHIP income eligibility limits? 3) Are the individual/family’s resources below the Medicaid/CHIP resource limits (if any)? Students who do not address all three questions will not receive full credit for the answer. In addition, students will also be expected to identify potential safety net resources for families who are not otherwise eligible for public programs.

There may not be a specific “right” answer for some of the policy questions. These questions will be evaluated based on:
• Whether the student articulated a reasonable argument and is able to articulate your perspective. Occasionally, I have included questions that require the student to respond from the perspective of a particular stakeholder—eg, consumer, provider, insurer. In that instance, I will evaluate the response to make sure it makes sense from that stakeholder’s perspective.
• Whether the student included information from the class readings or discussion in support of their positions.

Note: In the second exam (take-home), I expect students to do research and to properly cite their sources. You can use readings from the syllabus, or from other sources. I expect you to properly cite your work (I do not care about citation style, just that you properly attribute your work to others when you use their ideas.) See section on Plagiarism and Citation below.
Class Projects
Students will work in groups of three to five students, and will work with a local community group which is attempting to improve population health, expand care or improve quality of health care services to vulnerable populations. Depending on the project, the students may be required to research other successful models around the state/country; identify and review relevant literature; determine key elements needed to make the program successful; identify possible financing sources; and may be asked to conduct interviews with key stakeholders. At the culmination of the semester, students will be expected to present the results of their small group projects. Students will write a report (to submit to the community group contact and professor), and will present the findings to the class. The report should be no less than 20 typed pages, double spaced (unless, with permission of instructor, the project necessitates a different end product). The powerpoint presentations should be about 15 minutes with 5 minutes for question and answer (depending on the number of student presentations). The presentation and paper should summarize the work of the small group, and strategies you identified to improve population health, access or quality of care for underserved populations. The paper will constitute 25% of your grade. I expect you to properly cite your work. (I do not care about citation style, just that you properly attribute your work to others when you use their ideas.) See section on Plagiarism and Citation below.

As an alternative to a group project, students can volunteer to serve as certified navigators to help people enroll (or reenroll) into a health plan in the Marketplace. Students who select this option will need to be federally certified (web-based training) and will need to volunteer with Legal Aid of North Carolina and attempt to assist a minimum of 7-10 individuals with Marketplace coverage during the semester. If you choose to serve as a navigator, you will need to write a 5-10 page reflection paper about what you learned from serving as a navigator, and what changes you would recommend to improve the functioning of the Marketplace, or the availability of affordable coverage. The open enrollment period runs from Nov. 1 – Dec. 15, 2017.

Group project grades are based on the following:

- Evidence that students have thoroughly examined the workgroup’s questions and explored the relevant research (if appropriate)
- Clearly written paper with topics arranged logically.
- Effectiveness of class presentation
- Logical, appropriate, recommendations in both the presentation and paper
- Peer reviews will be factored into your grades (in other words, if you don’t pull your share of the project, you won’t get the same grade as the others who did).

Final papers are due by 5:00pm, Tuesday, November 28, and must be submitted on Sakai.

Class Participation
Students are expected to come to class prepared to participate in discussions. There will be small group discussions in most classes, in addition to the discussion throughout class.
The course is designed to encourage interaction and debate by students both in class. Failure to participate in class discussions can affect your final grade (i.e., from H to a P, or A- to B+).

Cell Phones and Laptops

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

Evaluation Method

Grade Components

<table>
<thead>
<tr>
<th>Component</th>
<th>% of Grade</th>
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<tbody>
<tr>
<td>Exam I</td>
<td>35%</td>
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<tr>
<td>Exam II</td>
<td>35%</td>
</tr>
<tr>
<td>Medicare Part D analysis</td>
<td>5%</td>
</tr>
<tr>
<td>Class Project</td>
<td>25%</td>
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<tr>
<td>TOTAL</td>
<td>100%</td>
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Grading Scale

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<tr>
<th>Score Range</th>
<th>Grade</th>
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<tr>
<td>98-100</td>
<td>H or A+</td>
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<td>95-97</td>
<td>H or A</td>
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<tr>
<td>92-94</td>
<td>H or A-</td>
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<tr>
<td>87-91</td>
<td>P or B+</td>
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<tr>
<td>83-86</td>
<td>P or B</td>
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<td>80-82</td>
<td>P or B-</td>
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<tr>
<td>75-79</td>
<td>P or C+</td>
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<tr>
<td>73-74</td>
<td>L or C</td>
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<tr>
<td>70-72</td>
<td>L or C-</td>
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<td>66-69</td>
<td>L or D+</td>
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<tr>
<td>63-65</td>
<td>L or D</td>
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<tr>
<td>60-62</td>
<td>L or D</td>
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<tr>
<td>59 or below</td>
<td>Fail</td>
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Recognizing, Valuing, and Encouraging Diversity

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, Plagiarism and Citation

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.

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 (966-4084) or the Office of the Dean of Students (966-4042).

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

Note: In the past, I have had students who have not properly cited when they used other people’s work (eg, using direct passages from other studies without using quotations, or paraphrasing other people’s work without giving proper attribution). I strongly encourage students to review the UNC Health Sciences Library information on plagiarism and citing sources. It only takes about 15 minutes to review, and is available at: http://www.hsl.unc.edu/Services/Tutorials/PlagiarismTutorial/intro.html.
Accommodations for People with Disabilities or Certain Medical Conditions

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, email accessibility@unc.edu. Students must document/register their need for accommodations with ARS before accommodations can be implemented.”

Course Evaluation

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 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

Website

HPAA 758 has its own website using Sakai software. (See http://sakai.unc.edu.) The readings are in the document entitled “Course Schedule, Readings, and Assignments.”

Articles

Readings for each class are listed the Course Schedule, Readings, and Assignments.

Note: Under each class there are required readings and optional readings. Each student will be expected to read the required readings. The optional readings may be helpful for the class discussions.

Web Sources

There are many useful websites with information about the uninsured and underserved populations. The most common websites used for the course include:

- The Henry J. Kaiser Family Foundation (www.kff.org)
Other relevant websites are identified under specific topics throughout this syllabus, and/or in a separate handout of useful websites. Review of websites is not required. The URLs are provided as a service.

### MODULE I: HISTORICAL OVERVIEW OF PUBLICLY FUNDED PROGRAMS

<table>
<thead>
<tr>
<th>Session 1.1</th>
<th>AUG 22</th>
<th><strong>INTRODUCTION – HISTORY OF HEALTH AND SOCIAL PROGRAMS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale:</td>
<td>This session provides an overview of course content and describes how the course is structured and operates. The history helps put course content in context.</td>
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</tbody>
</table>
| Session Learning Objectives: | • Know what the course will cover  
• Know how the course is structured, including its website, readings, exams, group discussions, and group project  
• Know what is expected of students  
• Understand the history of social programs that care for the poor, and a brief overview of the structure of the US health care delivery system  
• Understand key concepts used for the class |
| Key Concepts: | Entitlement programs, block grants, social insurance, means tested programs, vulnerable or underserved populations, concentration of health care spending, ERISA, COBRA, HIPAA, managed care concepts, consumer directed care |
| Assignments: | Readings  
Print out class slides |
| Optional Readings: | National Health Spending:  
Tax Subsidies:  
Federal Tax Expenditures. Center on Budget and Policy Priorities. Feb. 23, |
SESSION 1.2  AUG. 29  UNDERSERVED POPULATIONS: THE UNSERVED, UNDERINSURED, AND MEDICALLY UNINSURABLE

Rationale:
This session explains how data on the uninsured is collected, numbers and demographics of the uninsured and how it has changed over time. This session also covers the impact of being uninsured on health status, as well as data on people who are underinsured. The class also covers other access barriers, including race/ethnicity, geography, cultural, language, age and disability. Public health practitioners need a solid understanding of financial and non-financial access barriers.

Session Learning Objectives:
- Gain an understanding of the uninsured, including which groups are most likely to be uninsured
- Understand how data on the uninsured is collected, how researchers measure underinsurance
- Gain an understanding of non-financial access barriers to care (including health literacy, geographic access barriers, racial and ethnic disparities in health care delivery, language barriers)
- Understand the impact of the recession on the uninsured.

Key Concepts:
Uninsured, underinsured, medically uninsurable, health literacy, health disparities

Required Readings:

### Ubri P, Artiga S.  Disparities in Health and Health Care: Five Key Questions and Answers.  KCMU. August 2016. Available at:  

### Goodell S.  Uninsurance Rates and the Affordable Care Act.  Health Affairs. Health Policy Brief.  May 2016. Available at:  

### Assignments:

**Readings**  
Print out class slides (for this class and for next class)  

**NOTE:** If we finish covering the slides on the uninsured, we will move onto the slides on the organization of the current health care delivery system)

### Optional Readings:

**Underinsured**  


**Racial and Ethnic Disparities and Access to Care:**  


http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/nhqdr1
<table>
<thead>
<tr>
<th>SESSION 1.3</th>
<th>SEPT. 5</th>
<th>ORGANIZATION OF THE CURRENT HEALTH CARE DELIVERY SYSTEM</th>
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<tbody>
<tr>
<td>Rationale:</td>
<td></td>
<td>Historical market-based changes have impacted on the structure of our health care delivery system and how we provide care to underserved populations. This session describes some of the historical changes in the health care delivery system affecting the broader health care system.</td>
</tr>
</tbody>
</table>
| Session Learning Objectives: | • Understand historical changes in the broader health care system  
• Understand basic health insurance concepts (including deductibles, coinsurance, copayments) and different payment models (including fee-for-service, capitation, salary, pay-for-performance or incentive systems)  
• Understand different forms of managed care  
• Understand past cost-containment strategies, including consumer directed health plans | |
| Key Concepts: | Managed care models (HMOs, PPOs, POS); cost-containment strategies, provider payment and incentive systems; privatization of the health care industry; consumer driven health plans | |
### Assignments:

**Readings**  
Print out class slides (for this class and next)

Note: if we finish these slides early, we will move onto the Medicaid/CHIP slides.

### Optional Readings:

*Trends in Health Care Costs:*


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


*Hospitals:*


*Insurance Consolidation*


### SESSION 1.4 SEPT. 12 MEDICAID AND CHIP

**Rationale:**
Medicaid and the Children’s Health Insurance Programs (CHIP) are the primary publicly funded insurance programs covering low-income underserved populations. This class gives students an understanding of how these programs currently operate, the history, eligibility requirements, financing, and services covered.

**Session Learning Objectives:**
- Understand Medicaid and CHIP program rules, including eligibility rules, covered services, payment policies, different financing and delivery models
- Gain the skills to determine Medicaid and CHIP eligibility

**Key Concepts:**
- Historical overview of Medicaid program
- Mandatory and optional eligibility requirements
- Mandatory and optional services
- Amount, duration and scope
- Enabling services
- Copayments
- Statewideness, freedom of choice
- Federal and state financial participation
- Medicaid managed care
- CHIP

**Required Readings:**

Differences between SSI and Social Security. *(In readings in Sakai)*

### Assignments:

<table>
<thead>
<tr>
<th>Readings</th>
<th>Print out class slides</th>
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<tbody>
<tr>
<td><strong>CASE STUDIES: DETERMINING MEDICAID ELIGIBILITY</strong></td>
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<tr>
<td>Students will work in small groups in class to work through Medicaid and CHIP eligibility problems during class, to gain a better understanding of current Medicaid and CHIP eligibility requirements. Review the case studies before coming to class.</td>
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</tbody>
</table>

### Optional Readings:

| Smith V. Can States Survive the Per Capita Medicaid Caps in the AHCA? Health Affairs Blog. May 17, 2017. [http://healthaffairs.org/blog/2017/05/17/can-](http://healthaffairs.org/blog/2017/05/17/can-). |
Medicaid: Miscellaneous


Medicaid Managed Care:


<table>
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<tr>
<th>SESSION 1.5</th>
<th>SEPT. 19</th>
<th>MEDICARE</th>
</tr>
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<tbody>
<tr>
<td>Rationale:</td>
<td>Medicare is the primary source of health insurance for older adults (65 or older) or people with disabilities. This class gives students an understanding of the history of this program, eligibility requirements, financing and services.</td>
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</table>
| Session Learning Objectives: | • Understand Medicare program rules, including eligibility, covered services, financing  
• Gain skills to help Medicare recipients consider options for Medicare Part D prescription drug plans |
| Key Concepts: | Historical overview of Medicare; eligibility requirements; covered services; Medigap and Medicare savings programs; Medicare Advantage, Medicare Part D; Medicare financing; long-term financial solvency |
Note: All students should read v-ix; and review pp. 197-209 (which summarizes all the options), then pick one of the options for each Section 1-5 that you find interesting. (Note: I only want you to read about one of the options in each section, such as 1.1 or 1.2 or 1.3a etc.—one option per Section, so a total of 5 options altogether). |
<table>
<thead>
<tr>
<th>Assignment</th>
<th>Readings</th>
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<tr>
<td></td>
<td>Print out class slides</td>
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<td></td>
<td><strong>2-3 PAGE ANALYSIS OF MEDICARE PART D OPTIONS DUE</strong></td>
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<td></td>
<td>Make sure to look at the Medicare Part D case study which will be on Sakai. This one page analysis will constitute 5% of your class grade.</td>
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<td></td>
<td><strong>SMALL GROUP DISCUSSION:</strong> Students will discuss options to ensure the long-term solvency of the Medicare program. Which proposals do you support to reduce Medicare costs? You should be prepared to discuss both the pros and the cons of the approach, and potential cost savings. Also, think about how this proposal is likely to impact on the most vulnerable. Who is most likely to support this proposal? Oppose it?</td>
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<table>
<thead>
<tr>
<th>Optional Readings:</th>
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<tbody>
<tr>
<td>Prescription drug benefits and low-income subsidy:</td>
<td>Trish E, et. al. Medicare Beneficiaries Face Growing Out-of-Pocket Burden for Specialty Drugs while in Catastrophic Coverage Phase. Health Affairs. 2016;35(9):1564-1571. Available at: <a href="http://content.healthaffairs.org/content/35/9/1564.full.pdf">http://content.healthaffairs.org/content/35/9/1564.full.pdf</a></td>
</tr>
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</table>
**Medicare Advantage:**


**Medicare Cost Containment:**


### Session 1.6  Sept. 26  OTHER SAFETY NET PROGRAMS

**Rationale:**
There are many other safety net programs that provide health services to underserved populations, and/or that expand access to health services. Public health practitioners should understand the different options available to expand access to health services.
| Session Learning Objectives: | • Understand different safety net programs, services provided, and eligibility requirements (if any)  
• Students will be able to identify appropriate community safety net programs that may be appropriate for different groups that are having difficulty accessing health services |
| Key Concepts: | Federally qualified health centers; public health departments; hospital emergency departments; Hill-Burton; provider charity care; free clinics; rural health clinics; publicly funded services for people with mental illness, substance abuse or developmental disabilities; IDEA; National Health Services Corp; Title V and Title X programs; Indian Health Services, Veterans health benefits |
| Assignment: | Readings  
Print out class slides and for slides on coverage.  
CASE STUDY: Students will work in small groups in class to analyze case studies to determine availability of other safety net programs.  
Note: If we finish the class early, we will begin to cover the class on ACA coverage. |
| Optional Readings: | Safety net services generally:  
Coughlin TA, Holahan J, et. al. An Estimated $84.9 Billion in Uncompensated Care was Provided in 2013; ACA Payment Cuts could Challenge Providers. Health Affairs. 2014;33(5):807-814. [http://content.healthaffairs.org.libproxy.lib.unc.edu/content/33/5/807.full.pdf](http://content.healthaffairs.org.libproxy.lib.unc.edu/content/33/5/807.full.pdf)  
FQHCs:  
<table>
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<tr>
<th>Topic</th>
<th>Source</th>
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<tbody>
<tr>
<td>SESSION 1.7</td>
<td>OCT. 3</td>
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<tr>
<td><strong>COVERAGE PROVISIONS IN PATIENT PROTECTION AND AFFORDABLE CARE ACT</strong></td>
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**Rationale:**
The Patient Protection and Affordable Care Act (PPACA) will change how people obtain health insurance coverage. This session describes how people will access health care coverage after health reform is fully implemented in 2014.

**Session Learning Objectives**
- Understand new PPACA provisions dealing with Medicaid, CHIP, Medicare, health insurance exchange, and subsidies
- Understand new options states have to expand coverage
- Understand the implications of the Supreme Court’s decision

**Key Concepts**
Health insurance exchange, essential benefits, health insurance subsidies, insurance reforms, reinsurance, risk adjustment, risk corridors, community rating, modified adjusted gross income, individual mandate, employer mandate, small business tax credits, premium credits and cost-sharing subsidies for individuals, free choice voucher.

**Required Readings:**

### Assignments:

- Class readings
- Print out class slides

**CASE STUDY:** Students should help select a Marketplace plan for the fictitious 31 year old man living in Orange County.

**Note:** if we finish class early, we will do some exam review. Come prepared with any questions you have about issues we discussed during the year.

####Optional Readings

**Coverage Generally**


**Impact on Medicaid and CHIP:**


Pines et. al. Medicaid Expansion in 2014 Did Not Increase Emergency Department Use But Did Change Insurance Payer Mix. Health Affairs. August
<table>
<thead>
<tr>
<th>SESSION 1.8</th>
<th>OCT. 10</th>
<th>EXAM</th>
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<tbody>
<tr>
<td>Comments</td>
<td>This is a closed book exam. The exam will count as 30% of your class grade. The exam will have true-false questions, short essay questions, and case studies (where students will be expected to determine eligibility for public programs and/or safety net programs). Students will not be expected to</td>
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</table>
memorize different income or resource eligibility limits for different programs (this will be provided as part of the exam); however, students must be able to apply the eligibility information pre- and post-reform to the case studies.

<table>
<thead>
<tr>
<th>MODULE II:</th>
<th>THE IMPACT OF OTHER CHANGES IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT ON UNDERSERVED POPULATIONS</th>
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<tbody>
<tr>
<td>SESSION 2.1</td>
<td>Oct. 17</td>
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<tr>
<td>Rationale:</td>
<td>When Massachusetts implemented Mass Health Reform, many people who were previously uninsured sought health care services. This increase demand led to provider shortages and early access barriers. FQHCs also experienced increases in their patient population. PPACA attempts to address these potential access barriers with new provisions to expand the health care safety net and increase provider supply.</td>
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<tr>
<td>Session Learning Objectives:</td>
<td>Understand different options to expand the health professional workforce and the healthcare safety net. PPACA also has workforce training provisions to ensure cultural competency, understanding of health literacy, and training health professionals from rural, minority and low-income communities.</td>
</tr>
<tr>
<td>Key Concepts:</td>
<td>Interdisciplinary training, health literacy, cultural competency, National Health Service Corp, community benefits, community health workers.</td>
</tr>
</tbody>
</table>
| Assignments: | Readings  
Print out class slides  
NOTE: If we finish the slides early, we will move onto the Prevention slides.  
Small group discussion. Come prepared to discuss the following questions:  
1) Qualified health plans are required to contract with essential community providers. Should they be required to do so? Should they be required to pay FQHCs higher rates than other health care providers? What are the arguments for insurers? Safety net providers?  
2) The ACA authorized, but did not appropriate, much funding to |
expand the health professional workforce. Given the impending expansion of coverage to more uninsured, what do you think the workforce priorities should be if new funding is available? What are the most important ways we need to change health professional education?

<table>
<thead>
<tr>
<th>Optional Readings:</th>
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</thead>
</table>
| *Essential Community Providers*  
| *Safety Net*  
http://content.healthaffairs.org.libproxy.lib.unc.edu/content/36/1/40.full.pdf. |
http://content.healthaffairs.org.libproxy.lib.unc.edu/content/35/8/1471.full.pdf. |
http://content.healthaffairs.org.libproxy.lib.unc.edu/content/35/9/1665.full.pdf. |
http://content.healthaffairs.org.libproxy.lib.unc.edu/content/33/6/988.full.pdf. |
| *Provider supply post ACA.*  
http://content.healthaffairs.org/content/36/5/791.full.pdf. |


Primary Care and Patient-Centered Medical Homes


Mental Health Integration into Primary Care


SESSION 2.2  OCT. 24  PATIENT PROTECTION AND AFFORDABLE CARE ACT: PREVENTION

Rationale: National rankings show that the US does not fare well in health status measures. North Carolina ranks in the bottom half or third of most health status measures. PPACA has provisions intended to promote population health. Focusing on prevention has the potential of greatly improving care for vulnerable populations.
**Session Learning Objectives:** To understand the PPACA provisions to address population health, and how this increased emphasis on has the potential to help low-income, underserved populations.

**Key Concepts:** Health status indicators, incentives for lifestyle changes.

**Required Readings:**


**Assignments:**

Readings
Print out class slides

Note: If we finish the class early, we will move onto the Quality class slides.

**Question to discuss in small groups:**

What strategies do you think are the most promising to improve population health? What role can traditional health care providers play in improving population health? Do you support or oppose health promotion incentive programs for employees? Insurance companies with tobacco surcharge for plans offered in the marketplace, or Medicaid recipients? Why?

**Optional Readings:**

Prevention:


Workplace Wellness and Prevention


Medicaid and Prevention:


Hospital Community Benefits:

North Carolina Prevention efforts:
<table>
<thead>
<tr>
<th>SESSION 2.3</th>
<th>OCT 31</th>
<th>PATIENT PROTECTION AND AFFORDABLE CARE ACT: QUALITY</th>
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<tbody>
<tr>
<td><strong>Rationale:</strong></td>
<td>Just as with overall health status, national rankings show that the US does not fare well in health care quality compared with other industrialized countries. North Carolina is about average nationally in quality of care measures. PPACA has provisions intended to improve quality. Focusing on quality has the potential of improving care for vulnerable populations. However, this focus also has the potential for penalizing underserved populations—depending on how we design and measure quality and health outcomes measures.</td>
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<td><strong>Session Learning Objectives:</strong></td>
<td>To understand the PPACA provisions to address quality, and how this increased emphasis on quality and outcomes can either help or hurt low-income, underserved populations.</td>
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<tr>
<td><strong>Key Concepts:</strong></td>
<td>Process, outcomes, and other quality measures, pay-for-performance, value-based purchasing, comparative effectiveness research</td>
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<tr>
<td><strong>Assignments:</strong></td>
<td>Readings Print out class slides NOTE: If we finish the class slides early, we will move onto the slides on new models of care. Small group discussion:</td>
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</tbody>
</table>
What do you think are the most promising “pay for performance” or “value-based purchasing” option? What are the potential benefits and disadvantages of using financial incentives to reward quality? What is the potential impact of pay for performance or other value-based purchasing options on underserved populations (particularly those with complex health problems or comorbidities)? How do you think you could address any potential adverse consequences?

**Optional Readings:**

*Quality Generally:*


*Pay-for-Performance*


Quality Disparities and Impact on Underserved Populations


Care Transitions and Hospital Readmission Reduction Program


Comparative Effectiveness Research


<table>
<thead>
<tr>
<th>SESSION 2.4</th>
<th>NOV. 7</th>
<th>NEW MODELS OF CARE: CHANGING PAYMENT AND DELIVERY SYSTEMS</th>
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<tbody>
<tr>
<td>Rationale:</td>
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<td>Many experts argue that the current fee-for-service payment system contributes to</td>
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</table>
rapidly escalating health care costs. PPACA includes provisions to test new models of care that can both improve quality and improve efficiencies. In addition, the bill includes new payment methodologies for certain providers and insurers intended to reduce rising health care costs.

**Session Learning Objectives:** Understand new payment and delivery options, and the potential impact on cost and quality of care. The class will also explore how these new payment and delivery models could potentially impact on underserved populations.

**Key Concepts:** Accountable care organizations, episodes of care, payment bundling, patient-centered medical home

**Required Readings:**
- RAND. Flattening the Trajectory of Health Care Spending. Foster Efficient and Accountable Providers. 2012. Available at: [http://www.rand.org/content/dam/rand/pubs/research_briefs/2012/RAND_RB9690z2.pdf](http://www.rand.org/content/dam/rand/pubs/research_briefs/2012/RAND_RB9690z2.pdf)

**Assignments:**
- Class readings
- Print out class slides. If we finish early, we will move onto the dual eligibles and long-term care slides.
- Small group discussion:
  How do these “new” models compare to managed care in the past? Do you think there is something different this time that will make these models “stick.” Which do you think has the greatest chance of achieving the Triple Aim of improved population health, improved patient experience with the system, and reduced costs?

**Optional Readings:**
- Health care spending:
New Models Generally:


Medical Homes:
Berenson R, Burton R, McGrath M. Do Accountable Care Organizations Help or Hinder Primary Care Physicians’ Ability to Deliver High-Quality Care. Healthcare. March 21, 2016. Available at: http://ac.els-cdn.com/S2213076415300452/1-s2.0-S2213076415300452-main.pdf?_tid=5da1e6cc-4c3c-11e6-97fc-00000aab0f02&acdnat=1468773463_58f7fc08a168785bebc08636e79673ba.


Bundled Payments:


Accountable Care Organizations:


**Other Models:**

<table>
<thead>
<tr>
<th>Session 2.5</th>
<th>Nov. 14</th>
<th><strong>LONG-TERM CARE AND DUAL ELIGIBLES: IMPROVING CARE FOR DUAL ELIGIBLES, NURSING HOME CARE AND EXPANDING ACCESS TO HOME AND COMMUNITY BASED SERVICES</strong></th>
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<tr>
<td>Rationale:</td>
<td>PPACA includes many new provisions intended to improve coordination of care for dual eligibles, and to expand access to home and community based services, and improve the quality of care in nursing homes.</td>
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<tr>
<td>Session Learning Objectives:</td>
<td>Understand new options to coordinate care for dual eligibles, as well as some of the options available to provide long-term care services, including home and community based services to older adults and people with disabilities. Also, understand capitated Medicaid managed long-term services and supports waivers.</td>
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<tr>
<td>Key Concepts:</td>
<td>Financial models to align Medicare and Medicaid benefits, including capitated model and managed fee-for-service. Also, Money Follows the Person, Medicaid Rebalancing Initiative, Community First Initiative, PACE, and other options to expand home and community based services.</td>
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Assignments:
Class readings
Print out class slides. If we finish early, small groups may meet to work on presentations.

Small group discussion:
- More people are going to need long-term services, as the baby boomers age. What do you think are the most promising strategies to help keep people in the community?
- Given limited state budgets, what are the first steps you would take to expand home and community based services for low-income populations?

EXAM WILL BE AVAILABLE ELECTRONICALLY AFTER CLASS ON THE 15th.

THE TAKE HOME EXAM MUST BE SUBMITTED (EMAILED TO PROFESSOR) NO LATER THAN 5:00 PM ON WEDNESDAY, NOV. 22nd.

Optional Readings:

Dual Eligibles:


Medicaid and Long-Term Care Services
Medicaid’s Role in Meeting Seniors’ Long-term Services and Supports Needs. Kaiser Commission on Medicaid and the Uninsured. August 2016. Available at: [additional information]

http://files.kff.org/attachment/Fact-Sheet-Health-Plan-Enrollment-in-the-Capitated-Financial-Alignment-Demonstrations-for-Dual-Eligible-Beneficiaries

Home and Community-Based Services


Long-Term Care Insurance Models (ACA and Otherwise):

<table>
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<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>Nov. 21</td>
<td><strong>NO CLASS – HAPPY THANKSGIVING</strong></td>
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<td><strong>NOTE: TAKE HOME EXAMS DUE ELECTRONICALLY BY 5:00 ON WEDNESDAY, NOV. 22nd</strong></td>
</tr>
<tr>
<td>Nov. 28</td>
<td><strong>IN CLASS PRESENTATIONS</strong></td>
</tr>
<tr>
<td>Dec. 5</td>
<td><strong>ACA FINANCING MECHANISMS AND FUTURE COST CONTAINMENT EFFORTS</strong></td>
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<td><strong>FINAL CLASS WRAP UP AND EVALUATION</strong></td>
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<td><strong>NOTE: THE CONTENT OF THIS CLASS IS SUBJECT TO CHANGE DEPENDING ON WHETHER CONGRESS IS (OR HAS) CONSIDERED NEW PROPOSALS TO REPEAL OR REPLACE THE ACA.</strong></td>
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**Rationale:**
ACA includes different financing and cost containment mechanisms. This session will provide a brief overview of how the ACA is financed.

**Session Learning Objectives:**
Understand the ACA provisions which reduce federal spending and those that increase revenues.

**Key Concepts:**
Excise taxes on health insurance plans with high premiums (“Cadillac plans”), impact of ACA on federal deficit versus total health care spending.

**Required Readings:**


**Optional Readings:**
ACA and Repeal Costs:


**Prescription drug costs**