

**PUBH 763**  
**Policy Issues in Health Outcomes and Quality of Care**  
**Spring 2017**  
**W 1:25 – 4:25 p.m.**

**Bondurant 2020**

Professor:

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I am readily available by appointment!

The twin purposes of this course are (1) to permit a deeper exploration of health reform, partly to understand the politics and likely outcomes of the most recent reform efforts, and partly as a metaphor for the paradigms driving our thinking about the delivery of health care; and (2) to introduce you to the evolution and current application of quality of care, quality measurement, outcomes and outcomes measurement (including patient-reported outcomes measurement), performance improvement, comparative effectiveness, and their subsidiary manifestations, such as safety. How do these constructs drive – or fail to drive – health care, from the education of health care professionals right through to the delivery of care?

This is not a methodology course, and I will not usually be dealing with specific statistical or measurement applications, although I will try to introduce you to some general measurement principles and some of the principles of data creation, management, and curation. Rather, we are interested in understanding the foundations, enduring questions, and surrounding political and policy environment in which health care delivery proceeds. Quality of care, broadly defined, has a very long history, and the course will emphasize both the constants and the sweep of change over centuries and into the present. The course is, thus, intended to provide you with a coherent conceptual framework for understanding the field, interpreting contemporary research and policy issues related to quality of care and outcomes as they arise in related coursework, and building broad policy analytic skills especially relevant to understanding health reform.

I. The University asks us to assure you are aware of our community's **diversity policy**:

### **Valuing Diversity**

Promoting and valuing diversity in the classroom enriches learning and broadens everyone's perspectives. Inclusion and tolerance can lead to respect for others and their opinions and is critical to maximizing the learning that occurs in this course. This may challenge our own closely held ideas and personal comfort zones. The results, however, create a sense of community and promote excellence in the learning environment.

Diversity includes consideration of (1) the variety of life experiences other have had, and (2) factors related to "diversity of presence", including, among others, age, economic circumstances, ethnic identification, disability, gender, geographic origin, race, religion, sexual orientation, social position.

This class follows principles of inclusion, respect, tolerance, and acceptance that support the values of diversity.

The University of North Carolina at Chapel Hill is committed to equality of educational opportunity. The University does not discriminate in offering access to its educational programs and activities on the basis of age, color, creed, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status. The Equal Opportunity and Compliance Office (100 E. Franklin Street, Unit 110, CB #9170, Chapel Hill, NC 27599-9170 or (919) 966-3576) has been

designated to handle inquiries regarding the University's non-discrimination policies. <http://policies.unc.edu/policies/nondiscrim/>

## II. Course Objectives

The conceptual and analytical framework that students may take from the course includes but is not limited to

- the origins, definitions, concepts, lexicons, theoretical foundations, and principal methods of these fields;
- broad approaches to and challenges of assessing patient outcomes, especially self-reported outcomes, including patient satisfaction and assessment of health system performance;
- the ability to evaluate whether the evidence does or does not support contentions that quality measurement and improvement efforts actually make a difference, and to whom (Providers? Patients? Health systems? Payers? Others?) and in what way (With regard to access? Responsiveness? Improved outcomes? Better health status for individuals and populations?).
- an improved ability to analyze the likelihood that current quality and outcomes paradigms will contribute – or fail to contribute – to significant system reform; and
- finally, some basic relationships and tensions between quality of care and bioethical principles.

The current political climate leaves us in greater uncertainty about health reform than we have ever been. We will try to arm ourselves with resources that help us understand what emerges from all this terribly uncertainty. So I welcome your thoughts about how we might change, add, or subtract things as we are working – I will also welcome interim feedback about how the topics meet your need for understanding.

## III. Course Requirements

**A. Student Responsibilities and Participation.** Attendance in class meetings is expected, of course. Class sessions are largely group discussions, not solely didactic presentations. Good discussions require collegiality, active contribution to the creation of an environment of respectful, constructive conversations, a shared conceptual foundation. In other words, please complete the readings on each topic before that topic's class session occurs, and please be prepared to engage in spirited but civil inquiry. I will ask you to give me the dates on which you plan to submit your essays, and **you should submit your essays no later than 5pm on the day AFTER your topic date (e.g. if you choose the March 8 class/topic, your paper will be due to me by 5p on Thursday, 9 March).** and your essays should reflect the topics to be discussed in class on the days you submit them. You may change a date/topic BEFOREHAND – but not on the date you had originally said you'd submit an essay. I penalize late essays 10% of the grade they would have earned had they been submitted on time, unless circumstances beyond a student's control causes the lateness. Should emergency, one's own illness or the illness of a loved one, or some other unforeseen circumstance prevent you from completing an essay on time, I strongly encourage you to reach me as soon as possible, preferably before the class during which the essay is due. I handle these matters on a case-by-case basis as they arise, and I always want to accommodate you in a time of distress! We'll hope we don't have any of those this semester.

**B. Honor Code and Permissible Collaboration.** 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 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. Academic dishonesty includes even unwitting failures to cite the work and/or ideas of others, for the failure to attribute credit to the originator of a piece of work is theft of intellectual property. 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 (966-4041).

**C. Assignments and Methods of Evaluation.** The minimum course requirement for a grade of PASS is the completion of 3 (three) short critical essays on three different topics of your choice (short is considered to be 5 to 10 pages double-spaced, excluding bibliography, in 11-12 point font; references not included in text page limits). In addition, this course includes a "Point – Counterpoint Debate" on the last day of class, **April 26, 2017**. I will be providing the debate topic and assigning each member of the class to one of two debate teams, "Team Codman" or "Team Nightingale" on **January 25, 2017**. You will also receive points for class participation.

Essays:	25 points each,	75 points total
Debate:		15 points
Participation		10 points

H: 90 or more points  
P: 80-89 points  
L: 70-79 points  
F: fewer than 70 points

PLEASE review the resources I've provided on the course's Sakai site in "Assignments" and in "Writing Resources." I expect you to use the guidance in both places as you develop your own essays.

Now, a few words about the essays, and more about the debate below. Please choose early and well-spaced dates for your essays! Students must declare all of their essay topics by Wednesday, January 25, 2017. Each paper will be due at the beginning of the class meeting DURING WHICH its topic will be discussed; papers on a debate topic will be due on **April 19, 2017**.

The "point-counterpoint debate" assignment consists of preparation for and participation in team debates on a challenging question. You may opt to write one of your three essays on the debate topic, should you wish. I will distribute assignments to teams and topics in class on January (the end of the third class meeting). I will assign class members to teams with the goal of producing balance on several variables.

The debate is intended to draw on your creativity and insights. Students will work in teams, and teams have full freedom to decide how best to organize their efforts, including presentations and the use of supplemental materials. I will try to create private Sakai discussion areas for each team. The grade for this final assignment will be a team grade, apart from and in addition to the individual grade earned by anyone who might also choose to write one of her/his essays on the debate topic.

#### **D. Required Readings**

**Two special issues of the Journal of Health Politics, Policy and Law are available to you as students of UNC – please go to e-journals and look these up. In the past, I've ordered the journals as texts, but that is no longer practical or affordable, alas, and it is burdensome on and expensive for the library to make every article in the issues an e-reserve reading. With your indulgence, then, I ask you just to look them up.**

*Critical Essays on Health Reform*. 2011. JHPPL Vol 36:3. Durham: Duke University Press. We will read all the essays in this special issue, but we'll pay more attention to some of them than to others.

*Special Issue in Search of Real Reform: Policies and Politics of Health System Transformation*. 2012. JHPPL Vol 37:4.

Parts of Policy Study Journal's special issues, also available to you in the e-journal collection at UNC Libraries (once again, I've ordered these as texts before, but the publisher is making that so prohibitively expensive that we can't continue doing it).

*A Quarter century of the advocacy coalition framework*, 2011. Vol 39(3), August.

*The Design and Promise of the Institutional Analysis and Development Framework*, 2011. Vol 39(1), February.

Other required readings -- journal articles, book chapters, convention papers, material on web sites, and other materials as cited for specific classes and topics -- are available on Sakai (in the "Class Meetings" site, where each meeting's required readings is listed under its date; all electronic reserves are also in the proper e-reserve copyright-cleared list prepared for us by Lee Haney, the wonderful Health Sciences Librarian who makes it possible for us to share this knowledge. I may also distribute additional materials.

The reading load varies, and the kinds of readings do as well! In some class meetings we will just be digging into current information, trying to make sense of it; in others, we will be ploughing through work with which you are unfamiliar. In some classes, we will be reading classic sources, and in others we will read the latest thing. Please do look ahead at the topics, and plan accordingly!

Please use everything available to you on the course's Sakai site!

#### **IV. Schedule of Class Meetings and Readings**

**1/11/17      First Day of Class: these are old questions – but sometimes they are asked in new ways!**

The purpose of this class is to understand enduring questions of quality, safety, effectiveness, and outcomes in the broader context of health reform, and to consider how policy decisions affect our hope to improve quality, safety, effectiveness, and outcomes while making the growth in health care more rational and cost-effective -- reducing the cost of all this is also everyone's goal, but one of our objectives will be to think about how to deliver more care to more people at lower cost: possible? At all?

We won't go far into the semester before trying to summarize where the Affordable Care Act stands, including current controversies, as a way of thinking about how the ACA is seen as policy. Then we will trace the Affordable Care Act's emphases on quality and outcomes back to the original ideas. I look forward to taking the journey with you! I

I'll ask you to take a look at the first day's readings, and in particular I ask you to think about some current and classic definitions. From the very beginning of what we might call the "modern age of medicine" we have asked the same kinds of questions about improving it. Note particularly the way Nightingale's and Codman's essays read -- all but for some antiquated language -- as if they could have been written today. I want to emphasize that I am continuing radically to change this course -- it is different in significant ways from what it was a couple of years ago -- and in some ways we can treat it as a work in progress -- I will welcome your continuing suggestions for doing things differently!

Because ACA implementation, and continuing debate about its very existence, is a moving target, please bear with me as we make changes and additions to the Sakai site and possibly to this syllabus as well.

## Required Readings

- Nightingale, F [1863] 1989. Notes on Hospitals, Preface and Chapter 1. In Rosenberg Charles E. Florence Nightingale on Hospital Reform, New York: Garland Publishing.
- Codman EA. [1917] 1996. A Study in Hospital Efficiency, privately printed, Boston MA, reprinted by Joint Commission n Accreditation of Healthcare Organizations, Oakbrook Terrace IL, 1996; pp 53-60.
- Codman EA. [1914] 1990. The Product of a Hospital, Surgery Gynecology and Obstetrics 18: 491-496, reproduction published in Archives of Pathology and Laboratory Medicine 114: 1106-1111.
- Lohr KN and Schroeder SA. 1990. A strategy for quality assurance in Medicare. New England Journal of Medicine. 322:707-712.
- Moses, Hamilton, David H. M. Matheson, E. Ray Dorsey, Benjamin P. George, David Sadoo, and Satoshi Yoshimura. 2013. The anatomy of health care in the United States. JAMA 310(18): 1947-1963.

## 1/18/17 **Repeal of the ACA so far: what is and is not happening**

Today and next week we're going to try hard to see where the ACA is now -- and that is no easy task. Please review the JHPPL articles called to your attention here in the syllabus (Kersh, Jacobs, Frankford) for historical grounding, and we'll spend time reviewing the latest resources at the excellent foundation, service, and consulting sites. I'm also giving you some Scotusblog entries -- we won't spend a lot of time on these but they do help you understand how the courts have reasoned about different parts of the ACA. I've added a VERY descriptive, not sufficiently analytical, paper I wrote for a political science meeting during the thick of the contraception controversies. This week, next, and indeed during the whole semester we'll just try to use old reliables like NPR and the NYT and the prominent academic journals (JAMA, Health Affairs, NEJM, for example) to keep track of the unfolding debates about the ACA.

## Required Readings:

1. Please also pay particular attention to these essays in the special issue of JHPPL 36:3 -- we will return to this special issue in the next several class meetings.

Judith Feder, *Too Big to Fail: The Enactment of Health Care Reform*

James A. Morone, *Big Ideas, Broken Institutions, and the Wrath at the Grass Roots*

Colleen M. Grogan, *You Call it Public, I Call it Private, Let's Call the Whole Thing Off?*

Lawrence D. Brown, *The Elements of Surprise: How Health Reform Happened*

Mark A. Peterson, *It was a Different Time: Obama and the Unique Opportunity for Health Care Reform*

Jacob S. Hacker, *Why Reform Happened*

2. In the special issue of JHPPL, 36:3 please pay attention to these essays:

Rogan Kersh, *Health Reform: The Politics of Implementation*

Lawrence R. Jacobs, *America's Critical Juncture: The Affordable Care Act and its Reverberations*

David M. Frankford, *At Least We're Still Free to Choose to Die at Home: A CLASS Act*

3. Review latest news on the websites you'll find on this day's Sakai page.

5. Here, if you are interested, are some references to past and current court actions, and I've also added a convention paper I wrote on the emergence of the contraception fight, for your interest.

Here is the wonderful Scotusblog directory of their entries on the Affordable Care Act:

<http://www.scotusblog.com/?s=Affordable+Care+Act&searchsubmit=Blog>

Here is a terrific summary of the legal challenges from the Robert Wood Johnson Foundations wonderful "HealthReform GPS" site for navigating implementation – please make an effort to get through the judicial opinions first, before you take advantage of this summary!

<http://www.healthreformgps.org/resources/constitutional-challenges-update-florida-et-al-v-united-states-department-of-health-and-human-services/>

## 1/25/17      **LEARNING I2B2 AND State-level reform behavior**

**TEAM CODMAN and TEAM NIGHTINGALE and DEBATE QUESTION revealed today: Go to "Assignments" to discover your team! This assignment is also stored under the date of the last class meeting.**

**Your paper dates due today!**

**This class will move around! From 1:25 to 2:45 we'll be in our normal classroom. At 2:45, we will move to the HSL Computer Lab for I2B2 training. Our trainer is Ms. Kellie Marie Walters.**

### **I. Required Readings on state level reform: all at the Sakai site:**

1. First, for historical and theoretical grounding, please read (available on the Sakai page)

Oliver, Thomas R. and Pamela Paul-Shaheen. 1997. Translating ideas into actions: entrepreneurial leadership in state health care reforms. *Journal of Health Politics, Policy and Law* 22(3): 721-788.

2.. From the special issue of JHPPL 36:3, please read these essays:

Morgan and Campbell, Delegated Governance in the Affordable Care Act  
Thompson, The Medicaid Platform: Can the Termites be Kept at Bay?  
Sparer, Federalism and the [ACA]: The Founding Fathers Would Not Be Surprised  
Greer, The States' Role under the [ACA]

3. Please check the foundation/consultant/service web site updates listed on the Sakai site

4. To help understand the opposing, conservative objections especially to Medicaid expansion, please look at the Chris Conover article and at the John Locke Foundation opinion.

6. Our practical approach to the future comes from the National Council of State Legislatures' January 6 Webinar. You can reach that webinar from the class Sakai site.

5. For a view of the way the Obama Administration explained implementation to the public, let's examine the "what's changing when" timeline feature on [healthcare.gov](http://healthcare.gov) (it is still up as of this writing but it

may disappear at any time): <https://www.hhs.gov/healthcare/facts-and-features/key-features-of-aca-by-year/index.html>

## II. On I2B2:

<https://tracs.unc.edu/index.php/services/biomedical-informatics/i2b2>

### **2/01/17      The Individual and Employer Mandates: what are they, who have they insured, and what might replace them?**

#### **Required reading:**

1. Start with the information on the exchanges...

Deborah Bachrach and Patricia Boozang. 2011. Federally-Facilitated [sic] Exchanges and the Continuum of State Options. Report from the National Academy of Social Insurance Study Panel on Health Insurance Exchanges created under the Patient Protection and Affordable Care Act. Washington DC: National Academy of Social Insurance. Funded by the Robert Wood Johnson Foundation.

<http://www.rwjf.org/files/research/73741.nasi.12.20.11rpt.pdf>; also available at <http://www.nasi.org/research/2011/federally-facilitated-exchanges-continuum-state-options> (sites last visited 8 January 2017).

...And the foundation and research service reports...

2. Then go from the infrastructure to what the plans should contain. Read the summaries of the IOM Essential Benefits Report: read the summary and report briefs, which you can download from this link: [http://www.nap.edu/catalog.php?record\\_id=13234](http://www.nap.edu/catalog.php?record_id=13234) (Cheryl Ulmer, John Ball, Elizabeth McGlynn, and Shadia Bel Hamdounia, Editors; Committee on Defining and Revising an Essential Health Benefits Package for Qualified Health Plans; Institute of Medicine; report released October 7, 2011. Washington: National Academies Press. This report was requested by the Department of Health and Human Services in its effort to implement the ACA's "essential benefits" coverage requirements).

[to be continued]

### **2/08/17      The roots of the present paradigms: tracing the processes of including quality, effectiveness, medical home models and the like in the ACA**

#### **Required Readings:**

1. From the special issue of JHPPL 36:3, please read

Gusmano, Do We Really Want to Control Health Care Spending?  
Jost, The Real Constitutional Problem with the [ACA]

Laugesen, *Civilized Medicine: Physicians and Health Care Reform*

2. On the Sakai site, please find these additional journal articles:

- Berwick DM. Making Good on ACOs' Promise — The Final Rule for the Medicare Shared Savings Program. *N Engl J Med* 2011; 365:1753-1756 November 10, 2011 (and note that we'll be returning to ACOs more than once)
- Anderson JC., Rangtusanatham Manus and Schroeder Roger G. 1994. A Theory of Quality Management Underlying the Deming Management Method. *Academy of Management Review* 19(3): 472-509.
- Berwick DM. 1989. Continuous improvement as an ideal in health care. *New England Journal of Medicine* 320:53-56.

Another suggested but not required classic reading:

- Chassin MR and Galvin RW and the National Roundtable on Health Care Quality. 1998. The urgent need to improve health care. *Journal of the American Medical Association* 280:1000-1005. McNeil, BJ. 2001. The Shattuck Lecture – hidden barriers to improvement in the quality of care. *New England Journal of Medicine* 345: 1712-1720.

**2/15/17 Outcomes: Measurement development in the Eighties, Nineties and the “Noughties: “**

**Required Readings:**

**1. Classic early promulgations of quality measurements:**

- Wennberg JE. 1984. Dealing with medical practice variations: A proposal for action. *Health Affairs* 3:6-32.
- Chassin MR, Kosecoff J, Park RE, et al. 1987. Does inappropriate use explain geographic variations in the use of health care services? A study of three procedures. *Journal of the American Medical Association* 258:2533-2537.
- Roper WL, Winkenwerder W, Hackbarth GH, Krakauer H. 1988. Effectiveness in health care. An initiative to evaluate and improve medical practice. *New England Journal of Medicine* 319:1197-1202.
- Wilson IB, Cleary PD. 1995. Linking clinical variables with health-related quality of life. A conceptual model of patient outcomes. *Journal of the American Medical Association* 273:59-65.
- Clancy C and Eisenberg JW. 1998. Outcomes research: measuring the end results of health care. *Science* 282: 245-246.

2. Current attempts at operationalizing quality measures across systems (anticipating next week):

- National Quality Forum: <http://www.qualityforum.org/Home.aspx>
- HospitalCompare.gov: <http://www.hospitalcompare.hhs.gov/hospital-search.aspx?AspxAutoDetectCookieSupport=1>
- Dartmouth Health Atlas: <http://www.dartmouthatlas.org/>

*See also the special Lesson Module in Sakai on methodology and causality*

**2/22/17 DATABASES SOUP TO NUTS: The Odum Experts Give You All the Recipes!**

**This is an extraordinary session with experts from the Odum Institute on everything you need as a foundation for database creation, management, revision, use, and archiving ...**

You have learned an introduction to statistics, and some of you are learning “qualitative” or what I call “small N” methods – but what about the data on which you practice these skills? I hope and trust you’ll carry this information about building, protecting, using, and storing databases through the rest of your career!

**3/01/17            Quality as a system benchmark**

**Today, in addition to thinking about the emergence of evidence and quality as benchmarks, we’re going to examine whether and how ethics, quality, and system performance ought to be synthesized.**

**Required Readings:**

**1.            At the Sakai site, please review these articles:**

- Lohr K.N. 2004. Rating the Strength of Scientific Evidence: Relevance for Quality Improvement Programs. *International Journal of Quality in Health Care* 17 (1): 9-18
- Harris, R.P., M. Helfand, S.H. Woolf, K.N. Lohr, C.D. Mulrow, S.M. Teutsch, D. Atkins for the Methods Work Group, Third US Preventive Services Task Force. 2001. Current Methods of the US Preventive Services Task Force: A Review of the Process. *American Journal of Preventive Medicine* 20 (3S):21-35.
- Emanuel EJ, Emanuel LL. 1998. The promise of a good death. *Lancet* 351 (May):s1121-s1129.

See also (optional):

Keating, Nancy L, Mary Beth Landrum, Selwyn O. Rogers, Susan K. Baum, Beth A. Virnig, Haiden A. Huskamp, Craig C. Earle and Katherine L. Kahn. 2010. Physician factors associated with discussions about end of life care. *Cancer* 117(4): 998-1006.

**3/08/17            Safety: “Low Hanging Fruit” for improvement?**

**Required Readings:**

**1.            These articles (at the Sakai site) capture the emergence of safety as a paradigm:**

- Berwick DM and Leape LI. 1999. Reducing errors in medicine. *British Medical Journal (BMJ)* 319:136-7.
- Leape LL and Berwick DM. 2005. Five years after To Err is Human: What have we learned? *JAMA* 293(19): 2384-2390.
- Starmer Amy J, Theodore C. Sectish, Dennis W. Simon, Carol Keohane, Maireade E. McSweeney, Erica Y. Chung, Catherine S. Yoan, Stuart R. Lipsitz, Ari J. Wassner, Marvin B. Harper and Christopher P. Landrigan. 2013. Rates of medical errors and preventable adverse events among hospitalized children following implementation of a resident handoff bundle. *JAMA* 310(21): 2262-2270.

2.            Special assignment: Take ANY recent writing by Atul Gawande you want to introduce, and be prepared to discuss, briefly, on what his writing builds, and how his writing might influence policymakers. You are free to think about this in any way you want!

3. Review the National Patient Safety Foundation's website: <http://www.npsf.org/> -- and come to class prepared to describe this organization in interest group terms – e.g. remember Heaney and Peterson from PUBH 600?

3/17/17      **No Class (Spring Break) – Have Fun and Go Heels**

3/22/17      **Outcomes: Accepting the Validity of PROs**

**Today we are going to focus on PROMIS as the new paradigm for establishing patient-reported outcomes measures, as well as returning to PCORI, the Patient-centered Outcomes Research Institute mandated by the ACA. Recall critical questions about how effective PCORI can be if it cannot sponsor comparative effectiveness research.**

**Required readings:**

1.      **On the Sakai site, please review the PROMIS methodology articles:**

DeWalt, Darren. 2008. Measuring Patient-reported Outcomes: New Tools for Pediatrics Research. Grand Rounds Lecture to Department of Pediatrics, University of North Carolina at Chapel Hill , 26 June, 2008. [slides available on Sakai site].

Massie, SE, Tolleson-Rinehart S, DeWalt DA, Laughon MM, Powell L, Price WA. Development of a proxy-reported pulmonary outcome scale for preterm infants with bronchopulmonary dysplasia. Health Qual Life Outcomes. 2011 Jul 26;9(1):55. [Epub ahead of print]. PMID: 21791099

See also (optional):

Walsh TR, Irwin DE, Meier A, Varni JW and DeWalt D. 2008. The use of focus groups in the development of the PROMIS pediatrics item bank. Quality of Life Research 17: 725-735.

Chrsitodoulou C, Junghaenel DU, DeWalt DA, Rothrock N and Stone AA. 2008. Cognitive interviewing in the evaluation of fatigue items: results from the patient-reported outcomes measurement information system (PROMIS). Quality of Life Research 17: 1239-1246.

2.      **Go to the PROMIS, PCORI, and Leapfrog website:**

PROMIS: <http://www.nihpromis.org/>

PCORI: <http://www.pcori.org/>

Leapfrog: <http://www.leapfroggroup.org/compendium2>

**3/29 – 4/5/17 TWO CLASSES: Moving toward revised approaches to delivering care: Performance Improvement**

**Required Readings:**

1.      At the Sakai site, please review these readings:

Committee on Redesigning Health Insurance Performance Measures, Payment, and Performance Improvement Programs. 2007. Institute of Medicine. Rewarding Provider Performance: Aligning Incentives in Medicare (Pathways to Quality Health Care Series). Washington: National Academies Press. Executive Summary Only.

2. And who do physicians think cause high cost? From the Sakai site, please read

Tilburt, Jon C, Matthew K. Wynia, Robert D. Sheeler, Bjorg Thorsteinsdottir, Katerine James, Jason Egginton, Mark Liebow, Samia Jurst, Marion Danis, and Sosan Dorr Goald. 2013. Views of US physicians about controlling health care costs. *JAMA* 310(4): 380-388.

Emanuel, Ezekiel J. and Andrew Steinmetz. 2013. Will physicians lead on controlling health care costs? *JAMA* 310(4): 374-375.

2. Here is a useful “Upshot” article from the New York Times – this might stimulate discussion!

<http://www.nytimes.com/2015/01/06/upshot/do-no-harm-it-may-be-hard-to-avoid-with-health-laws-medicare-cuts.html?abt=0002&abg=0> (last checked on 8 January 2017)

3. **Special Assignment:** please think forward ten years and come up with a paragraph describing how your own practice will be affected by performance improvement.

**4/12 – 4/19/17 TWO CLASSES: Putting it all together in potentially new delivery systems with a newly forceful commitment to “high value care: “  
Patient-centered Medical Homes and Accountable Care Organizations (again)  
AND using policy analysis frameworks in which to think about what we may know about the fate of the ACA by this time**

#### Required Readings:

##### 1. On the Sakai site, please read these articles:

Auerbach David L, Hangsheng Liu, Peter Hussey, Christopher Lau and Ateev Mehrotra. 2013. Accountable Care Organization Formation is Associated with Integrated systems but not high medical spending. *Health affairs* October 32:10, pp 1781-1788. doi: 10.1377/hlthaff.2013.0372

Berwick, Donald. 2011. Making Good on ACOs’ Promise — The Final Rule for the Medicare Shared Savings Program. *NEJM* 365;19: 1753-1756. doi/full/10.1056/NEJMp1111771

McWilliams, J Michael, Bruce E. Landon, Michael E. Chernew and Alan Zaslavsky. 2015. Performance Differences in Year 1 of Pioneer Accountable Care Organizations. *New England Journal of Medicine* 372(18): 1927-1936.

Sorenson, Corinna, Michake K. Gusmano and Adam Oliver. 2014. The politics of comparative effectiveness research: lessons from recent history. *Journal of Health Politics, Policy, and Law* 39(1): 139-170.

See also (optional):

Fisher Elliott S. 2008. Building a medical neighborhood for the medical home. *NEJM* 359(12): 1202-1205.

##### 2. Review these ACO and High Value Care sources:

**Brookings-Dartmouth ACO Learning Network:** <http://www.acolearningnetwork.org/>

**Other ACO references**

ACPOne's High Value Care website:  
<https://hvc.acponline.org/index.html>

4/27/17      **LAST CLASS: POINT-CounterPOINT Debate**

**I will bring treats: this debate is always festive.**