

HS 4091b

International Health System Comparisons

Instructor

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Time and place:

Section One: Wednesdays, 2:30-5:20, Health Sciences Building, room 35

Section Two: Fridays, 9:30-12:30, Social Sciences Centre, room 3018

NB: Each section will have the same basic academic content but because group exercises will vary in their content and emphases that will be determined by small group decisions, students must remain in their respective sections, i.e., students will be allowed to attend classes only in the section for which they are registered.

Course description: All developed countries have health and health care systems that are designed to meet their current, prevailing health objectives. Health services in all countries nevertheless have to be rationed because they must be balanced with other national priorities. Developing countries struggle even harder to provide essential health services to most of their citizens and their efforts are very often frustrated by severe economic and political turmoil. Both developed and developing countries provide different levels of health coverage to their citizens amidst this need for rationing services.

It is fair to say that no country is fully satisfied with its health systems and that each country is attempting to improve its management and contain or reduce costs. National health objectives are influenced by many determinants, some of which are anticipated while others are wildly unpredictable. This course will review selected international health systems, including Canada's, and apply standard outcome measures that will indicate the extent to which they are meeting national health objectives and the directions that they may take in the future.

This course is designed to achieve the following objectives:

- It will help students understand some of the primary social, economic, cultural and political influences that shape national health and health care systems.
- It will help students compare and contrast the attributes of various national health systems within their historical and current contexts.
- It will give students tools to assess the relationships between international health system design and delivery and population health outcomes.
- It will provide students with an ability to formulate informed opinions about so-called best-practice health systems.
- It will enable students to anticipate likely changes within the Canadian health systems' landscapes.

Readings

Students will be responsible for all the assigned readings. They are available on-line. Students are expected to have read the materials prior to the class day for which they are assigned. Their content will be referenced within the lecture and group discussion during the class. While reasonable efforts have been made to select pertinent readings in advance of the beginning of this course there will inevitably be some that will be published after it begins. All developed countries are attempting to improve their health systems and this state of evolution produces developments on a continuing basis. As such, research and opinion articles proliferate. Some of these more salient articles will become required readings during the course. Also, there are likely a few existing articles that will become highly relevant to the class discussions as the course develops. They will become required readings and their number will be kept to a minimum. Students will be given sufficient notice about when they need to be read.

Class format

The course is a combination of lecture and active student participation/presentation. Surveys of graduated students have consistently demonstrated that they would have preferred to have been engaged more actively in class participation and presentations as undergraduates because the "real world" makes these demands on them routinely. Most classes will have one portion devoted to a lecture and another devoted to individual or small group assignments/presentations. Students will be randomly assigned to one of five work groups for the duration of the course. Students are encouraged to bring a personal computer to each class because there will be online retrieval of information required during some of the group activities.

Grading-Methods of Evaluation

Final grades will be comprised of four elements. A midterm examination will be worth 30% of the final grade. In-class participation will comprise another 15%. A group presentation will contribute 30% while the final examination will contribute the remaining 25%. Methods of adjudicating class participation and group presentation marks will be given during the first class. The midterm and final exam formats will be a combination of short answer and multiple choice questions. Students will be allowed to take only pens and pencils into the examination rooms. No electronic devices whatsoever will be allowed. The anticipated mean grade for this Year 4 course is 73-74, based on The School of Health Studies marking criteria policy.

Scholastic offenses

Scholastic offenses are taken seriously and students are directed to read the appropriate policy, specifically, the definition of what constitutes a Scholastic Offense, at the following Website: <http://www.uwo.ca/univsec/handbook/appeals/scholoff.pdf>

Office hours

The instructor will be available before and after class. Personal appointments can be made at that time or through email.

Course Lecture Outline

Day 1, week of January 3. Comparing apples to orangutans?

Course orientation- Setting the stage and getting on the same page. Essential definitions and standard

international measures of health system performance will be introduced. Students will take an informal, non-marked in-class test to determine their proficiency with some of the primary definitions and measures used in health system evaluations. Students will be assigned to groups and begin their first group exercise.

Day 2, week of January 10. Interpreting measures and definitions to the health systems of Sweden, Canada, America and Sierra Leon. Gold, silver, bronze and rust?

Methods of comparing national and personal health values will be illustrated in the lecture. The 1984 Canada Health Act's five vaunted principles and the realities of meeting them will serve as the platform for discussing how a country's prevailing social values set the stage for policy formulation - for better and for worse. "La Ville Richelieu" model of health care planning will be applied to the Canada Health Act. Students will work in small groups to identify what they perceive to be valid measurements of health system performance.

Readings: Review the Canada Health Act (1984). Be prepared to present opinions supporting and criticizing the CHA's ability to meet emerging health demands of Canadians.

Day 3, week of January 17. How outcome measures are often selected to yield desired results. Smoke and mirrors or simple political expediency?

Issues of reliability, validity and credibility will be presented in lecture format. Ways of evaluating levels of health care within countries will be presented and their formidable measurement limitations will be highlighted. Public, primary, secondary, tertiary, and quaternary health care performance will be highlighted. Students will work in small groups to identify the primary indicators that produce credible performance measures. Student group year-end projects will be assigned. In-class time will be given to group work.

Readings: Read the CATO Institute Policy Analysis No. 613 "The Grass Is Not Always Greener. A Look at the National Health Systems Around the World". It is available through the CATO Institute homepage

Day 4, week of January 24. The World Health Survey. Wonky statistics yield furiously debated conclusions. Who's on first? Health care and other public policy influences intersect. How are health promotion programs created and do they work? Seatbelt, helmet, transfat restrictions, gum chewing, early childhood education, and low salt intake legislations are imbedded in health values that affect health outcomes. Are they part of the formal health system? Do they resonate with national values?

Readings: Read the "About Us" information available on the CATO homepage. Be prepared to identify ideological values of CATO. Read the WHO World Health Report 2000. Read the Overview, chapters 1&2, and Annex Table 1. Be prepared to discuss potential interpretation and measurement challenges of the major evaluative criteria used to rank the countries' health system performance.

Lessons to be learned from efforts that ranked international health system performance will be presented in lecture. Distinctions need to be made between specifically designated health programs and other public policy initiatives /legislations that promote health when making international health comparisons. Or do they? Examples of how social modification programs may or may not be effective at reducing morbidity and premature death will be presented. Lecture and small group work will take place.

Day 5, week of January 31. There is no class.

Students are encouraged to use the regularly scheduled class time to work on their group projects.

Day 6, week of February 7. Developed nations are struggling with ways to improve the health of their citizens. Organ transplantation offers new life and/or enhanced functioning for people suffering from organ failure. Prevailing national values influence health legislation that affects the supply of transplantation organs. An international comparison will be presented by Dr. J. Burkell.

Some of the national health value tensions presented in lecture will be applied to other current health policy debates occurring internationally.

Readings: WHO Bulletin, Vol. 85: Number 12 "The state of international organ trade: a provisional picture based on integration of available information" by Y. Shimazono.

Day 7, week of February 14. In class mid term test. A two hour test comprised of multiple choice and short answer questions will be administered. It will cover lectures, readings and group assignments completed to date.

Day 8, week of February 21. No class. Reading week.

Day 9, week of February 28. Midterm exam review. Getting back to Canada. Lessons learned from other countries. Anticipating the push-pull factors and other dynamic tensions that will force Canada to alter its health and health care systems. Will Canada develop a formal two-tiered health system, similar to those of most of the developed countries?

Important technological and demographic shifts and economic realities are combining to force Canada to inspect how it deals with the health of the nation. Every other country is also facing the same influences and tensions. Important changes are highly likely, and some are underway. What are the lessons we should learn and from whom should we take them.

Reading 1 : "How health insurance design affects access to care and costs, by income, in eleven countries", in Health Affairs, Dec 2010, 29: 122323-2334.

Reading 2: "International comparison of health systems using resource profiles. Bulletin of the World Health Organization, vol. 78 no. 6 Geneva June 2000.

http://www.scielo.org/scielo.php?pid=S0042-96862000000600009&script=sci_arttext&tlng=en. this article can also be obtained by going to WHO site and going to the Bulletin section.

Day 10, week of March 7. Continuation of the previous week's topic.

Reading1 : "Lessons from Major Initiatives to Improve Primary Care in the United Kingdom", in Health Affairs, May 2010, 29,51023-1029.

Reading 2: Analysis & Commentary: "Unleashing Nursing Practitioners' Potential To Deliver Primary Care and Lead Teams" in Health Affairs, May 2010, 29:5900-905.

NB: A third relevant article will be also assigned for this class.

Day 11, week of March 14. Directions other countries are taking to achieve more sustainable health care systems. How some countries are trying to manage rapidly growing and seemingly insatiable health demands. The Black Hole of Demands.

Where does personal health responsibility fit in the new world. What are some of the health innovation

experiments in Canada and the world? What are some of the impediments to innovation? Who's in the driver's seat?

Reading 1: "Comparison of patient evaluations of health care quality in relation to WHO measures of achievement in 12 European countries" by J. Kerssens, et al. Bulletin of the WHO, February 2004, 82 (2).

Reading 2: Measuring the Health of Nations: Updating an Earlier Analysis". E. Nolte and C. M. McKee, Health Affairs, 27, no.1(2008):58-71.

Readings: Summary articles authored by M. Kirby, R. Romanow, M. Ratchils, J. Evans, the Fraser Institute and the Government of Canada will be assigned for this class based on the directions of the class discussions and group exercises.

Day 12, week of March 21. Student presentations.

Day 13, week of March 28. Student presentations.

Day 14. Student presentation. Course review and final examination preparation.