Instructor: Mark A. Norrell, FACHE, HFA  
Senior Lecturer, Healthcare Management and Policy  
Phone: (812) 369-9905  
Email: norrellm@indiana.edu  
Office: SPEA 233

Class:  
T Th 1:10 to 2:25 p.m.  
SPEA 167

Teaching assistant: Riley Hannon, rdhannon@iu.edu

Office Hours:  
T Th 10:00 a.m. to 12:00 p.m., SPEA 233

Admin Assistant: Charlie Abbott  
Phone: (812) 855-4944  
cclabbott@indiana.edu

COURSE OBJECTIVES

This is an introductory course presenting an overview of the U.S. healthcare delivery system. The course will summarize and explain key aspects of the U.S. healthcare delivery system, including the various provider types, funding mechanisms and public policy challenges. This course is required for the degree Bachelor of Science in Healthcare Management and Policy.

By the end of the course, students will be able to:

• Describe the key components of the U.S. healthcare delivery system;
• Describe the U.S. public and private healthcare financing mechanisms, together with their purposes and functions;
• Identify the major types of healthcare professionals and their education and training requirements;
• Summarize the historical, philosophical and political forces that shape current U.S. healthcare policy, in relation to other developed countries;
• Describe special healthcare needs populations, their challenges, and the delivery systems available to them.
COURSE FORMAT

The course is conducted as live in-person class sessions, twice per week. You must attend classes if you wish to perform well on six (6) periodic tests that comprise 85% of your final grade.

GENERAL EDUCATION CREDIT

This course meets Indiana University's criteria for “Social and Historical Studies” General Education (“GenEd”) course credit. For more information regarding the General Education requirements, refer to http://gened.indiana.edu/. Student learning outcomes for General Education courses that are addressed by this course include:

- Knowledge of human cultures, based on an understanding of history, social situations, and social institutions;
- The ability to think critically and creatively;
- Skills of inquiry and analysis;
- Quantitative and or qualitative literacy through theory and methodology;
- Intercultural and/or civic knowledge.

REQUIRED RESOURCES


The paperback textbook (ISBN 9781284114676) is available for $96.95 from the publisher at: https://www.jblearning.com/catalog/productdetails/9781284114676

The ebook version (ISBN 9781284215694) is available for $48.95 from the publisher at https://www.jblearning.com/catalog/productdetails/9781284215694

Use coupon code SHOPFALL for a 30% discount at checkout.
Your final course grade is determined as follows:

- **Tests (85%)**

  *Six (6) tests* will comprise 85% of your final grade. Tests are *not* cumulative. Contents of the tests will be based on lectures and reading assignments. Format of each test will include approximately 40-50 multiple choice and true/false questions.

  Tests *must* be taken during the indicated period. *Makeup tests are granted only in exceptional situations and ONLY if arranged in advance.*

  Verification from a physician or other licensed healthcare provider is required for absence during an exam for medical reasons. *Documentation of medical absence must include the date of visit and a “return to school” date.* You must complete the makeup exam on the “return to school” date.

  Verification of funeral attendance for an *immediate family member* is required for an excused absence during an exam, to be eligible for a makeup exam on the return date.

- **Attendance (15%)**

  Attendance tracking for credit will begin on the first day of classes. Your Canvas gradebook will reflect a “1” for class sessions you attended, and a “0” for class sessions missed.

  A total of *two absences*, for any reason, will be permitted without deducting attendance points. *Canvas* is configured to automatically drop your two lowest attendance scores. Thus, you will not be penalized for your first two absences. The instructor does not evaluate if an absence is considered excusable or not. This policy is consistent with professional employment policies that you will be subjected to in your life. Do not ask for additional excused absences.

  *COVID EXCEPTION.* If you have a positive COVID-19 test, have recently been tested for COVID-like symptoms with results pending, or have been instructed to quarantine, you should not attend class. To ensure that you can do this, your attendance grade in this class will not be lowered if you provide documentation of absence due to any of these three (3) listed circumstances.
Basis for Final Grade

<table>
<thead>
<tr>
<th>Component</th>
<th>Percent of Course Grade</th>
<th>Grade</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test #1</td>
<td>14%</td>
<td>A+</td>
<td>97.0%</td>
</tr>
<tr>
<td>Test #2</td>
<td>18%</td>
<td>A</td>
<td>93.0%</td>
</tr>
<tr>
<td>Test #3</td>
<td>14%</td>
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</tr>
<tr>
<td>Test #4</td>
<td>18%</td>
<td>B+</td>
<td>87.0%</td>
</tr>
<tr>
<td>Test #5</td>
<td>14%</td>
<td>B</td>
<td>83.0%</td>
</tr>
<tr>
<td>Test #6</td>
<td>7%</td>
<td>B-</td>
<td>80.0%</td>
</tr>
<tr>
<td>Attendance</td>
<td>15%</td>
<td>C+</td>
<td>77.0%</td>
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<tr>
<td></td>
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<td>C</td>
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<td>D-</td>
<td>60.0%</td>
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<td>F</td>
<td>&lt;60.0%</td>
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</tbody>
</table>

Note: Your final letter grade is assigned by referring to the above chart. You must achieve the shown minimum score in order to earn that letter grade. This means a final score of 89.99% is assigned a letter grade of B+. I do not “round up” grades. At the end of the semester, please do not request me to “round up” your grade. Such requests will be ignored as it would be unfair to other students to adjust your grade based on request.

LECTURES

Daily lectures are recorded and posted to your Canvas site. Lecture recordings may be accessed via links on the front Canvas page.

Lectures generally follow the chapters of the textbook. As a former healthcare executive, I introduce additional subject matter that is more practical in nature, and particularly relevant if you find yourself pursuing a career in healthcare management.

It is my experience after teaching this course for almost a decade that students do not take complete notes on the lecture material. If you miss the finer details covered in lecture, you will surely surrender points on your tests.
### Schedule of Topics

(Refer to “Course Outline” at end of syllabus for a detailed list of topics)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Topic</th>
<th>Required Reading(*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tues, Aug 24</td>
<td>Introduction, Course Overview &amp; Syllabus</td>
<td>-</td>
</tr>
<tr>
<td>Thurs, Aug 26</td>
<td>Overview of Health Care</td>
<td>Chapter 1</td>
</tr>
<tr>
<td>Tues, Aug 31</td>
<td>Overview of Health Care (continued)</td>
<td>Chapter 1</td>
</tr>
<tr>
<td>Thurs, Sep 2</td>
<td>History of Health Care Developments in USA</td>
<td>Chapter 2</td>
</tr>
<tr>
<td>Tues, Sep 7</td>
<td>History of Health Care Developments in USA (continued)</td>
<td>Chapter 2</td>
</tr>
<tr>
<td>Thurs, Sep 9</td>
<td><strong>Test #1</strong></td>
<td>-</td>
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<tr>
<td>Thurs, Sep 14</td>
<td>Hospitals and Health Systems</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>Thurs, Sep 16</td>
<td>Hospitals and Health Systems (continued)</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>Tues, Sep 21</td>
<td>Hospitals and Health Systems (continued)</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>Thurs, Sep 23</td>
<td>Ambulatory Care</td>
<td>Chapter 5</td>
</tr>
<tr>
<td>Tues, Sep 28</td>
<td>Ambulatory Care (continued)</td>
<td>Chapter 5</td>
</tr>
<tr>
<td>Thurs, Sep 30</td>
<td><strong>Test #2</strong></td>
<td>-</td>
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<tr>
<td>Tues, Oct 5</td>
<td>Physicians and their Roles</td>
<td>Chapter 6</td>
</tr>
<tr>
<td>Thurs, Oct 7</td>
<td>Physicians and their Roles (continued)</td>
<td>Chapter 6</td>
</tr>
<tr>
<td>Tues, Oct 12</td>
<td>The Healthcare Workforce</td>
<td>Chapter 7</td>
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<tr>
<td>Thurs, Oct 14</td>
<td>The Healthcare Workforce (continued)</td>
<td>Chapter 7</td>
</tr>
<tr>
<td>Tues, Oct 19</td>
<td><strong>Test #3</strong></td>
<td>-</td>
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<tr>
<td>Thurs, Oct 21</td>
<td>Financing of Healthcare</td>
<td>Chapter 8</td>
</tr>
<tr>
<td>Tues, Oct 26</td>
<td>Financing of Healthcare (continued)</td>
<td>Chapter 8</td>
</tr>
<tr>
<td>Thurs, Oct 28</td>
<td>Financing of Healthcare (continued)</td>
<td>Chapter 8</td>
</tr>
<tr>
<td>Tues, Nov 2</td>
<td>Financing of Healthcare (continued)</td>
<td>Chapter 8</td>
</tr>
<tr>
<td>Thurs, Nov 4</td>
<td>Financing of Healthcare (continued)</td>
<td>Chapter 8</td>
</tr>
<tr>
<td>Tues, Nov 9</td>
<td><strong>Test #4</strong></td>
<td>-</td>
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<tr>
<td>Thurs, Nov 11</td>
<td>Long Term Care</td>
<td>Chapter 9</td>
</tr>
<tr>
<td>Tues, Nov 16</td>
<td>Long Term Care (continued)</td>
<td>Chapter 9</td>
</tr>
<tr>
<td>Thurs, Nov 18</td>
<td>Behavioral Health Services</td>
<td>Chapter 10</td>
</tr>
<tr>
<td>Tues, Nov 23</td>
<td>No Class – Thanksgiving Break</td>
<td>-</td>
</tr>
<tr>
<td>Thurs, Nov 25</td>
<td>No Class – Thanksgiving Break</td>
<td>-</td>
</tr>
<tr>
<td>Tues, Nov 30</td>
<td>Behavioral Health Services (continued)</td>
<td>Chapter 10</td>
</tr>
<tr>
<td>Thurs, Dec 2</td>
<td><strong>Test #5</strong></td>
<td>-</td>
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<tr>
<td>Tues, Dec 7</td>
<td>Public Health and Health Promotion/Wellness</td>
<td>Chapter 11</td>
</tr>
<tr>
<td>Thurs, Dec 9</td>
<td>Public Health and Health Promotion/Wellness (continued)</td>
<td>Chapter 11</td>
</tr>
<tr>
<td>Thurs, Dec 16</td>
<td><strong>Test #6</strong> (5:25 p.m. to 7:25 p.m.)</td>
<td>(No cumulative final exam will be given)</td>
</tr>
</tbody>
</table>
Supplemental readings are provided for students who wish to expand their knowledge in topic areas covered in this course. These readings are optional and encouraged for motivated students majoring in Healthcare Management and Policy at Indiana University.

(1) Belleview: Three Centuries of Medicine and Mayhem at America’s Most Storied Hospital; Oshinsky, David (2016)
(2) Informed Consent: The U.S. Medical Education System Explained; Brown, B.J., (2011)
(3) Introduction to the Health Professions; Stanfield, P.S. (2012)
(6) Mental Health and Social Policy: Beyond Managed Care; Mechanic, David (2013)

O’Neill School Expectations of Civility and Professional Conduct

The O’Neill School takes matters of honesty and integrity seriously because O’Neill is the training ground for future leaders in government, civic organizations, health organizations, and other institutions charged with providing resources for the public, and for members of society who are vulnerable and who are lacking in power and status. Precisely because O’Neill graduates tend to rise to positions of power and responsibility, it is critical that the lessons of honesty and integrity are learned early.

O’Neill requires that all members of its community – students, faculty, and staff – treat others with an attitude of mutual respect both in the classroom and during all academic and nonacademic activities outside the classroom. A student is expected to show respect through behavior that promotes conditions in which all students can learn without interruption or distraction. These behaviors foster an appropriate atmosphere inside and outside the classroom:

- Students are expected to attend class regularly and to be prepared for class.
- Students must be punctual in their arrival to class and be present and attentive for the duration of the class. Eating, sleeping, reading the newspaper, doing work for another class, wandering in and out of the classroom, and packing up or leaving class early are not civil or professional behaviors.
- Students must abide by the course policy regarding use of electronic devices in the classroom.
- Students must responsibly participate in class activities and during team meetings.
- Students must address faculty members, other students, and others appropriately and with respect, whether in person, in writing, or in electronic communications.
- Students must show tolerance and respect for diverse nationalities, religions, races, sexual orientations, and physical abilities.
- Students must not destroy or deface classroom property nor leave litter in the classroom.

1 These expectations are excerpted from the O’Neill School Honor Code which can be found at: https://oneill.indiana.edu/doc/undergraduate/ugrd_student_honorcode.pdf
HEALTH AND SAFETY

IU is following recommended public health guidance in response to the COVID-19 pandemic. In recognition of all IU community members owe to each other, every member of the IU community is expected to adhere to all current policies and practices. If you are not in compliance with IU expectations in the classroom, you will be asked to leave the classroom. For current information on that guidance see https://covid.iu.edu.

Counseling and Psychological Services

For information about services offered to students by CAPS: http://healthcenter.indiana.edu/counseling/index.shtml

Religious Observation

Students missing class for a religious observance can find the officially approved accommodation form by going to the Vice Provost for Faculty and Academic Affairs webpage for religious accommodations. The form must be submitted at least 2 weeks prior to the anticipated absence.

Disability Services for Students

Securing accommodations for a student with disabilities is a responsibility shared by the student, the instructor and the DSS Office. For information about support services or accommodations available to students with disabilities, and for the procedures to be followed by students and instructors: https://studentaffairs.indiana.edu/student-support/disability-services/index.html

Sexual Misconduct & Title IX

As your instructor, one of my responsibilities is to create a positive learning environment for all students. IU policy prohibits sexual misconduct in any form, including sexual harassment, sexual assault, stalking, sexual exploitation, and dating and domestic violence. If you have experienced sexual misconduct, or know someone who has, the University can help. If you are seeking help and would like to speak to someone confidentially, you can make an appointment with the IU Sexual Assault Crisis Services at (812) 855-5711, or contact a Confidential Victim Advocate at (812) 856-2469 or cva@indiana.edu.

It is also important that you know that University policy requires me to share certain information brought to my attention about potential sexual misconduct, with the campus Deputy Sexual Misconduct & Title IX Coordinator or the University Sexual Misconduct & Title IX Coordinator. In that event, those individuals will work to ensure that appropriate measures are taken and resources are made available. Protecting student privacy is of utmost concern, and information will only be shared with those that need to know to ensure the University can respond and assist. I encourage you to visit http://stopsexualviolence.iu.edu/index.html to learn more.

Commitment to Diversity: Find your home and community at IU

Asian Culture Center
Academic misconduct is defined as any activity that tends to undermine the academic integrity of the institution. The University may discipline a student for academic misconduct. Academic misconduct includes cheating, fabrication, plagiarism, interference, violation of course rules and facilitating academic dishonesty.

University policy states that all incidents involving academic misconduct shall be reported to the Office of Student Ethics. I will report any effort to gain an unfair advantage through academic misconduct to the Office of Student Ethics. If you are aware of any incident of academic misconduct, you are required to report such incidents to the Office of Student Ethics at http://studentaffairs.iub.edu/ethics/academic-misconduct/am-reporting/

Academic misconduct is fully defined at the following link, as part of Indiana University’s Code of Students Rights, Responsibilities, & Conduct:

http://studentcode.iu.edu/responsibilities/academic-misconduct.html

In addition to Indiana University’s policy for your responsibilities, you are expected to uphold the SPEA Honor Code.

Note Selling: Several commercial services have approached students regarding selling class notes/study guides to their classmates. Selling the instructor’s notes/study guides in this course is not permitted. Violations of this policy will be reported to the Dean of Students as academic misconduct (violation of course rules). Sanctions for academic misconduct may include a failing grade on the assignment for which the notes/study guides are being sold, a reduction in your final course grade, or a failing grade in the course, among other possibilities. Additionally, you should know that selling a faculty member’s notes/study guides individually or on behalf of one of these services using IU email, or via Canvas may also constitute a violation of IU information technology and IU intellectual property policies; additional consequences may result.

Online Course Materials: The faculty member teaching this course holds the exclusive right to distribute, modify, post, and reproduce course materials, including all written materials, study guides, lectures, assignments, exercises, and exams. While you are permitted to take notes on the online materials and lectures posted for this course for your personal use, you are not permitted to re-post in another forum, distribute, or reproduce content from this course without the express written permission of the faculty member. Any violation of this course rule will be reported to the appropriate university offices and officials, including to the Dean of Students as academic misconduct.
Overview of Healthcare

- Basic healthcare management terms
- U.S. healthcare system complexity and size
- Problems of U.S. healthcare
- Challenges to reform
- Entrepreneurial motive
- U.S. healthcare spending vs. other countries
- Major healthcare stakeholder groups and influencers
- Emerging challenges

Benchmark Developments in U.S. Healthcare

- Shift from personal to insurance payments
- Origins of health insurance
- Emergence of Federal government as payor (Social Security, Medicare, Medicaid)
- Unintended consequences: The cost problem
- Responses to the cost problem: Regulatory, market
- Biomedical advances and implications
- Stakeholder organizations
- Uninsured and access to healthcare services

Hospitals

- Early history and origins in U.S.
- Factors shaping hospital industry 1890-present
- Growth in hospital industry
- Types/categorization of hospitals
- Financial condition
- Teaching mission
- Structure and organization
- Managerial performance metrics
- Patient Rights and Responsibilities; Informed Consent
- Retrospective vs. Prospective payment
- Responses to market pressures 1980-present
- Hospital quality and hazards
- Cost-Quality-Access
Medical Education and Physicians
- Colonial training/medical education
- Medical education reform 1890-1920 (Flexner, Mills reports)
- Allopathic vs. osteopathic physicians
- Funding for medical education and training
- Medical specialties
- Residency selection (simulation exercise)
- Primary care vs. specialty training and careers
- Physician economic behavior and incentives
- Medical malpractice
- Physician dissatisfaction factors

Healthcare Personnel
- Catalog major healthcare professions
- Understand roles and responsibilities in the system
- Understand healthcare workforce issues
- Licensure, certification, registration
- Independent vs. dependent practitioners

Financing of Healthcare
- Scope and magnitude of U.S. healthcare spending vs. other countries and reasons
- How the U.S. healthcare payment system evolved
  - Blue Cross, Blue Shield
  - Commercial indemnity
- How health insurance works (Indemnity, HMO, PPO)
- Role of Federal government
  - Medicare history and function
  - Medicaid
  - Changing policies
- Sources and uses of healthcare funds
- Linking costs and quality
- Managed care
- Self-funded Insurance programs
- Waste, fraud and abuse
- Effect of new technology of cost, access
- Incentive structures of each model

H124 Overview of the U.S. Healthcare System
Course Outline (continued)
Medicare and its various parts
Medicaid as 50 different programs
Government role and influence in setting incentives through payment policy
Health insurance from the consumer perspective
  Premiums, terms of coverage, deductible and copayments
  How the money flows when you receive medical services
  Consumer Directed Health Plan (CDHP)
Insurance industry
  NCQA
  HEDIS

Long Term Care
  Defined
  Social/economic issues influencing demand
  Abuses and reforms 1970s
  Medicare and Medicaid role in financing
  Movement through the LTC system and the “spend-down”
  Identify and define types of long term care providers and payment sources
    Informal long term care settings
    Skilled nursing
    Assisted living
    Home care
    Hospice
    Respite care
    Adult day care

Mental Health Services
  Historical overview of institutional resources
  Historical treatments
  Federal involvement 1960s
  Deinstitutionalization and shift to outpatient flawed
  NAMI
  Wellstone-Domenici Parity Act of 2008
  Federal support: SAMHSA, Veterans Affairs
  Prevalence of mental illness
  Stigmatization
  Diagnosis and treatment: DSM
  Special populations at risk
  Mental health provider types
Managed behavioral health
Barriers/access issues

Public Health
Distinguish from medical care system; overlaps
Common public health terms
England models and influencers from 1600-1850
Origins of U.S. public health agencies
U.S. Public Health Service
Federal public health organization: HHS and its divisions
Military healthcare and its payors
State responsibilities
City and County responsibilities
Declining influence and funding for public health
Healthy People and public health planning efforts
Relationship of public health with private medicine
Public health and challenges related to aging