



LNDN HSCI 3120 Comparative Healthcare Systems

SUMMER SEMINAR 2018

Faculty name	:	Ceri Butler
E-mail	:	ceri.butler@ucl.ac.uk
Class times	:	Days and times
Classroom location	:	Name / number of classroom
Office Hours	:	Day and Time or by appointment

Course Description

Health care systems are having to respond to the number of competing challenges. The pressures of globalisation, ageing populations, increasing patient demands and the rising costs of research and medical treatments are forcing us to look more critically at how healthcare 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 healthcare 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 healthcare with other healthcare systems such as in the USA, France, Sweden and/or from low and middle-income countries.

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

Throughout this course, special attention will be paid to comparisons between the UK, USA and low and middle-income countries to allow students to directly relate their learning to their own educational and healthcare setting and contrasting health systems worldwide. 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.

Course Aims

The course aims to provide students will a firm grounding in key concepts and themes in comparative healthcare. It adopts a multidisciplinary approach to look at key principles in epidemiology, the way in which healthcare systems are funded and delivered, and health inequality and the social determinants of healthcare. 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 healthcare settings.

Requirements and 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 able to participate.

Learning Outcomes

By the end of this course students should be able to:

- a) Define the key concepts in the field of comparative healthcare and discuss their relevance for the UK, USA and low and middle-income country healthcare systems
- b) Develop an international perspective with regards to healthcare
- c) Compare and contrast at least two different healthcare systems
- d) Demonstrate an understanding of social inequalities and their impact on health drawing on specific examples from their field visits
- e) Critically review the evidence used to support the development of healthcare policies in different settings
- f) Critically review a range of sources to support their own academic writing
- g) 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 & accountability, independence & interdependence, goal orientation, self-confidence, resilience, appreciation of differences.

Class Methodology

The main methodological approach used in this course will be: short lectures, group discussions and group work based on lectures, assigned readings, group-based reports and essays. The instructor will adopt a broadly constructivist pedagogical approach and look to reinforce existing communities of practice within the student group.

Field Components

CAPA provides the unique opportunity to learn about the city through direct, guided experience. Participation in field activities for this course is required. Students will actively explore the Global City in which they are currently living. Furthermore, they 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:

Field components listed in the syllabus are provisional as the program will take advantage of students' interests and opportunities to engage with course themes as they appear.

Students will undertake two field components drawn from:

General Practice (Primary Care) Surgeries and local Hospital Trusts to explore

The British Refugee Council www.refugeecouncil.org.uk

Doctors of the World Clinic, Bethnal Green, London <http://doctorsoftheworld.org.uk>

Migration Museum www.migrationmuseum.org

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

British Library www.bl.uk

Students are also strongly encouraged to participate in **co-curricular** program activities, among which the following are suggested:

Relevant "My Global City" events and activities, or other optional activities (such as LSE Public 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)

Assessment/Grading Policy

Descriptor	Alpha	UK	US	GPA
Excellent	A	75+	93+	4.0
	A-	70-74	90-92	3.7
Good	B+	66-69	87-89	3.3
	B	63-65	83-86	3.0
	B-	60-62	80-82	2.7
Average	C+	56-59	77-79	2.3
	C	53-55	73-76	2.0
Below Average / Poor	C-	50-52	70-72	1.7
	D+	46-49	67-69	1.3
	D	40-45	60-66	0.7
				1.0
Fail	F	<40	<60	0

Grade Breakdown and Assessment of Learning Outcomes

Assessment Task	Grade %	Learning Outcomes	Due Date
Class participation/Small group discussion	10%	a, b, c, e, g	Weekly
Oral Presentation			
1 x 10 min. individual presentation	10%	b, c, g	Week 2
1 X 20-30 min. group presentation	20%	b, c, d, g	Week 2
Field Visit Reports (x 2 @ 1000 words)	10%	a, b, c, d, e, f	Week 2
Research Paper Assignment (3000 words)	20%	a, b, c, d, e, f	Week 4
Final Exam Short questions	30%	all	Week 4

Assignments

Seminar Participation: 10%

Engagement in seminars will be assessed during each seminar. This is an intensive seminar class. As such, 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, presentation 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. 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.

Group Oral Presentation: 20%

The students will be split into groups (group size will depend on overall student numbers) 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 healthcare is funded and delivered and to identify key barriers and facilitators to the delivery of healthcare in that setting.

Field Visit Reports: 10%

The students will submit two 1,000-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 healthcare and to reflect on their own healthcare 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 ar-

gument drawing on this research and the prevailing policy context. It will also allow students to reflect on their knowledge of their own healthcare setting and the clinical environment in which they are aiming to work.

Students must demonstrate their ability to search the literature and broader resources to produce a critical, cohesive and balanced argument drawing on this research and relevant concepts and debates in the field of human rights. Relevant resources will be found in the CAPA Resource Centre, as well as through students' institutional online access to scholarly journals and the SUNY Online Library: <http://libraryguides.oswego.edu/capa>

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 Materials

Required Readings:

Required readings will be provided in xerox or electronic form via Canvas as indicated in the weekly schedule below. This is an intensive seminar course. As such, 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 Reading(s):

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: McGraw-Hill

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) Healthcare 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>

Pollock, A. (2005) NHS plc. London: Verso

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.

Saracci, R. (2010) Epidemiology – A very short introduction. 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 and Online Resources

GapMinder website: www.gapminder.org/

TEDx Programme talks: <https://www.ted.com/watch/tedx-talks>

Twitter – instructor-directed threads

Weekly Course Schedule

Week 1

Class 1: Introduction to Health Care in the 21st Century

Lecture & Group Discussion focusing on:

- Key social, political and economic factors influencing the design and delivery of health care in the 21st Century
- Presentation of key epidemiological data from countries including the UK, USA, France, LMIC to illustrate context
- Impact of inequality of health and Marmot's 'public health timebomb'

Readings:

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

Class 2: Comparative Health Systems

Lecture & Group Discussion 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?
- 4 key areas of a health care system: service provision, resource generation, financing, stewardship (WHO, 2000)
- Relating to the students' own role as individual health professionals and what they can do as part of the process of transformation.
- Introduction to country case studies including the UK, USA, Sweden, France, LMIC for student groups to select and prepare presentation on.

Readings/Resources:

Overview, Chapters 1 & 2: WHO (2000) *The world health report 2000 – Health systems: improving performance*.

OECD Health Systems publications: <http://www.oecd.org/els/health-systems/health-publications.htm>

European Parliament (1998) *Healthcare Systems in the EU: A Comparative Study*. Luxembourg: European Parliament http://www.europarl.europa.eu/workingpapers/saco/pdf/101_en.pdf

France: Chevreur K, Berg Brigham K, Durand-Zaleski I, Hernández-Quevedo C. France: Health system review. *Health Systems in Transition*, 2015; 17(3): 1–218.

Commonwealth Fund Country Review: <http://international.commonwealthfund.org/countries/france/>

Sweden: Glenngård AH, Hjalte F, Svensson M, Anell A, Bankauskaite V. *Health Systems in Transition: Sweden*. Copenhagen,

WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2005.

Commonwealth Fund Country Review: <http://international.commonwealthfund.org/countries/sweden/>

USA: Commonwealth Fund Country Review: http://international.commonwealthfund.org/countries/united_states/

India: Yip, W and Mahal, A. The Health Care Systems Of China And India: Performance And Future Challenges. *Health Aff* July 2008 vol. 27 no. 4 921-932

Commonwealth Fund Country Review: <http://international.commonwealthfund.org/countries/india/>

Class 3: Field Study 1 – A Health Care Provider TBC

For example: Site visit to Doctors of the World Clinic, Bethnal Green, London <http://doctorsoftheworld.org.uk>

Reading/resources:

Field study dependent – handout pack to be provided.

Assignment: Field Study Report 1

Week 2

Class 4: Health System - Country Comparisons: Measuring Health Systems

Group Presentations, Discussion & Lecture

Group Presentations: 20 - 30 minutes on selected country

Group Discussion: what key comparisons are they between the different health care systems reviewed? What can we learn from other systems?

Short Lecture: What is the relevance of how health care systems are funded and organised? How do we measure the effectiveness of health systems? Are health care systems efficient? Are health care systems accessible? Are health care systems delivering high quality health care?

Reading/resources:

TBC

Class 5: Field Study 2: Showcasing the global history and development of medicine

Visit to the Wellcome Collection www.wellcomecollection.org

Reading/resources:

Field study dependent – handout pack to be provided

Assignment: Field Visit Report 2

Class 6: Health System Efficiency & Quality

Lecture & Group Discussions

Lecture: Defining key measures of health care systems: efficiency and quality. Quality of 'care', workforce responses; Political context within which the quality of health care is often measured and reactionary changes; development of IHI; Darzi fellowships in the UK; 'never events' fuelling patient concerns around quality.

Group Discussions: Case study comparisons on efficiency and quality across different systems.

Reading/resources:

TBC

Week 3

Class 7: Health System Equality of Access – Inequalities of Health & Social Determinants of Health

Lecture: Defining key measures of health care systems: equity of access to health. Emphasis on health as a human right; inequality has created 'public health timebomb' (Marmot, 2013)

Different intersectional approaches:

- Ethnicity: UK patterns of health; challenges of gaps in data; policy responses
- Migration: Impacts on health of migratory process; barriers to accessing health care; maternal and child health; policy responses

Film Viewing: Michael Moore (2007) 'Sicko'

Discussion

Reading/resources:

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>

Exworthy M et al (2003) Tackling health inequalities since the Acheson Inquiry. Bristol: The Policy Press

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.

Pollock, A. (2005) NHS plc. London: Verso

OECD Health system publications: <http://www.oecd.org/els/health-systems/health-publications.htm>

Class 8: Inequalities in the UK

Guest Speakers: Professor Anita Berlin, Professor of Primary Care Education Research, Barts and the London Medical School; Representative from Doctors of the World; Public Health Doctor

Focus: Key barriers to health care – public rhetoric and reality of changes to health care as felt by refugees, asylum seekers, LGBTQ groups, in HIV/AIDs services, sexual health services and so on.

What can we learn? How does this compare in other countries?

Students to reflect on how this learning might impact their own clinical practice in the future

Reading/resources:

TBC

Class 9: Inequalities of Health in Low and Middle Income Countries (LMICs)

Guest speakers (TBC) and group **discussion** on factors affecting access to health care in LMICs

Reading/resources:

TBC

Week 4**Class 10: Field Study Site 3: The Migration Museum**

Migration Museum www.migrationmuseum.org

Reading/resources:

Field visit dependent – handout pack to be provided

Preparation for final research paper assignment

Class 11: Synthesis and Review

Lecture & Group Discussions

Lecture: Consolidation of Course; Strategies to improve health outcomes for

- Access to effective health care in developing countries
- Determinants of preference for health care: culture and gender, knowledge and education, demand responses to poor quality

Lesson 12: Final Exam; Group Reflection and Next Steps

2hr Final Exam

Group Discussion and Reflection on Learning and development of action plan to embed learning on return home.

Attendance, Participation & Student Responsibilities

Attendance: CAPA has a mandatory attendance policy. Attendance is taken at the beginning of every class. Unauthorized absence from class will result in a reduction of the final grade and potentially a failure for the course.

Missing classes for medical reasons: If you need to miss a class for medical reasons or for a family emergency, **you must send an e-mail** to excused.absence@capa.org to let CAPA know at least one hour in advance of your class or meeting. Note that calling the CAPA Centre (0207 370 7389) is acceptable only if you do not temporarily have access to the internet. An e-mail is still required as quickly as you can get access to the internet again. You will need to provide evidence of the reason for your absence. Unexcused absences will result in a grade reduction. In the event of a missed class or field trip, it is your responsibility to contact your instructor and make up any missed assignments.

Class Participation: Students are expected to participate actively and critically in class discussions, and the participation portion of the class will be graded accordingly. Students must read assignments BEFORE the class, and come in on time. Participation is a vital part of your grade: students are expected to participate orally in seminars and in online forums and discussions in a critical and evaluative manner; to interact with the faculty and fellow students with respect and tolerance; and to actively engage in discussion. Derogatory or inflammatory comments about the cultures, perspectives or attitudes of others in the class will not be tolerated.

Academic Integrity: A high level of responsibility and academic honesty is expected. Because the value of an academic course depends upon the absolute integrity of the work done by the student, it is imperative that a student demonstrates a high standard of individual honor in his or her scholastic work and class behavior. Plagiarism, self-plagiarism and cheating can result in dismissal from the program.

Self-plagiarism, copying an assignment entirely or partially to submit to a different class in an attempt to receive credit twice for one piece of work is unacceptable and considered cheating by duplication. Students risk receiving an "0" for any assignments in which they have duplicated their own work.

All substantial writing assignments (typically anything worth 20% or more of the final course grade) will be run through the plagiarism checking software Turnitin when submitted via CANVAS. See CAPA's Academic Standards and Policies for more information and resources on plagiarism.

Use of electronic equipment in class: All devices such as laptops, i-pods, i-pads, netbooks, notebooks and tablets, smartphones, cell phones, etc. are **NOT** allowed unless you have express permission from the faculty or you have been instructed to do so. If you require an accommodation to use any type of electronic equipment, inform the Associate Director of Academic Affairs at the beginning of Term.

Use of Electronic Translators: In Language courses students are NOT allowed to use electronic translators for writing texts in the target language: those submitting compositions and texts of whatever kind translated in such a fashion will receive a final F grade for the course.

Late Submission: Late submission of papers, projects, journal entries, pieces of homework and portfolios is only permitted with prior approval. A request must be made to the relevant Faculty member no later than two days prior to the due date. Late submission without prior approval will result in a full alpha grade penalty. In either case, work cannot be submitted after feedback has been provided to the rest of the class on the relevant assessment or one week after the due date whichever comes first, after which point a grade of F will be given for the assessment.

Behaviour during Examinations: During examinations, you must do your own work. Unless specifically instructed by the lecturer or instructor, talking during an exam is not permitted, nor may you compare papers, copy from others, or collaborate in any way. Any failure to abide by examination rules will result in failure of the exam, and may lead to failure of the course and disciplinary action.