The University of Western Ontario  
School of Health Studies  
Health Sciences 4044b, Section 1  
International Health Systems Comparisons  
January 2012

Instructor: S. Trujillo, MBA, MSC, OT Reg.(Ont), Professor Emeritus  
Office Room Number: Health Sciences Building, 207  
Office Hours: Fridays, 1230-1400 and by appointment

Class Time: Wednesdays, 1430-1700.  
Classroom: HSB 7

Graduate Teaching Assistant contact information is on WebCT.

Prerequisite Checking

Unless you have either the requisites for this course or written special permission from your Dean to enroll in it, you may be removed from this course and it will be deleted from your record. This decision may not be appealed. You will receive no adjustment to your fees in the event that you are dropped from a course for failing to have the necessary prerequisites. Students need to check the current Western academic calendar to verify that they have the appropriate background to take this course.

Course Description

All countries, whether they are developed or emerging, have created health and health care systems designed to meet their current, prevailing health objectives. Those health services have to be rationed because they must be balanced with other national priorities and the ability to pay for them. “Rationing health services” is often viewed as a harsh term because it denotes determining who gets what level of care, and conversely, who does not. The less pejorative term meaning the same thing is “health policy”. Developed countries have more formalized and organized health programs while emerging countries often struggle to provide essential health services due to economic and often political turmoil. Within every country differential levels of health services are provided to various groups of their citizens due to political, cultural, social and economic reasons. Rationing of health services takes place at the national, regional, and personal levels.

It is fair to say that no country is fully satisfied with its health systems and that each is attempting to improve its management of them and contain or even reduce health expenditures, which represent the lion’s share of most government ministries/departments. Ever-increasing pressures result from an ageing population, expensive equipment and pharmaceuticals, patient demands and expectations, etc. For example, the Human Genome Project has spawned the development of synthetic protein drugs that are extraordinarily expensive. Economic pressures on health
systems force tough rationing decisions. It is fair to say that nearly all health systems are experimenting with ways to manage scarce resources in the face of these demands. For these reasons it is important to study international health systems. Countries can learn from each other about best practice models. It is critical to note, however, that health systems are built upon prevailing national values and each country has historically entrenched emotional connections to their health systems. Simply transplanting a proven, best practice model from one country to another may result in rejection by the host country because it does not resonate with its prevailing values.

**This course is designed to achieve the following objectives:**

1. It will help students understand some of the formative social, economic, cultural, political and historical influences that shape national health systems;
2. It will give students tools to assess the relationships between international health system design and population health outcomes;
3. It will help students compare and contrast the attributes of various national health systems;
4. It will help students formulate informed opinions about so called best practice models of health care delivery;
5. It will enable students to anticipate likely changes to the Canadian health systems.

**Readings**

Students are responsible for all assigned readings. They are available on-line. Students are expected to have completed the readings prior to the class day for which they are assigned. Their content will be referenced within the lectures and group discussions. While reasonable efforts have been made to select pertinent readings in advance of the start of this course there will inevitably be some that will be published during it. This is to be expected because all countries are attempting to improve their health systems and articles detailing these efforts and their results are being published daily. A few of the more salient articles will be assigned as the course progresses. They will become required readings and their number will be kept to a minimum. Students will be given sufficient advance notice through WebCT and during the lectures. Students are responsible for the readings content regardless of whether it is covered in class.

**Lecture notes**

These will be posted on WebCT prior to the class day. The notes will not be detailed because it is the opinion of the instructor that note taking is a required skill needed in jobs and post-graduate education.

**Class Format**
This course is a combination of lecture and active student participation/presentation. Surveys of students who have graduated from Western have consistently demonstrated that they would have preferred to have been more actively engaged in class presentations and group participation as undergraduates because the “real world” makes these demands on them routinely. Most classes will have one portion devoted to a lecture and another to individual and/or group work. Students will be randomly assigned to a group in which they will work for the term. Students are encouraged to bring a computer/tablet to class because there will be information retrieval exercises during the class time.

**Grading-Methods of evaluation**
Final grades will have 4 elements. A midterm examination will be worth 20% of the final grade. Students will evaluate their fellow group members with respect to their overall contribution to a group presentation and group paper. This peer evaluation is worth 15% of the final grade. Students will make group presentations to their classmates and write a 25 page paper comparing the health systems of two countries. This combination will be worth 35% of the final grade. The final exam will contribute the remaining 30%. The anticipated mean grade for this course is approximately 76%, as per the grading criteria of the School of Health Studies. Marks for exams, projects, and peer evaluations are final and will not be adjusted by the instructor.

**Student Code of Conduct**
The purpose of the Code of Student Conduct is to define the general standard of conduct expected of students registered at The University of Western Ontario, provide examples of behaviour that constitutes a breach of this standard of conduct, provide examples of sanctions that may be imposed, and set out the disciplinary procedures that the University will follow. For more information, visit [http://www.uwo.ca/univsec/board/code.pdf](http://www.uwo.ca/univsec/board/code.pdf).

**English Proficiency for the Assignment of Grades**

**Accommodation for Medical Illness or Non-Medical Absences**
The University recognizes that a student’s ability to meet his/her academic responsibilities may, on occasion, be impaired by medical illness. Illness may be acute (short term), or it may be chronic (long term), or chronic with acute episodes. The University further recognizes that medical situations are deeply personal and respects the need for privacy and confidentiality in these matters. However, in order to ensure fairness and consistency for all students, academic accommodation for work representing 10% or more of the student’s overall grade in the course shall be granted only in those cases where there is documentation indicating that the student was seriously affected by illness and could not reasonably be expected to meet his/her academic responsibilities.

A UWO Student Medical Certificate (SMC) is required where a student is seeking academic accommodation. This documentation should be obtained at the time of the initial consultation with the physician or walk-in
clinic. An SMC can be downloaded under the Medical Documentation heading of the following website: https://studentservices.uwo.ca/secure/index.cfm.

Documentation is required for non-medical absences where the course work missed is more than 10% of the overall grade. Students may contact their Faculty Academic Counselling Office for what documentation is needed.

Whenever possible, students who require academic accommodation should provide notification and documentation in advance of due dates, examinations, etc. Students must follow up with their professors and their Academic Counselling office in a timely manner. Documentation for any request for accommodation shall be submitted, as soon as possible, to the appropriate Academic Counselling Office of the student’s Faculty of registration. For BHSc students, you may go to the School of Health Studies Office in HSB room 222.

**Scholastic Offences**

Scholastic offences are taken seriously and students are directed to read the appropriate policy, specifically, the definition of what constitutes a Scholastic Offence, at the following website: http://www.uwo.ca/univsec/handbook/appeals/scholastic_discipline_undergrad.pdf.

Additionally,
1. All required papers may be subject to submission for textual similarity review to the commercial plagiarism detection software under license to the University for the detection of plagiarism. All papers submitted for such checking will be included as source documents in the reference database for the purpose of detecting plagiarism of papers subsequently submitted to the system. Use of the service is subject to the licensing agreement, currently between The University of Western Ontario and Turnitin.com (http://www.turnitin.com).
2. Computer-marked multiple-choice tests and/or exams may be subject to submission for similarity review by software that will check for unusual coincidences in answer patterns that may indicate cheating.

**Support Services**

There are various support services around campus and these include, but are not limited to:
1. Student Development Centre -- http://www.sdc.uwo.ca/ssd/
2. Student Health -- http://www.shs.uwo.ca/student/studenthealthservices.html
3. Registrar’s Office -- http://www.registrar.uwo.ca/
4. Ombuds Office -- http://www.uwo.ca/ombuds/

**Lecture, Readings and Class Activity Schedule**

**January 11, Day 1** Course orientation and overview. Comparing and contrasting international health systems is, at best, a difficult exercise and one that involves constantly changing landscapes both within and amongst countries. For example, in Canada there are 13 distinct health systems even though there is a general template that requires they provide some common, essential features. The first class will begin to identify some
primary reasons why health systems, and even their definitions, are and always will be in a state of flux. Some primary inputs into the health system and efforts to measure outputs will be discussed in class to acquaint students with the importance of health system performance. Distinctions between health care and health systems will be presented and discussed. Students will be assigned to groups in which they will work for the remainder of the term. A short, non-marked test will be given in class to help students understand the scope of the term’s content and direction.

**January 18, Day 2** A brief review of the Canada Health Act (1984) will start a discussion of why health systems are in a state of flux. Prior to the class, students need to review the Act, in particular the five principles and their definitions. It is available on the Health Canada site. Students need to come to class prepared to debate which, if any, of the nearly 30 year old principles need to be retained, modified, or jettisoned into the diminishing ozone layer. Also, students need to identify some demographic, technological, economic, social and cultural challenges will likely alter health care demands and needs. Students are encouraged to review other national health systems to appreciate how they are undergoing change and trying to cope with increasing demands. Groups will review in class one country that is wrestling with ways to improve their systems. Countries will be assigned by the instructor to the groups. Reading: “Transformational trends confounding the South Asian health systems”. Health Policy 2009; 90 (2/3): 230-238 (May 2009).

Upcoming changes to how Canada intends to ration its systems will be presented.


**February 1, Day 4** Selection of measures to evaluate health system performance. Selection biases and measurement error will be dissected. Class time will be devoted to group selection of 6 outcome criteria that should be used to measure important health system performance. What is the evidence between cause and effect i.e., between what the systems do and the health status of their populations? Is the health system actually responsible for population health outcomes or is its influence more specific to individuals? Reading: “WHO World Health Report 2000”. It is available through the WHO website. Read chapters 1&2 and review Annex Table 1. Class discussion will centre on the likely political ideologies of the authors of the report, the biases that likely guided their choice of outcome criteria, and the extensive measurement error that characterized the report. The general utility of such reports will be discussed. Groups will be assigned two countries they will evaluate with respect to their health systems’ performance during classtime.

**February 8, Day 5** General categories of health systems: Private; Public; Mixed. Can the dimensions of financing, regulation and provision of care combine to create a robust model to compare health systems’ performance? Which systems are more sustainable and which

**February 15, Day 6** Midterm examination. This will take place in class time. It will cover course material from the lectures, readings and group activities. It will have multiple choice and short answer questions. The distribution of exam content will roughly be lecture material 50%, readings 35%, class activities 15%. Students will have two hours to complete the in-class test. There will be no make-up exam. If students have bonafide, documented reasons for missing the exam an adjustment in weighting the final exam will be made. Specifically, the final exam will count 55% towards the final grade.

**February 22** There is no class because this week is Reading Week.

**February 29, Day 7** The balance between a country’s prevailing social and cultural values influence health care. It can even directly create health policy and determine how scarce resources will be rationed. International organ transplant policy variations illustrate these influences. A guest lecturer will present an international overview of transplant policies and how they affect organ harvesting policies. Readings will be assigned prior to this lecture. Class discussion will follow and focus on the pros and cons of opt-in and opt-out organ donation policies for Canada.

**March 7, Day 8** Exam review. Making head-to-head international health system comparisons. Making cost and other comparisons is often not-so very direct. How can two similar health systems learn from each other in an effort to improve their health care delivery? Readings: 1.“Quality of care in two health systems: can the United Kingdom and Australia learn form each other?” Quality in Primary Care 2009; 17 (4): 247-249. 2. “Home truths from the other side of the world” Health Services Journal 2008; 118 (6088): 16-17 (10 January 2008)

**March 15, Day 9** Developing countries, their health priorities and economic, social and political constraints. A pertinent reading will be assigned prior to this class. Second reading: Commonwealth Fund Report 2010, located in the Commonwealth Fund or the Health Council of Canada site.

**March 22, Day 10** Group presentations begin. There will be three presentations on this day. Each group will have 35 minutes to present. There will be a 10 minute question period following each presentation. These time limits will be strictly enforced with penalties given to groups exceeding the time limits.

**March 29, Day 11** There will be 3 group presentations.

**April 4, Day 12** Course review and final examination preparation will take place. Date and time for the final exam will be arranged by the Office of the Registrar.