PHRM-83100 “Health Care Systems” 2019

2 credit hours, required core course Spring, P-1 year
Time/Place: Room 172, Heine Pharmacy Bldg. Tuesdays and Thursdays, 12:30-1:20
Instructor: Matthew M. Murawski, R.Ph., Ph.D. murawski@purdue.edu Ph.494-1470
Course Prerequisites: admission to the professional program, or by permission of the course instructor

Course Rationale: The course is designed to provide the student pharmacist with an introductory understanding of the fundamental questions of why members of society need health care, how their perceptions of health care are shaped, and how societies have evolved mechanisms to address this basic human need. In order for the student pharmacist to comprehend the reasons why the health care system exists in its current form, they need to develop an appreciation of the interests and understanding of health and the treatment of disease from the perspective of the individual. They need understanding of both rational and irrational behavior on the part of patients and the patient’s perspective on the purposes of treatment- the human component of the health care system. In addition, the student pharmacist needs to be exposed to how the interaction between the individual’s need for health care and the systems that have developed to meet that need care have evolved over time. This will allow the student to perceive and appreciate how the system has come to be, why some aspects of the system remain sub-optimal or even irrational, and how multiple forces influence the HC systems continual evolution. The student pharmacist most especially will need a ready understanding of the role of pharmacists within the current health care system, and the mechanisms and means by which the pharmacist interacts with other health care providers and the health care system as a whole. Finally, the student pharmacist will benefit by exposure to how these fundamental questions have been addressed in countries and societies other than the United States. As the U.S. health care system continues to evolve and experience various reforms, an understanding of the inherently political process by which nations determine optimal solutions to the challenge of providing health care to their citizens will be important. Finally, the course exposes the student to different directions in Pharmacy’s ongoing transformation- or, perhaps, fight for survival. Ultimately, the course sets the stage for the student who is willing to personally accept the challenge of helping to define the future of the practice of Pharmacy.

Course Learning Objectives: The general purpose of PHRM 83100 is to provide students with an overview of the social, economic, structural, demographic and political forces that shape the delivery of Health Care in the U.S. and elsewhere. Ongoing changes in health care systems also are examined. Emphasis is placed on the evolving role of pharmacists and the challenges the profession faces.

Dishonesty: Cheating is not tolerated. Cheating includes, but is not limited to, copying from other students on quizzes, exams or the course written assignments or allowing others to copy from you. The instructor’s position is that cheating is inherently unprofessional behavior, de facto proof of the student’s willingness to place their own interests ahead of the (eventual) well-being of patients. If you are willing to cheat, you don’t deserve to be entrusted with another person’s life. If you need to cheat to pass this course, you SHOULDN’T be entrusted with anyone’s well-being. You WILL be flunked.

“As a boilermaker pursuing academic excellence, I pledge to be honest and true in all that I do. Accountable together - we are Purdue.”
Assessment and Grading: The course shall include two exams, a two-hour mid-term, evening examination (100 points) and a two-hour final examination (100 points). In addition, there shall be a written exercise (see following pages) worth 50 points, for a total of 250 total points for the class. Grades will be assigned strictly according to the rubric; no grade corrections shall be made for “nearly there” grades. Don’t bother trying.

Scale:

- A = 89 - 100%
- B = 80 - 88%
- C = 70 - 79%
- D = 60 - 69%
- F = Below 60%

Secretary:

- Mindy Schultz
- Office: Room 502 Pharmacy Bldg.
- Phone: 494-1468 (will take messages for faculty or graduate assistants)

Absences: The instructors assume that students will be present for each class period. However, there is no attendance taken in the course. If you do miss a class it is your responsibility to obtain notes and any information regarding announcements presented in class from your classmates.

Audiotapes: PHRM 831 lectures are taped and will be available for download. I’ll post the URL once I have it. The course is may or may not be videotaped, as opposed to audio only. That’s up to ITaP.

Advice on Studying: It is important to have good notes in this course. The lecture content is stressed heavily in the examinations, although approximately 15% of questions do come from the “required readings”. The student should seek to obtain an understanding of the concepts and ideas presented in lecture and readings; ideally, the student should be able to deduce, through the use of reason, the most likely outcome, or most correct answer, given a description of hypothetical scenarios involving patient, provider, and payor characteristics and a given scenario. It should also be noted that the very nature of the material is such that there will be cases where alternative answers could be correct, in special circumstances or under specific conditions. Questions are graded to the single BEST answer, and in particular, it is advised that the student should evaluate a question based on the material presented in class, and avoid dependence on “common sense” or personal experience. Unlike organic chemistry or physics, specific, undeniably correct answers are rare in the real world of the health care system. We know people tend to consume less health care the more expensive it becomes. A shift in the structure of insurance forcing individuals to pay a larger share of the expense of HC would rationally lead to people consuming less care than otherwise. While you can argue some single individual facing some catastrophic health issue would continue to use HC at the same rate, overall, we expect HC consumption to go down in response to an increase in experienced cost more often than not- the “best” answer.

Many students find aspects of this course frustrating. Unfortunately, that is inherent in the nature of the subject- health care systems and the disciplines used to understand it are not what are commonly thought of as “exact sciences”, unlike math, physics, pharmacokinetics or the like.

Professionalism: There are certain expectations of students whose eventual aim is to become a healthcare professional. In particular, behavior that interferes with other student’s learning is simply not acceptable. Use of cell phones, protracted conversations, etc., will result in a “request” from me for you to leave the room. If your cell phone rings in class, I reserve the right to answer it for you.
Questions: If you have questions about the course material you are urged to contact me. **You are also urged to ask questions in class.** I have an open-door policy. No, really. Feel free to stop by at any time and if I am in my office I will be happy to speak with you about the course, help clarify points, or if you are simply curious, we can discuss Pharmacy, Health Care or Health Care systems in general or whatever else might be on your mind. If you would like to make a specific appointment, contact me or Mindy Schultz (Room 502) at the phone numbers indicated in this syllabus. I will be glad to answer student questions about the course or course material via e-mail as well. In general, e-mail is the best first choice.

Special Needs: If you have special needs or circumstances related to this course, you are required by University policy to make an appointment to see Dr. Murawski to discuss your situation.

In Case of the Apocalypse: Sometimes, things happen. In the event of a major campus emergency, the above requirements, deadlines and grading policies are subject to changes that may be required by a revised semester calendar. Any such changes in this course will be posted, once the course resumes, on the course website or can be obtained by contacting the instructor via email or phone.

**LECTURE OUTLINE**

<table>
<thead>
<tr>
<th>Lecture #</th>
<th>Date/Day</th>
<th>Mid-Term Paper Due Dates</th>
<th>Topic – Readings for each topic posted on webpage</th>
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<tbody>
<tr>
<td>1</td>
<td>Jan 8th T</td>
<td></td>
<td>Intro to Class</td>
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<tr>
<td>2</td>
<td>Jan 10th Th</td>
<td></td>
<td>Government Involvement In Health Care - <em>what the HECK is the Federal government doing running Health Care</em></td>
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<tr>
<td>3</td>
<td>Jan 15th T</td>
<td></td>
<td>Models of Health Care Systems (Bismarck, Beveridge, National Health Insurance, Pay as you go, and the Cafeteria Plan/Ecology)</td>
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<td>4</td>
<td>Jan 17th Th</td>
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<td>Health Care Systems(2)</td>
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<td>5</td>
<td>Jan 22 T</td>
<td></td>
<td>Evolution of Health Care Technology and Delivery – developing the ability to provide meaningfully successful care</td>
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<tr>
<td>6</td>
<td>Jan 24th Th</td>
<td></td>
<td>Evolution of Health Care Technology and Delivery(2)</td>
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<tr>
<td>7</td>
<td>Jan 29th T</td>
<td></td>
<td>Organization of Health Care Delivery – the emergence of structured systems for health care delivery</td>
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<tr>
<td>8</td>
<td>Jan 31st Th</td>
<td></td>
<td>Organization of Health Care Delivery(2)</td>
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<tr>
<td>9</td>
<td>Feb 5th T</td>
<td></td>
<td>Determinants of Health Care Delivery Part 1</td>
</tr>
<tr>
<td>10</td>
<td>Feb 7th T</td>
<td></td>
<td>Determinants of Health Care Delivery Part 2</td>
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<tr>
<td>11</td>
<td>Feb 12th T</td>
<td></td>
<td>The Current Structure of The U.S. HC System – how the board is laid out in the United States- types of care, locations, most common kinds of care</td>
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<tr>
<td>12</td>
<td>Feb 14th Th</td>
<td></td>
<td>The Current Structure of The U.S. HC System(part 2)</td>
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<td>13</td>
<td>Feb 19th T</td>
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<td>Illness, disease, health and illness behavior &amp; Professional Roles</td>
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<tr>
<td>14</td>
<td>Feb 21st Th</td>
<td></td>
<td>Illness, disease, health and illness behavior &amp; Professional Roles—cont</td>
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<tr>
<td>15</td>
<td>Feb 26th T</td>
<td></td>
<td>International Health Care Comparisons- Bismarck type countries (Germany, France, Japan)</td>
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<td>Feb 28th</td>
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<td>MID-TERM EXAMINATION - 08:00p - 10:00p WTHR 200</td>
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<tr>
<td>16</td>
<td>Feb 28th</td>
<td>MID-TERM</td>
<td>Class cancelled as per University Policy for Examination</td>
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<tr>
<td>17</td>
<td>Mar 5th T</td>
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<td>International Health Care Comparisons –NHI countries(Canada)</td>
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<tr>
<td>Lecture #</td>
<td>Date/Day</td>
<td>Mid-Term Paper Due Dates</td>
<td>Topic – Readings for each topic posted on webpage</td>
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<td>18</td>
<td>Mar 7th Th</td>
<td>Possible conflict with IPLA 2</td>
<td>International Health Care Comparisons-Pay as you go and US-Cafeteria/Ecological Model (S)- Issues in the US Health Care System How we are different from other countries and the distortions we can attribute to those differences</td>
</tr>
<tr>
<td>March 9th-16th: HAPPY SPRING BREAK! Let’s avoid anything we’ll regret for the rest of our lives, ok?</td>
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<td>19</td>
<td>Mar 19th T</td>
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<td>Where is Pharmacy Going? Part1</td>
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<tr>
<td>20</td>
<td>Mar 21st Th</td>
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<td>Where is Pharmacy Going? Part2</td>
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<td>21</td>
<td>Mar 26th T</td>
<td>WRITTEN ASSIGNMENT DUE</td>
<td>Where is Pharmacy Going? Part3</td>
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<td>22</td>
<td>Mar 28th Th</td>
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<td>Manpower in Pharmacy – Dr. Mason</td>
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<td>23</td>
<td>April 2nd T</td>
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<td>Career Paths- Dr. Mason</td>
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<td>24</td>
<td>April 4th Th</td>
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<td>Medicare part D- Dr. Alan Farkas</td>
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<td>25</td>
<td>April 5th T</td>
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<td>Medical Home Model Dr. Jasmine Gonzalvo</td>
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<td>26</td>
<td>April 11th Th</td>
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<td>Managed Care (1)</td>
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<td>27</td>
<td>April 16th T</td>
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<td>Managed Care (2)</td>
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<tr>
<td>28</td>
<td>April 18th Th</td>
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<td>Accountable Care Organizations and the PPACA (Obamacare)</td>
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<td>29</td>
<td>April 19th</td>
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<td>DEADLINE FOR COURSE READING BONUS POINT SUBMISSIONS-MIDNIGHT</td>
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<tr>
<td>30</td>
<td>April 23rd T</td>
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<td>Advanced Practice Models</td>
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<tr>
<td>30</td>
<td>April 25th Th</td>
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<td>LAST CLASS-Provider Status and Practice Scope of Pharmacy</td>
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<tr>
<td>30</td>
<td>April 29th - May 4th</td>
<td></td>
<td>FINAL EXAM 2 hrs. Place and time to be announced.</td>
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</table>

The above topic list is subject to revision as events dictate. It is an approximate intent of the material to be covered this semester. We shall see where we end up.

**Outside Speakers:** When other faculty or people from outside of Purdue come to speak, they do so on their own time. They are asked to share their experience with you because they have unique information or experience that Dr. Murawski has determined will be of benefit to your understanding of Pharmacy, and that they can provide at a level exceeding his own ability. As such, these people are our guests, and I expect them to be treated with respect and dignity. In particular, it is common for speakers to go over time. Slapping closed notebooks and the other various means of letting a speaker know it is time to shut up is a poor compensation for someone who has come, sometimes a long way, to enrich your understanding of your profession. Treat them as you would hope to be treated, should your career and expertise be such it is brought forward as something exemplary for future student pharmacists.

**WEB-PAGES:**

There are two web-sites. Blackboard (which you know better than I do)-slides and readings will be posted there as soon as Mindy can do it. Then there’s my funky little home-page. I started doing this BEFORE people had web-pages for courses, so I will continue in my own, cranky way to have a place to hang whatever strikes my fancy. It may include items of interest. Go to:
BONUS POINTS OPPORTUNITY: CROWD-SOURCED READINGS:
As I’ve tried to explain, keeping current with the constantly evolving, constantly changing health care systems around the world is a task that exceeds the capability and capacity of any single person. Therefore, I am eliciting the efforts and abilities of the class, and offering bonus points in return for the effort. The idea is to use your skills for searching for material on the internet to find readings at the appropriate level of complexity and relevancy to help students better understand topics we cover in class. And it saves buying a textbook! I will even accept especially well developed and informative graph sets, or updates of any of my material more than 4 years old as a submission. I will use new readings in future iterations of the course.

You may submit readings relevant to any subject on the syllabus. Obviously, it is easier to select readings for topics we have already covered, but with a little work and thought, you can submit readings for consideration for topics we haven’t made it to yet. I have added a topic list that fleshes out topic descriptions so you can spend time surfing ahead of time. It is possible to receive points for a topic that we for some reason don’t end up covering this year.

For each reading submitted, up to a total of 4, you will receive one (1) bonus point, one requirement is that the reading is actually topically relevant to the topic in the syllabus. In example, if we had a topic of “cost-effectiveness” and you send a reading that has the term “cost-effectiveness” in it three times but does not actually discuss cost-effectiveness, no points. (No google-goggling) You need to read the material and assess its relevance. I’ll be honest- this mechanism is designed to get you into the habit if lifetime learning in this area. The second requirement is that you submit the reading as a PDF, and send them via e-mail to me at murawski@purdue.edu with the subject heading “831 reading submission (your name)”. NOT JUST A REFERENCE TO A URL! 4*@155=620 PDFs for me to create. Not happening. Obviously, I cannot add your readings to this year’s reading list after we’ve covered a topic. Among other things, your classmates would hate you. But I will take the time to read each submitted reading suggestion. If you get ahead of the topics, we may add your submission this year. IF I decide a reading submitted will materially improve the reading list for a given topic and decide to add it to the pool for possible appearance in the syllabus (this year or next year’s), you will receive another four (4) points for that reading, to a total of five (5) points for the reading. Total number of topics accepted to the reading list is limited to two (2) “accepted” readings per student. It pays to choose quality readings. It is possible to garner twelve (12) total points for submitted readings, nearly a half-letter grade in bonus points- 4 submissions,(4) 2 accepted(8), =12 pts. In the case of two students submitting the same reading, the first submission gets the point(s). Please be patient about getting bonus points noted on the grades page on Blackboard. There’s a lot of throughput processing there, you have to realize, since I have to read them!

One final point- THERE IS A DEADLINE FOR SUBMITTING READINGS FOR THIS CLASS FOR EXTRA CREDIT!

After several years of folks doing this during the last “dead” week, making the end of the semester even MORE hectic, I have decided to establish a deadline.

BONUS PT. READING SUBMISSION DEADLINE: Friday, April 19th at Midnight.
Topic List (Expanded) – The “story” of this course. Useful for understanding what we shall try to do, and to help you look for extra point readings ahead of time.

Topic 1, Lecture 1 - Introduction to class
We will review the syllabus for the course, and the various rules, regulations, exams, and assignment; the opportunities to finding reading for extra credit and things you should and shouldn’t do. For the most part, exactly what you would expect for a first class. But then I end up with 30 minutes for you to waste. So we WILL talk about something. The topic for class one is necessarily limited- I will try and demonstrate to you in a logical analysis that, for demographic, technological, sociological, and economics reasons, Pharmacy as it exists today is most likely doomed and that the profession MUST evolve to maintain relevancy to society and ultimately, for its continued existence. You may not agree with me, and I respect your right to do so. But seriously, after my 45 years in pharmacy and my having studied Pharmacy as a scientist for the past 28 years, surely I might have an opinion you may not have considered. Why bet everything on only your life experience?
Objectives: familiarity with the course rules and requirements and understanding of forces challenging Pharmacy’s current characteristics and functions

Topic 2, Lecture 2 The Government’s role in Health Care
This topic explores the idea that state and federal government in the United States plays a huge role in something that is, for almost all providers, a commercial, for-profit environment activity and the constitutional justifications for that involvement. As we shall discuss, the tenuous constitutional justifications for governmental involvement (or interference) in health care leads to profound distortions in health care delivery, regulation and evolution in the United States. Finally, the purpose, values, goals and basic assumptions of a health care system are examined from liberal and conservative perspectives, and the differences in approach and interpretation that exist as a consequence of each perspective as discussed. The overall purpose is to make the student aware of the underlying assumptions driving health care system design and implementation attributable to philosophical/political differences in participants, and, ideally, to engender in the student some awareness of how their own assumptions color their perceptions of the health care process. Finally, students will be led to consider the inherent difficulty of finding truly objective analysis and discussion of the health care system in the popular and scientific literature.
Objectives:
1. Describe the three ways that the constitution justifies the government’s involvement in healthcare.
2. Aside from constitutionality, describe the three commonly used justifications for the government’s involvement in healthcare.
3. Compare and contrast the egalitarian and libertarian viewpoints of government involvement in healthcare based on their view of social values.
4. List and explain the four different roles that the government plays in healthcare.

Topic 3 Health Care Systems
The topic begins with a definite rational question in the discussion of health care systems- what is health? How can we measure it, how can it be quantified, and how can we tell if one approach works better than some other approach? We will discuss the four key functions of a HCS- what is it that a “health care system” actually does? And, since this ends up being the most important question sooner or later, how does a country or society or the HCS pay for the process- what are the major mechanisms for funding a HCS? Although every single HCS is unique, many share characteristics to the extent that we will review and become familiar with five general “TYPES” of HCS to help us understand HCS differences.
Finally, we'll spend some time discussing a little bit about how values (societal, personal, and political) ultimately shape HC systems to reflect local mind sets.

Objectives:
1. Be able to list and describe the four functions that constitute a healthcare system.
2. Explain the three major ways that healthcare systems are financed.
3. Know the major aspects of each healthcare model and how it differs from the others (Bismarck, Beveridge, NHI, OOP, and (sorta) Ecology).
4. Understand that the values (societal, personal, and political) of the society that a healthcare system serves ultimately shapes the system to reflect the local mindset.

TOPIC 4: Evolution of HC systems
It is intellectually tempting to envision HCS as just that—systems, intelligently designed and optimized for peak performance and equity. But the reality is far messier. As technologies, populations, capabilities and understanding of disease and treatments expanded, as political systems evolved and the value of healthy workers to a nation’s economic competitiveness became apparent, HCS evolved from primitive early forms to ever more elaborate systems—to the extent that I will argue that the HCS is best understood as a form of an ecology (see above), where different forms of HC delivery compete, and those organizations and institutions best suited to the environment survive, while less well-adapted institutions eventually expire—a warning for professions that may not choose to evolve and adapt to changes in the HCS. Specialization, standardization of training, and more efficient systems eventually emerged from chaotic, haphazard forms of HC to the HCS we have today. Along the way, as health care providers finally became able to actually treat disease and save lives, they gained status, power, and income.

Objectives:
1. Understand the relationship between medical efficacy, provider power, and medical payment.
2. Note the difference in focus between public and private healthcare.
3. Understand the causes behind the evolution of a predominately private insurance system in the US.
4. Describe the payment methods that have been utilized in the past and the shift in payment methods seen today.
5. Note the shrinking power of providers in the current system and why that has occurred.

TOPIC 5: Organization of HC delivery
Ultimately, HCS reflect decisions/choices reflecting societal values and relative priorities. The primary determinant of the structure and extent of a HCS is how the HC system is paid for, and how much society decides to allocate to HC as a social good. For most countries, and most especially for the United States, what has happened is an ultimate allocation of social resources to the purposes of maintaining life and extending life—to the extent that US expenditures on its HC system dwarf that of all other countries, and all other expenditures in the US economy.

Objectives:
1. Note the four major factors that contribute to healthcare inflation.
2. Use the provided graphs to compare price indexes for selected health care goods and services over time.
3. Interpret where the burden of healthcare fell between 1965 and 2012 for businesses, households, and government.
4. Recall what percentage of national health expenditure is accounted for by each primary source of payment.
5. Compare the healthcare spend in the US vs. other countries.
6. Understand the concept of cost shifting.
TOPIC 6: Determinants of HC delivery

One consequence of the evolution and organization of HC is the introduction of corporate business structures to the provision of HC, and with this, the emergence of strains and differences in priorities between professional employees and those responsible for the economic viability of these organizations has had profound implications for the evolution of health care and the modern status of the professions themselves. In addition, changes in the demographics of the population have profound implications for the demands upon and necessary scale of the HCS.

Objectives:
1. Describe how tax status and the corporate delivery and consolidation of healthcare has influenced cost and ways to mitigate these problems in the future.
2. Explain how corporations and businesses are reacting to the high cost of healthcare for their employees.
3. Understand why conflicts have arisen between corporations, physicians, and other healthcare professionals.
4. Summarize the economic and organizational changes occurring in health care and the impact they are having upon healthcare work and workers.
5. Understand how the Affordable Care Act deals with high-risk patients.

TOPIC 7: The Current HC System Structure (United States)

Not the most exciting lecture of the semester, but needed background information. The U.S. system is set up along a progressively more sophisticated center of care arrangement, with people with complaints entering at the local urgent care level and as their treatment needs increase in intensity, straight through to big city "tertiary" or "academic" large scale hospitals. This is a brief overview of the types of care provided and by whom and where. It is a postage stamp organizational structure of the U.S. system and how patients flow through that system.

Objectives:
1. List and explain the four types of care, and the corresponding levels of care, on the spectrum of healthcare delivery.
2. Describe the three different levels of prevention (primary, secondary, tertiary).
3. Have a working knowledge of the many different facilities where care is provided and what kind of care is given in each facility.
4. Note the different categorical schemes of hospitals and the rough percentages of each type in the current system.
5. Understand why accreditation is so important for healthcare facilities.
6. Understand what PBMs are and why the outcomes they produce are inequitable.

TOPIC 8: Illness, disease, and health & Professional Roles

What does it mean to be "sick"? How does society define disease, and what social purpose does it serve to define disease in individuals? And, if you are "sick", what are the expectations of you as a patient (the sick role), or what will be expected of you as a professional? (Professional ethics)

Objectives:
1. Understand the concept of a "passive" healthcare system.
2. Be familiar with the "lay" an "professional" referral system and a pharmacist’s role in each.
3. Understand the concepts of health, illness, and disease, and appreciate how social norms define each in different societies.
4. Define illness behavior and sick-role behavior.
5. Explain the rights and obligations of both the patient and provider in the sick role.
TOPIC 9: International Comparisons of HCS

When you are standing in the forest, it is hard to see the trees. The peculiarities of the U.S. system are sometimes easier to understand by using what social scientists call “contrast analysis.” We won’t go into formal CA, but we WILL look at how other countries have decided to manage their HC systems— the differences in answers to the basic problems of providing HC to a nation’s population will allow you to see that A) there’s more than one answer out there and B) is it possible we haven’t made the optimal choices as a country? And we will start to look at the different roles of pharmacy elsewhere.

Objectives:
1. For the United Kingdom, Canada, Japan, and Germany, be able to describe their healthcare system and summarize their differences in:
   - Who and what services are covered
   - How the system is financed
   - How organized and efficient it is
   - The quality and cost control measures
2. Based on how each system is organized and operates, understand what the drawbacks are and potential areas for improvement.
3. Based on the graphs in the lecture, note major trends in the United States system compared to other countries.
4. Understand where opportunity lies for pharmacy in the future of the United States system.

TOPIC 10: The Pharmacy Profession

This is a little experimental teaching I keep trying to find the right combination for. You are engaged in meeting the requirements for entry into the profession of Pharmacy. How much do you agree with that concept— that Pharmacy IS a profession? If so, it behooves you to THINK about the evolution and future directions available to Pharmacy, and come to think about how your day to day practice impacts the evolution of the profession. I will ask you to read some rather deep, intense articles from some time ago, and then we will sit and I’ll try to use Socratic Teaching (asking questions and soliciting answers) to get the whole group to explore what we are doing here and where we are going.

Objectives: I will give you a boatload of readings ahead of time. Before spring break. We will discuss upon your return. Perhaps, together, we will learn something. Even better, YOU will learn to THINK about your profession.

A Rickety Segue— somewhere along the way, I will hope to have convinced you that the profession MUST evolve, to get beyond the dispensing function to prosper, or even survive. For years, I have had my doubts. But developments over the past decade are suggesting a new and expanding role for our profession. The rest of the semester can be thought of as an exploration of some of the new pathways developing for Pharmacy, or if you prefer, a catalog of how Pharmacy is functioning in our current HC system.

TOPIC 11: Manpower in Pharmacy – Dr. Mason
TOPIC 12: Career Paths- Dr. Mason -the 10,000 foot view of the many, many different directions you can choose to follow in your career.
   I expect Dr. Mason will provide Objectives
TOPIC 13: Medicare Part D
Dr. Alan Farkas- an overview of Medicare Part D, which is where much of the “action” started, as the federal government became involved in drug provision for the bulk of all medications.

TOPIC 14: The Medical Home Model
Dr. Jasmine Gonzalvo- review of the MHM, where patient care is provided within a team of interdisciplinary health care providers to cover the need for holistic care of the patient.

TOPIC 15: Managed Care
I’m bringing this back after a long hiatus when the class was cut from 3 credits to 2 credits. I have old lectures, but they’ll need updated, and I haven’t written them yet. Details to follow.

TOPIC 16: Accountable Care Organizations and the PPACA (Obamacare)
The federal government is/was introducing a new reimbursement model for care. It is very interesting to us, because Pharmacy can be a very good source of “cost-effective” care (e.g., care as good as currently offered, but at lower cost) and this may provide an avenue for us to demonstrate our value to society.
1. Know what ACOs (accountable care organization) are, why they are needed, how they are incentivized, and who runs them.
2. From the readings, note where barriers exist to the adoptions of ACOs exist in the healthcare community.
3. Understand the structure of the ACA and how this might change in the future.

TOPIC 17: Collaborative Drug Therapy Management
Pharmacists can prescribe, to some extent. Currently, the degree to which we have autonomy varies from state to state, but the commonality is the existence of CDTM in the state pharmacy act. Basically, it involves an arrangement between a physician and a pharmacist wherein the pharmacist acts as a physician extender, much like Nurse practitioners or Physician Assistants.
1. Define CDTM (collaborative drug therapy management) and recognize the relationships between providers in this model.
2. Understand how pharmacists can improve outcomes of disease states when they are in a collaborative practice agreement.
3. Know what makes CDTM different from MTM.
4. Understand the concept of collaborative practice as it relates to the future of pharmacy.

TOPIC 18: Advanced Practice Models
I’ve spent some time and effort examining the leading edge of pharmacist involvement in care; those states and countries with the most progressive, most freedom in their pharmacy acts for pharmacists to engage in non-traditional practice modes. It could be the beginning of the future.
1. Understand what an advanced practice model is and how a pharmacist’s responsibility grows under the model.
2. Note the key difference between advanced practice models and collaborative practice agreements.
3. Be familiar with the prescribing rights that pharmacists have in Canada and the United Kingdom.
4. Recognize the ways in which pharmacists can be their own worst enemies in relation to the evolution of clinical pharmacy practice.
TOPIC 19: The Finale - The Scope of Practice and The Status of Pharmacists as Providers

Ultimately, the path to advancement of the profession is a ratchet process (up a little on this side, up a little on the other side) between Scope of practice (what we can legally do) and Status of practice (what can we get recognized as providers of, and get paid to provide it). I'll try and lay out the basics of this very complex process, which is my best guess of the future you face.

1. Understand what being granted provider status would mean for the pharmacy profession as an opportunity for patient care.
2. Define permissionless innovation and grasp the benefits for patient care that result from this type of care.
3. Generally understand what measures various states have passed in their legislatures to advance the pharmacy profession closer to provider status.
4. Note the added responsibility the pharmacist takes on if they are a provider and understand why this could be a barrier to pharmacist acceptance.

The patient-centered care model:

This course is somewhat peripheral to direct patient care. Never the less, in the PHRM 831 Health Care System Course, students are provided with an overview of the social, economic, structural, demographic and political forces that shape the delivery of Health Care in the U.S. and elsewhere. Ongoing changes in health care systems also are examined. Emphasis is placed on the evolving role of pharmacists and the challenges the profession faces. Ultimately, the course sets the stage for the student who is willing to personally accept the challenge of helping to define the future of the practice of Pharmacy.

Pharm D. Outcome Ability Goals

1. Conceptual Competence and Scientific Comprehension. The student must demonstrate comprehension of the theoretical and scientific foundations of the profession. The student will be able to integrate fundamental concepts from the pharmaceutical sciences, clinical sciences, social/behavioral sciences and economics and apply these to individual practice settings. Means of Assessment: Examination
2. Critical Thinking and Decision-Making. The student must examine issues rationally and logically; shall acquire, evaluate, and synthesize information and knowledge relevant to an identified problem; and make logical, safe, and ethical decisions in both familiar and unfamiliar contexts. Means of Assessment: Examination
3. Communication Skills and Abilities. The student must read, write, speak, listen, and use appropriate technologies to send and respond effectively to communications for varied audiences and purposes. Means of Assessment: Written Exercise Information Literacy. The student must retrieve, analyze, and interpret the professional literature, critically evaluate the scientific credibility of information, utilize information technology and distribution systems that promote the safe use of medications, and provide evidence-based medication and health information to healthcare professionals and the public. Means of Assessment: Bonus Points For Readings System
4. Practice-Based Competency. The student will develop a foundational set of skills and abilities to provide consistent and comprehensive patient-centered care to all individuals regardless of demographic characteristics, disease state or therapeutic requirements. Means of Assessment: Examination
5. Team-Based Competency. The student will learn to collaborate and integrate effectively with pharmacists and other healthcare professionals to provide optimal health care services to patients. NOT APPLICABLE
6. Leadership Skills and Abilities. The student will acquire knowledge of leadership traits and skills through curricular and co-curricular activities and develop skills and abilities that will enable him/her to lead or actively contribute to organizational improvement. NOT APPLICABLE
7. Professionalism and Ethics. The student must demonstrate sensitivity to personal values and ethical principles in professional and social contexts. Means of Assessment: Examination
8. Cultural Competence and Social Awareness. The student must demonstrate an understanding of self, the strengths and challenges of cultural diversity, and utilize culturally sensitive and effective skills in delivering patient-centered care. Means of Assessment: Examination
9. Population Health Management. The student will promote health improvement, wellness and disease prevention by understanding and applying population-based data, processes and strategies to design individual and population-specific, evidence-based disease prevention and management programs. Means of Assessment: Examination
10. Self-Aware and Career Ready. The student will apply his/her knowledge, skills and abilities by engaging in experiences and activities that challenge the student to systematically evaluate and continuous develop his/her abilities and goals in order to enter into and thrive in his/chosen career path. Means of Assessment: Examination
HEALTH CARE SYSTEMS (PHRM 831)

Guidelines for Consumer Interview Assignment: due in class Tuesday, March 27th.

Objectives:

a. To make students aware of the variety of perceptions consumers hold regarding the practice of pharmacy and drug products.

b. To give students the opportunity to further develop interviewing skills and writing skills related to information obtained from consumers.

Each student will be required to conduct two consumer interviews which focus on perceptions of pharmacy and medications. You may not interview high school or college students or pharmacists. You may interview someone you work with, a faculty member (including TA’s, unless they have a pharmacy degree), someone you approach "off the street" or a relative (but no more than one relative). You must do face-to-face interviews -- no telephone/internet interviews.

There are a series of questions on the attached page that may be used to guide your interviews. You do not have to use all of these questions and you do not have to word your questions in the same way they are stated on the sheet. However, it is expected that your interviews will cover the same general subject matter that the sample questions cover. It is strongly suggested that you take detailed notes during your interviews (or tape record with permission).

Your written report should be 3-4 single-spaced typewritten pages in length. It should NOT exceed 8 pages in length. Excessive additional pages will result in points detracted. Be concise, cover the most important findings, tell we, the readers, the important things you learned. It should be written for an audience of fellow students. It should include the following elements:

1) a brief paragraph description of who your interviewees were (i.e. age group, occupation; not last names) where the interviews were conducted, and approximately how long each took to complete, 2) the body of the report which should summarize your interviews and indicate where the two interviewees had similar or different perceptions regarding pharmacy, and 3) your interpretation/analysis of the interview results. Here you should relate the interview findings to topics we have discussed in this class. You should be able to identify explicitly at least three links to PHRM 831 course content. (Explicitly means at the level of “I found it interesting how my interviewee’s understanding of health insurance differed from the material we covered in the evolution of the health care system.”) You should also indicate whether findings are consistent or inconsistent with topics as presented in class. This section should also present a paragraph on your conclusions regarding consumer knowledge and perceptions about pharmacy. Parts 2 and 3 should be approximately equal in length. See the second page following for grading criteria. The grading sheet should be attached at the end of your write-up. In addition, you need to attach as the last page of your assignment, the interviewee information sheet (3rd following page). These pages will be separated from your interview and your interviewees may be contacted to verify that they completed the interview with you. Unfortunately, some students have been known to make the whole thing up- so we take a random sample.
Please Note:
This is an individual assignment. Copying from classmates or from students who have taken the course previously is considered academic dishonesty as is fabrication of interviews.

Late Papers:
Papers not turned in at the end of class on the due date may dropped off by midnight (see, a little slack) on Tuesday, March 27th, will be assessed a penalty of 5 points per day, over and above any points lost when your assignment is graded (see second page following).(They may be slipped under the door of Room 502, Heine Pharmacy Building.)

Disputes:
We recommend you make a copy of the paper prior to handing it in, in case of loss or other possible misunderstandings. Students who wish to dispute their grades on this exercise must do so in writing- no other form of discussion will be entertained.

Sample Interview Questions  (You don’t have to ask all these questions- they are given as examples of the kind of questions you might use to get an idea of your interviewee’s perceptions of pharmacy. Remember- you will need to explicitly discuss links to three different topics from class. And, of course, feel free to ask questions of your own that address things you want to know. (What does explicitly mean?- so, like, when we, like, talked about government involvement in health care, my interviewees differed 180 degrees about federal involvement in HC.)

A. Knowledge about pharmacy school and impression of pharmacist job

-How many years of college does it take to become a pharmacist? (Do you think that is more than necessary or too little?)
-What kinds of subjects do students study in pharmacy school? (Try to get a list of subjects they think you study.)
-Where do most pharmacists work after they are graduated from college?
-Find out what the interviewee knows about licensing for pharmacists (i.e. State Board exam) and continuing education requirements.
-Do you think that being a pharmacist is a good job? (Try to find out what things they think are good or not good about being a pharmacist.)

B. Consumer experiences with pharmacy

-Do you get most of your information about prescriptions you take from your doctor, pharmacist, or someone else? Do you ask questions of that person, or does this person provide information without your having to ask?
-Do you ever talk with the pharmacist where you usually get your prescriptions? (What about?)
-Is the pharmacist available if you have questions about your prescription medications or over-the-counter products? (Find out why or why not--from their perspective.)
-What is the pharmacy like where you usually get prescription medications or over-the-counter products? (e.g. chain, independent, mail order) What do you like about the pharmacy where you usually get your prescriptions filled? (Try to get list of things.)
- What don't you like about the pharmacy where you usually get your prescriptions or over-the-counter medications? (Try to get list of things.)

C. **Thoughts about medications**
   - How closely do you follow the instructions for taking your prescription drugs? (If not exactly--find out how they deviate.)
   - Do you feel prescription medications are a good or poor value for your dollar? (Why or why not?)
   - Are you worried about the safety of prescription drugs you have taken or currently take? (If yes, find out in what way--e.g. side effects, adverse reactions, etc.)
   - Find out what the consumer knows or thinks "generic drugs" are. Are they as safe and effective as brand-name products?

D. **Advice to consider for the future pharmacist**

   - What do you think is the most important thing a pharmacist can do to help you?
   - Where do you think Pharmacy is going?
   - Do you think there will still be pharmacists a generation from now?

**E - THE most common sources of points lost**
   - student does not EXPLICITLY tie topic of discussion to discussion in class.
   - student does not attach final page with names & contact info for interviewees.
   - student does not attach grade sheet for exercise
   - student goes WAY over the page limit (say, 10 pages is max, no matter what)
**ASSESSMENT OF CONSUMER INTERVIEWS**  
Attach to your Paper, next to last page

<table>
<thead>
<tr>
<th>Category of Writing Attributes</th>
<th>Score Range</th>
<th>Grading Points*</th>
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<tbody>
<tr>
<td>Followed directions for assignment</td>
<td>yes / no</td>
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<tr>
<td>Focus of write-up</td>
<td>7 – 0</td>
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<td>Organization plan of write-up</td>
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<td>Development and clarity of ideas through paragraphs</td>
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<td>Linkages to coursework</td>
<td>7 – 0</td>
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**Elements of Writing Attributes**

**Followed directions** - See assignment guidelines (not following directions includes such things as interviewing students or more than one relative). **Students automatically lose 4 points if this sheet is not attached and 5 points if interview information sheet not attached.**

**Focus of write-up**
- Clearly stated main idea
- Effective topic limitation

**Organization plan of write-up**
- Intro paragraph provides an overview on insight into what learned
- Logical plan
- Effective means to provide transitions
- Beginning and conclusions of paper relate to body of paper

**Development and clarity of ideas through paragraphs**
- Each paragraph contains a single major idea
- Major topic in paragraph appropriately introduced and explained
- Evidence and/or adequate clarity of explanation to support ideas in paragraph

**Readability**
- Sentences within paragraphs relate to each other and to paragraph topic. Appropriate headings/subheadings show organization structure to reader
- Writing flows well
- Tone appropriate to intended reader audience

**Mechanical correctness of writing**
- Subject/verb agreement, pronoun reference agreement, spelling, punctuation

**Linkages to coursework**
- Three examples present of how findings relate to course topics
- Links between findings and coursework explicit and clearly stated (-3 for each <3)
- Indicates whether findings are consistence or inconsistent with topics as presented in course(s) (-2 for each if not indicated)

*Note: Papers with a "no" on "followed directions" for reasons other than not attaching required sheets or an overall assessment score of less than 28 will be returned for rewriting in accord with assignment instructions. This rewrite must be completed to earn any credit for this assignment. On rewrites, the maximum score you could receive is 40 and the rewrite will be due within two weeks of the date the papers are returned to you.
Please write (print) the names and addresses of the two individuals you interviewed for this assignment in the boxes below. This page will be separated from your assignment before grading to maintain the confidentiality of the interviews. The individuals interviewed may be contacted to verify that you completed the interview with them.

**Interviewee #1:**

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**Interviewee #2:**

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