

Comparative Health Care Systems

Course Details

Course Designator & Number: LNDN 3245

Number of Credits: 3

Language of Instruction: English

Contact Hours: 45

Instructor: xxx

Course Description

Health care systems are having to respond to the number of competing challenges. The pressures of globalisation, aging populations, increasing patient demands, and the rising costs of research and medical treatments are forcing us to look more critically at how health care is delivered to devise changes for the future. Changes made to health systems are often based on economic and political rationale and with many countries currently experiencing significant changes to the way in which health care systems have historically been funded and delivered.

This course will introduce students to the health care system in the UK and the context within which it operates. It will start by looking at the introduction of the National Health System (NHS) in 1948 and take students through the key changes that have taken place right up to the present day. Drawing on a series of cases studies, students will be able to compare the UK model of health care with the health care system in the USA.

Students will explore a range of key concepts and themes in comparative health care from a multidisciplinary perspective. They will also develop critical appraisal skills to assess the quality of evidence used to support developments in health care policy and practice and help students to look critically at the role that governmental and non-governmental organisations play in health care.

Throughout this course, special attention will be paid to comparisons between the UK, USA, and selected low- and middle-income countries selected by students to allow students to directly relate their learning to their own educational and health care setting and contrasting health systems. Emphasis will be placed on the multiple factors that determine health at the

individual and population levels. By comparing patterns of health across different demographic groups, immigration status and so on, students will explore a range of different intersections to expand their understanding of impacts of health inequalities on different populations, and how different countries have sought to address these inequalities.

Teaching sessions will complement the clinical, administrative, research learning and practice gained through observational internships in CAPA partner organisations in London.

Course Objectives

The course aims to provide students with a firm grounding in key concepts and themes in comparative health care. It adopts a multidisciplinary approach to look at key principles in epidemiology, the way in which health care systems are funded and delivered, and health inequality and the social determinants of health care. Direct comparisons will be made between the USA and UK to allow students to relate their learning on this course to their own educational and health care settings.

Learning Outcomes

- A. Develop a deeper understanding of the health systems at the local, regional, and national level
- B. Define the key concepts and structures in the field of comparative healthcare and discuss their relevance for the UK and USA (e.g. funding, structure, workforce)
- C. Identify the key cultural, historical and political factors that influence the development and focus of local health systems
- D. Critically review the evidence to support the policy making process in healthcare in the UK and USA
- E. Develop a deeper understanding of the health of the local populations
- F. Identify the socio-cultural, political, economic and other factors that influence health outcomes
- G. Compare and contrast the health of local population(s) with other settings through the exploration of key health indicators
- H. Critically assess the range of health indicators used in two to three disease areas and the extent to which meaningful comparisons can be made within and between countries.
- I. Demonstrate the ability to give a clear verbal account to their peers and answer any questions on their work

Developmental Outcomes

Students should demonstrate: responsibility and accountability, independence and interdependence, goal orientation, self-confidence, resilience, appreciation of differences.

Methodology

The overarching aim is to enable students to apply “theory into practice, and, practice into theory” through a range of different approaches to include: short lectures, group discussions and group work based on lectures, assigned readings, group based reports, essays, reflective diaries and blog posts. The instructor will adopt a broadly constructivist pedagogical approach and look to reinforce existing communities of practice within the student group.

Experiential Learning & Field Visits

CAPA provides the unique opportunity to learn about the city through direct, guided experience. Participation in field activities for this course is required. You will actively explore the Global City in which you are currently living. Furthermore, you will have the chance to collect useful information that will be an invaluable resource for the essays/papers/projects assigned in this course.

The assigned field components are listed in the weekly schedule below. Students will also be encouraged to engage with valuable resources in London that include:

- The Royal College of Physicians www.rcplondon.ac.uk
- The Wellcome Collection www.wellcomecollection.org
- The Kings Fund Centre www.kingsfund.org.uk
- School of Oriental and African Studies www.soas.ac.uk
- London School of Hygiene and Tropical Medicine www.lshtm.ac.uk
- The British Library www.bl.uk

Students are also strongly encouraged to participate in co-curricular program activities. Relevant “My Global City” events and activities, or other optional activities (such as LSE Public lectures, engage with relevant online outputs such as TEDx lectures etc), will vary from semester to semester.

Final Exam

The final exam consists of short questions to assess the students’ knowledge of comparative health and enable students to draw on their experiences throughout this course of study (2 hours)

Course Prerequisites

The course is designed for students in the field of health: Nursing, Pre-Med, Public Health, Global Health, Health Administration and other health fields. However, there are no prerequisites and all students interested in this topic are welcome to participate.

Required Reading / Materials

Required readings will be provided in Xerox, electronic form, or direct online links via Canvas as indicated in the weekly schedule below. It is imperative that students read set material in advance of the sessions for which they are assigned in order to be able to discuss them in an informed and analytical manner.

Recommended Readings:

- Aschengrau, A, Seage G III (2014) *Epidemiology in Public Health*. Burlington: Jones & Bartlett Learning.
- Bodenheimer T & Grumbach K (2012). *Understanding health policy: A clinical approach*. 6th ed., New York: McGrawHill .
- Centers for Disease Control and Prevention. (2016) *Strategies for Reducing Health Disparities—Selected CDC-Sponsored Interventions, United States, 2016*. MMWR Suppl 2016;65. <https://www.cdc.gov/mmwr/volumes/65/su/pdfs/su6501.pdf>
- European Parliament (1998) *health care Systems in the EU: A Comparative Study*. Luxembourg: European Parliament. http://www.europarl.europa.eu/workingpapers/saco/pdf/101_en.pdf
- Exworthy M et al. (2003). *Tackling health inequalities since the Acheson Inquiry*. Bristol: The Policy Press.
- Koh, HK and Sebelius, KG (2010) MPA Promoting Prevention through the Affordable Care Act. *New England Journal of Medicine*, 363, 1296-1299.
- Marmot, M. (2001) From Black to Acheson: two decades of concern with inequalities in health. A celebration of the 90th birthday of Professor Jerry Morris. *International Journal of Epidemiology* 30 (5): 1165-1171.
- Marmot, M. (2005) Social determinants of health inequalities. *The Lancet*, 365 (9A64), 1099-1104.
- National Institute for Health and Care Excellence. (2012) *Health inequalities and population health*. London: NICE Local Government Briefings. <https://www.nice.org.uk/advice/lgb4/chapter/Introduction>
- Papanicolas, I and Smith, P (eds) (2013) *Health System Performance Comparison: An agenda for public information and research*. European Observatory on Health Systems and Policies: New York: World Health Organisation: http://www.euro.who.int/_data/assets/pdf_file/0009/244836/Health-System-Performance-Comparison.pdf

- Roberts MJ, Hsiao W, Berman P & Reich MR (2008). Getting health reform right: A guide to improving performance and equity. New York: Oxford University Press.
- Twaddle AC (2002). Health Care Reform around the world. Westport, Connecticut: Greenwood Publishing Group.
- World Health Organization (2000). The World Health Report 2000: Health Systems; Improving Performance. Geneva: World Health Organization. Available at: www.who.int/whr/2000/en/whr00_en.pdf
- World Health Organisation (2005). Achieving universal health coverage. Technical note No 1. http://www.who.int/health_financing/pb_1.pdf

Useful Websites & Online Resources

- GapMinder website: www.gapminder.org
- The Organisation for Economic Co-operation and Development (OECD) website: <http://www.oecd.org>
- Peterson-Kaiser Health System Tracker: <https://www.healthsystemtracker.org>
- TEDx Programme talks: <https://www.ted.com/watch/tedx-talks>
- **Twitter—Instructor-Directed Threads**
- World Health Organisation: <http://www.who.int>
- World Health Organisation Bulletin: <http://www.who.int/bulletin/en/>

SUNY-Oswego Online Library Resources

Students are advised to review assignments and readings. If you do not have access to sufficient additional resources from your home institution to complete the coursework for this class, you may request access to the online library resources of SUNY-Oswego: <http://libraryguides.oswego.edu/c.php?g=500670>. To access this resource, you must request access during the first week of the program.

Grading

Grading Rubric

Letter Grade	Score or Percentage	Description
A	93–100	Achievement that is outstanding relative to the level necessary to meet course requirements.
A-	90–92	Achievement that is significantly above the level necessary to meet course requirements.
B+	87–89	
B	83–86	
B-	80–82	Achievement that meets the course requirements in every respect.
C+	77–79	
C	73–76	
C-	70–72	Achievement that is worthy of credit even though it fails to fully meet the course requirements.
D+	67–69	
D	60–66	
F	0–59	Represents failure (or no credit) and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I.

Summary of How Grades Are Weighted

Assignments	Percentage of Grade	Learning Outcomes	Due Date
Class participation/blog posts	10%	A, B, C, E, I	Weekly
Oral presentation 1 x 10-min. Individual presentation	10%	A, B, C, D, G	Week 2
1 x 20-30 min. group presentation	20%	A, B, C, D, I	Week 3
Field visit reports (500 words x2)	10%	A, B, C, D, E, F	Weeks 4 & 5
Research paper (3000 words)	10%	A, B, C, D, E, F	Week 5
Final exam Short questions	30%	All	Week 6
Overall grade	100%		

Assessment Details

Seminar Participation: 10%

Engagement in seminars will be assessed during each seminar. Active participation in classroom discussion and field studies is an expected component of the course and will enhance students' understanding of the material for their research and field study papers, presentations and exam. Lecture material and field studies encourage discussion based on students' observations as well as insights from course materials. Students are expected to have completed the readings prior to each class and to contribute to discussion in an informed manner through relevant comments, questions, and analysis. Part of the participation grade will also be based on reflective blogs in which students will explore their own position within health system(s) and roles as agents of change in health care. Silent attendance of class will

not result in a strong participation grade. It is students' responsibility to ensure on the day that they are included on the register for classes and field studies. Grades will be based on the quality of participation in class discussions, such as taking an active role in asking questions, making comments, as well as evidence that required reading has been completed on time.

Individual Oral Presentation: 10%

Short, individual in-class presentations of 10 minutes will allow students to investigate key themes in greater detail and share their findings with their peers. These presentations will also give students the opportunity to receive regular formative feedback from peers and their instructor.

Pair Oral Presentation: 20%

The students will be split into pairs to produce a presentation of up to 30 minutes (including questions) based on their research into a specific health system, looking at the ways in which health care is funded and delivered and to identify key barriers and facilitators to the delivery of health care in that setting.

Field Visit Reports: 10%

The students will submit two 500-word reports based on their field visits. These reports will enable them to relate the findings from their visits within the broader context of key themes in comparative health care and to reflect on their own health care settings.

Research Paper: 20%

The students will submit one 3,000-word assignment that will draw on all aspects of the module. This will allow students to demonstrate their ability to search the literature and broader resources and produce a critical, cohesive and balanced argument drawing on this research and the prevailing policy context. It will also allow students to reflect on their knowledge of their own health care setting and the clinical environment in which they are aiming to work.

Dress Code

Flip-flops, sleeveless shirts, bathing trunks, or similar are not allowed in class. Some visits may require business casual attire. Students will be informed in advance of each field component.

Course Content

Unit 1

Introduction to health care in the 21st Century

- Lectures and group discussions focusing on:
 - Key social, political and economic factors influencing the design and delivery of health care in the 21st Century
- Key features of health care in the UK and USA
- Indicative readings/resources:
 - England: Commonwealth Fund Country Review: <https://international.commonwealthfund.org/countries/england/>
 - USA: Commonwealth Fund Country Review: http://international.commonwealthfund.org/countries/united_states/
 - OECD Data on the United Kingdom: <https://data.oecd.org/united-kingdom.htm>
 - OECD Data on the United States: <https://data.oecd.org/united-states.htm>

Unit 2

Prevailing challenges for health care

- Lectures and group discussions focusing on:
 - Prevailing challenges for health care in the UK and USA: health inequalities; migration, maternal and child health and based on student input on what they see as most significant challenges for health and health care.
- Setting up reflective blogs exploring own position within health system(s) and role as an agent of change in health care
- *Preparation for individual presentations in Unit 3: prevailing challenges for health care*
- **Indicative readings/resources:**
 - National Institute for Health and Care Excellence. (2012) Health inequalities and population health. London: NICE Local Government Briefings <https://www.nice.org.uk/advice/lgb4/chapter/Introduction>
 - Marmot, M. (2005) Social determinants of health inequalities. The Lancet, 365 (9A64), 1099-1104.

Unit 3

Comparative health systems individual presentations: Prevailing challenges for health care

- Lectures and group discussions focusing on:
 - Why are we interested in comparative health? Framing contemporary debate in context of exploring comparative health care systems as a way of improving health outcomes in individual systems.
 - What is a health system?
 - Four key areas of a health care system: service provision, resource generation, financing, stewardship (WHO, 2000)
- **Indicative readings/resources:**
 - Overview, Chapters 1 & 2 (pages xi-46): WHO (2000) The world health report 2000—Health systems: improving performance. OECD Health Systems publications: www.who.int/whr/2000/en/whr00_en.pdf
 - Chapter 1, Introduction (pages 1-30): Papanicolas, I and Smith, P (eds) (2013) Health System Performance Comparison: An agenda for public information and research. European Observatory on Health Systems and Policies: New York: World Health Organisation: http://www.euro.who.int/_data/assets/pdf_file/0009/244836/HealthSystem-Performance-Comparison.pdf
 - WHO Health System Bulletin Series—Financing: http://www.who.int/bulletin/health_financing/en/

Unit 4

Key case study countries

- Lectures and group discussions focusing on:
 - Two case studies: USA and the UK (England)
 - The division of health care in each setting (at local and regional level) to ensure clarification of main concepts of terms (for example, “public health” versus “publicly funded health care”)
- **Indicative readings/resources:**
 - WHO Health System Bulletin Series—Financing: http://www.who.int/bulletin/health_financing/en/

- *Preparation for Group Presentations on Case Study Countries*

Unit 5

Key case study countries group presentations on case study countries

Unit 6

Health system efficiency & quality

- Lectures and group discussions focusing on:
 - Defining key measures of health care systems: efficiency and quality. Quality of “care,” workforce responses.
 - Political and economic drivers for health care policy: development of the IHI in the USA and comparable bodies in the UK
 - Drivers for concerns over efficiency and quality of health in the USA and UK; failures in trust (e.g. increasing medical treatments to secure HMO payments; system “failures” in the UK— Bristol Royal Infirmary, Francis Report etc.)
- **Indicative readings/resources:**
 - Chapters 3&4 (pages 47–92): WHO (2000) The world health report 2000–Health systems: improving performance.
 - OECD Health Systems publications: www.who.int/whr/2000/en/whr00_en.pdf
 - Kruk M, Kelly E, Syed SB, Tarp F, Addison T & Akachi Y (2017) Measuring quality of health-care services: what is known and where are the gaps? Bulletin of the World Health Organization 2017;95:389-389A. Doi: <http://www.who.int/bulletin/volumes/95/6/17-195099.pdf>
 - Cylus J, Papanicolas I, Smith PC (2017) How to make sense of health system efficiency comparisons? Policy Brief 27. Health Systems and Policy Analysis. European Observatory on Health Systems and Policies: New York: World Health Organisation: http://www.euro.who.int/_data/assets/pdf_file/0005/362912/policy-brief-27-en.pdf
 - Friebel R (2017) Measuring Quality of Health Care in the NHS: Giving a Voice to the Patients. Blog. The Health Foundation: <https://www.health.org.uk/blog/measuring-quality-health-care-nhs-giving-voice-patients>

- Peterson-Kaiser Health System Tracker – Quality of Care:
https://www.healthsystemtracker.org/archive/?_sft_category=quality-of-care

Unit 7

Health system equality of access—inequalities of health & social determinants of health

- Lectures and group discussions focusing on:
 - Exploring the equality of access to health care in the USA and UK; health care as a human right; inequality of health creating a “public health timebomb” (Marmot, 2013)
 - Key barriers to health care – public rhetoric and reality of changes to health care as felt by refugees/asylum seekers/immigrants, LGBTQ groups, in HIV/AIDS services, sexual health services and so on.
 - Drivers for concerns over inequalities of health care in UK and US using recent examples: MMR
- Film Viewing: Michael Moore (2007) “Sicko”
- **Indicative readings/resources:**
 - Chapter 7, Conceptualising and comparing equity across nations by Cristina Hernandez-Quevedo and Irene Papanicolas (pages 183 - 222) in Papanicolas, I and Smith, P (eds) (2013) Health System Performance Comparison: An agenda for public information and research. European Observatory on Health Systems and Policies: New York: World Health Organisation:
http://www.euro.who.int/_data/assets/pdf_file/0009/244836/Health-SystemPerformance-Comparison.pdf
 - Doctors of the World (2017) Falling Through The Cracks: The Failure of Universal health care Coverage in Europe. 2017 Observatory Report:
<https://mdmeuroblog.files.wordpress.com/2014/01/observatory-report-2017-web-version.pdf>
 - Marmot, M. (2005) Social determinants of health inequalities. The Lancet, 365 (9A64), 1099-1104. WHO 10 facts on health inequalities and their causes:
http://www.who.int/features/factfiles/health_inequities/en
 - WHO Social Determinants of Health Focus:
http://www.who.int/social_determinants/en
 - Buncombe A (2018) Andrew Wakefield: How a disgraced UK doctor has remade himself in anti-vaxxer Trump’s America. The Independent online:
<https://www.independent.co.uk/news/world/americas/andrew-wakefield-antivaxer-trump-us-mmr-autism-link-lancet-fake-a8331826.html>

- Centers for Disease Control and Prevention. (2016) Strategies for Reducing Health Disparities— Selected CDC Sponsored Interventions, United States, 2016. MMWR Suppl 2016;65
<https://www.cdc.gov/mmwr/volumes/65/su/pdfs/su6501.pdf>
- GapMinder website: www.gapminder.org
- Koh, HK and Sebelius, KG (2010) MPA Promoting Prevention through the Affordable Care Act. New England Journal of Medicine, 363, 1296-1299.
- OECD Health system publications:
<http://www.oecd.org/els/health-systems/health-publications.htm>

Unit 8

Field visit study

- Guest Speaker: Public Health Doctor experience of working in the UK and LMIC
- **Submission of 500-word Field Study Report**

Unit 9

Field study visit

- Visit to a London Medical School and Teaching Hospital
- **Submission of 500-word Field Study Report**

Unit 10

The health of local populations

- Lectures and group discussions focusing on:
 - Comparison of epidemiological data in the UK and USA: prevalent diseases/conditions; health behaviours/risk factors. The socio-cultural, political, economic influence health outcomes.
 - Focus on epidemiology of selected disease areas such as:
 - Sexually Transmittable Diseases
 - Obesity
 - Diabetes/Coronary Health Disease

- Critically assessing the range of health indicators used in a selected disease area to understand the challenges in making meaningful comparisons within and between different populations.
- **Indicative readings/resources:**
 - National Institute for Health and Care Excellence. (2012) Health inequalities and population health. London: NICE Local Government Briefings. <https://www.nice.org.uk/advice/lgb4/chapter/Introduction>
 - Marmot, M. (2005) Social determinants of health inequalities. The Lancet, 365 (9A64), 1099-1104.
 - England: Commonwealth Fund Country Review: <https://international.commonwealthfund.org/countries/england>
 - USA: Commonwealth Fund Country Review: http://international.commonwealthfund.org/countries/united_states
 - OECD Data on the United Kingdom: <https://data.oecd.org/united-kingdom.htm>
 - OECD Data on the United States: <https://data.oecd.org/united-states.htm>

End of Week 5: Submission of Research Paper

Unit 11

Comparative policy responses to improve health outcomes

- Lectures and group discussions focusing on:
 - Comparative policy responses to prevailing health conditions
 - Behavioural approaches to health care—movements toward the provision of services for the “deserving” and growth in adoption of nudge theory to reduce inefficiencies
 - Unintended consequences of policy responses and service transformations (one example can be drawn from whole systems change in South East London in sexual health services where more accessible services increased attendance and resulted in much higher levels of STDs).
 - Consolidation of teaching and learning: strategies to improve health care in home settings

- Students to reflect on how this learning might impact on their own clinical practice in the future
- **Indicative readings/resources:**
 - Bandara T (2015) How can we reduce health inequality? World Economic Forum:
<https://www.weforum.org/agenda/2015/01/how-can-we-reduce-health-inequality/>
 - Prinja S & Kumar R (2009) Reducing health inequities in a generation: a dream or reality? Bulletin of the World Health Organization 2009;87:84-84. doi: 10.2471/BLT.08.062695:
<http://www.who.int/bulletin/volumes/87/2/08-062695/en>

Policies

Attendance Policy

Students are expected to be on time and attend all classes while abroad. Many instructors assess both attendance and participation when assigning a final course grade. Attendance alone does not guarantee a positive participation grade; the student should be prepared for class and engage in class discussion. See the on-site syllabus for specific class requirements.

University of Minnesota Policies & Procedures

Academic integrity is essential to a positive teaching and learning environment. All students enrolled in University courses are expected to complete coursework responsibilities with fairness and honesty. Failure to do so by seeking unfair advantage over others or misrepresenting someone else's work as your own can result in disciplinary action. The University Student Conduct Code defines scholastic dishonesty as follows:

Scholastic Dishonesty

Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis.

Within this course, a student responsible for scholastic dishonesty can be assigned a penalty up to and including an "F" or "N" for the course. If you have any questions regarding the expectations for a specific assignment or exam, ask.

Student Conduct

The University of Minnesota has specific policies concerning student conduct. This information can be found [on the Learning Abroad Center website](#).