OVERVIEW
This course examines the structure of health care systems in different countries, focusing on the design and financing of public and private insurance; organization of care delivery systems; reimbursement of physicians, hospitals, pharmaceuticals and devices; and adoption of new technologies and expenditure controls. We study the relative roles of private sector and public sector insurers and providers, and the effect of system design on cost, quality, efficiency and equity of medical services. Some issues we address are normative: Which systems and which public/private sector mixes are better at achieving efficiency and equity? Other issues are positive: How do these different systems deal with the tough choices, such as decisions about new technologies? We focus first on mature systems, including Germany, the United Kingdom, Canada and Japan, which represent four prototypical system designs, and Italy and Singapore, which illustrate other interesting approaches. We also look at middle and low income countries with emerging systems – including Chile, Brazil, India and China – and at major cross-cutting issues such as life-expectancy and infant mortality rates, pay for performance and service quality. We will draw lessons for the US from foreign experience and vice versa.

READINGS
All course readings are required unless marked as optional. You should just focus on the main concepts and design features of each country's system of financing and reimbursement, including important changes over time. Details on specific dates, names, or minor statistics are not required.

A.) All readings that are available without copyright fees are posted in the files section of Canvas in lecture-specific folders. You can view or print the readings on your own from Canvas: [https://wharton.instructure.com](https://wharton.instructure.com).

B.) All copyright protected readings require payment of a copyright fee. These must be ordered through Study.Net, which may be accessed via Canvas using the link on the course home page or in the left column. Non-MBA students must pay this fee to Study.Net. For MBA students, it is already collected through tuition.

C.) You have the option to order a printed copy of the Study.Net course pack. Course packs are ordered via Study.net and picked up at Wharton Reprographics.

We recommend that you read the assigned articles for each lecture in the order indicated on the syllabus, which reflects changes over time for each country. Please keep in mind that last-minute
changes to the readings will be available only on Canvas. We will post an announcement via Canvas whenever a reading or scheduling change is made.

“International Profiles of Health Care Systems, 2013” Commonwealth Fund Pub. No. 1645 provides overviews of several countries that we cover (Canada, England, Germany, Italy, Japan, and the U.S.), as well as several other OECD countries. This is posted in the Readings file on Canvas.

CANVAS ACCESS
Students who have a Wharton account will automatically have access to Canvas once they register for the class. Students who do not yet have a Wharton account can create one at http://accounts.wharton.upenn.edu. If you have problems, contact the Wharton courseware consultants at the WCIT office, online, or via email (courseware@wharton.upenn.edu). Class handouts, updates to the syllabus and other materials will be posted on Canvas.

CLASS PARTICIPATION
Class attendance and contributions to in-class discussion are important. Fifteen percent of the final course grade is allocated to class participation. Please bring a name card to each class to help us learn your name and guarantee you receive credit for your contributions.

TERM PAPER AND PRESENTATION
Students will write a brief (about 10 pages) paper related to the health care system in one or more countries. You may work in groups of up to five students, or individually. Possible topics include: how a particular country has dealt with a costly technology or service, such as stents, long term care or electronic medical records; the role of private vs. public sector in insurance or service provision or medical education; specific health issues, such as smoking etc. We will provide a list of possible topics early in the semester, but encourage you to think of a topic of specific interest to you. The US can be used for comparison but the US should NOT be the main focus of the paper. The paper should also not replicate material covered in class or in the assigned readings. The paper is due in class November 20 (NO EXCEPTIONS). In addition to the hard copy submitted in class, please submit an electronic copy of your paper via Canvas. The papers will be presented and discussed in class.

MIDTERM EXAM
A take-home, short-answer midterm exam will be administered on Canvas some time in October. You will have two hours to complete the exam, within a longer e.g. 18 hour time window. The midterm will be shorter but similar in format to the in-class final exam.

FINAL EXAM
A final exam is scheduled on the University exam date. Students may instead take an optional make-up exam during the last class period. The final will include a choice of several short essay questions and several short-answer/quiz questions. A sample exam will be posted on Canvas.

GRADING

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<th>Component</th>
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<tr>
<td>Paper</td>
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<td>Final exam</td>
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<td>Midterm exam</td>
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<td>Class participation</td>
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CLASS SCHEDULE AND READINGS

August 28: Introduction and Overview

September 2: Trends and Framework of Analysis

September 4: The US Health Care System: Overview and Proposed Reforms
- “Health Care Costs: A Primer” May 2012 KFF.org

**Optional背景ers**

September 9: Germany I: Overview and Recent Insurance Reforms
- Civitas (revised 2013). “Health Care Systems: Germany”.

September 11: Germany II: Pharmaceuticals, Disease Management and DRGs
- Case: West German Headache Center: Integrated Migraine Care HBS 9-707-559

September 16: United Kingdom I: Background and the Internal Market
September 18: United Kingdom II: Recent Reforms; P4P

September 23: Canada I: Overview and Structure

September 25: Canada II: Public/Private; Pharmaceuticals
  - **Optional** Law et al. (2013)."Growth in private payments for health care by Canadian households." *Health Policy* 110:141-146.
  - **Optional** Morgan et al. (2013). Canadian policy makers views on pharmaceutical reimbursement contracts involving confidential discounts from manufacturers.” *Health Policy* 112:248-254.

September 30: Singapore: Overview and Medical Savings Accounts – Prof. Mark Pauly
  - LKY (2013). “Healthcare Financing: How should Singapore’s MOH shift costs from private pockets to public purse?” NUS.

October 2: Japan’s Health Care System – Prof. Naoki Ikegami, Keio Univ. (TBC)

October 7: Rationing by Cost-Effectiveness Analysis

October 9: Fall Break
October 14: Regulation of Pharmaceuticals I: Prototypes

October 16: Health Systems in Emerging Markets I: Insurance Options; Provider quality; Priority Setting

October 21: Italian National Health Service – Prof. Eugenio Anessi, Catholic University, Rome

October 23: The UK III: Adrian Towse, Director, Office of Health Economics, London

October 28: Latin America I: Chile

October 30: Emerging Markets II: China
- “Corruption blights China’s healthcare system.”
  http://world.time.com/2013/08/02/corruption-blights-chinas-healthcare-system/print

November 4: Emerging Markets III: India
- Fan (2013). “The early success of India’s health insurance for the poor (RSBY)” CGD.
- Case: Vaatsalya Hospitals: Affordable Health Care in Proximity. IIM Bangalore IMB 327
November 6: Latin America II: Brazil – Dr. Leandro Reis MD, Director, National Private Health Insurance Agency (TBC)
  - Case: AMIL and the Health Care system in Brazil. HBS 9-312-029. StudyNet

November 11: Regulation of Pharmaceuticals II: TRIPs, Differential Pricing, Generics

November 13: Quality Monitoring; P4P; Review of Cost Containment
  - Quentin et al. (2013). “Hospital Payment Based on Diagnosis-Related Groups Differs in Europe and Holds Lessons for the US.” Health Affairs 32(4) 713-723.

November 18: Determinants of Health Outcomes: More than Medical Care?

November 20: IT and Electronic Health Records (EHRs); Public-Private Partnerships; Medical Tourism

December 2: Student Presentations I

December 4: Student Presentations II
December 9: Make-up Final