



## **CIEE Global Institute – Copenhagen**

<b>Course name:</b>	Comparative Health Care Systems
<b>Course number:</b>	(GI) PUBH 3003 CPDK
<b>Programs offering course:</b>	Copenhagen Open Campus
<b>Open Campus Track:</b>	Global and Community Health
<b>Language of instruction:</b>	English
<b>U.S. semester credits:</b>	3
<b>Contact hours:</b>	45
<b>Term:</b>	Fall 2019

### **Course Description**

This course explores the impact of demographics, infrastructure, political and public will, global economic conditions, and geopolitical circumstances on health care systems. Evidence-based health policy research points to the need to carefully assess health care delivery systems in individual countries in order to identify initiatives, patterns, and mechanisms that have most likely contributed to successful reforms and sustainable financing arrangements. Comparisons will be made among the different regional actors with special reference to the debate on health care in the US. Different countries commonly have different goals and motivations for introducing certain health care policies and interventions. Students will learn about, assess, and understand these unique interests, needs, and historical experiences that shape current health care at the national level. Visits to private and public health institutions in the host country are included.

### **Learning Objectives**

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

- Gather specific data, analyze and synthesize it
- Critically assess the quality of data
- Combine qualitative and quantitative approaches and triangulate data
- Work in an interdisciplinary team
- Understand the unique interests, needs and historical experiences that shape current health care in a country
- Articulate correlation, causality and scientific approaches used in differentiating factors
- Critically compare health systems
- Speak thoughtfully to make recommendations for health system changes



- Nonspecific aptitudes acquired throughout the course (cognitive) include the ability to:
- Understand major concepts in gathering qualitative and quantitative data
- Detect the contextual differences that produce the mixed success of apparently clear-cut programs
- Identify the paradigms that lie behind national health policies and their importance for making specific interventions work
- Identify “mechanisms” rather than “programs,” e.g. traditions, incentive-giving, rule-following and “how to pass on wisdom,” e.g. peer education

### **Course Prerequisites**

Student should have completed one course in public health.

### **Methods of Instruction**

Among other techniques, the methodology used throughout this course includes field visits to private and public health institutions, debates with econometricians on the advantages and limits of quantitative analysis, introductory lessons and classroom discussions, collaborative peer-work, and the incorporation of class discussions, meetings with experts, and independent work into written analysis.

### **Assessment and Final Grade**

Individual presentation	20%
Critical Review	15%
Group project	20%
Final Discussion Paper	25%
Participation	20%

### **Course Requirements**

#### **Individual presentation**

The individual presentation will be on a "Topical issue in Healthcare". The student is free to choose a topic of their choice but this is subject to approval by the course lecturer(s). This in class presentation must be 15 minutes long and must include powerpoint slides (or equivalent). The presentation can include video material but this must take up no more than 3-4 minutes of the allocated time. The presentation will be judged using 5 criteria: Structure; Research content; Delivery; Powerpoint/Visual aids; Conclusions.

#### **Critical review**



Critical reviewing and its importance for healthcare research will be discussed in class during Week 2. You will be provided with information how to conduct a critical review and we will practice this skill in class to prepare you for the assignment. The assignment should be no more than a 1000 words.

### **Group project**

The class will be divided into groups of 3-5 students. This project will involve comparing the healthcare systems of two different countries (excluding the US or DENMARK as these will be discussed in class). Further details on study group allocation and the assignment will be provided in class. All students need to participate, contribute and present.

### **Final paper**

A 1500-3000 word paper analysing the healthcare system of a country of choice. The paper must utilise the six domains of health care quality as a tool to discuss the healthcare system.

### **Participation**

Participation is valued as meaningful contribution in the digital and tangible classroom, utilizing the resources and materials presented to students as part of the course.

Meaningful contribution requires students to be prepared in advance of each class session and to have regular attendance. Students must clearly demonstrate they have engaged with the materials as directed, for example, through classroom discussions, online discussion boards, peer-to-peer feedback (after presentations), interaction with guest speakers, and attentiveness on co-curricular and outside-of-classroom activities.

### **Attendance Policy**

Regular class attendance is required throughout the program, and all unexcused absences will result in a lower participation grade for any affected CIEE course. Due to the intensive schedules for Open Campus and Short Term programs, unexcused absences that constitute more than 10% of the total course will result in a written warning.

Unexcused absences will impact upon the final grade.



Students who transfer from one CIEE class to another during the add/drop period will not be considered absent from the first session(s) of their new class, provided they were marked present for the first session(s) of their original class. Otherwise, the absence(s) from the original class carry over to the new class and count against the grade in that class.

For CIEE classes, excessively tardy (over 15 minutes late) students must be marked absent. Attendance policies also apply to any required co-curricular class excursion or event, as well as to Internship, Service Learning, or required field placement. Students who miss class for personal travel, including unforeseen delays that arise as a result of personal travel, will be marked as absent and unexcused. No make-up or re-sit opportunity will be provided.

Attendance policies also apply to any required class excursion, with the exception that some class excursions cannot accommodate any tardiness, and students risk being marked as absent if they fail to be present at the appointed time.

Unexcused absences will lead to the following penalties:

<i>Percentage of Total Course Hours Missed</i>	<i>Equivalent Number of Open Campus Semester classes</i>	<i>Minimum Penalty</i>
Up to 10%	1 content classes, or up to 2 language classes	Participation graded as per class requirements
10 – 20%	2 content classes, or 3-4 language classes	Participation graded as per class requirements; <b>written warning</b>



More than 20%	3 content classes, or 5 language classes	Automatic <b>course failure</b> , and possible expulsion
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### **Weekly Schedule**

NOTE: this schedule is subject to change at the discretion of the instructor to take advantage of current experiential learning opportunities.

#### **Week 1      Orientation Week**

Class 1:1      Introduction to class

This session will form the introduction to the class; we will outline the course requirements and formal aspects of participation and engagement in class. This will be followed by the introduction to comparative health, providing basic facts and concepts, and defining health care systems.

#### **Week 2**

Class 2:1      Basics of research designs

This session will outline the basics of research designs, by specifically focusing on approaches that measure quantitative and qualitative empirical evidence.

Class 2:2      Data assessment and causality

Students will learn about different data assessment methods and approaches to analyse data, such as regression, correlation and question causality in data. Students will gain practical experience using a dataset and published reports.

Class 2:3      Survival data in health assessment 7

Students will learn how longitudinal designs can aid in providing more robust information and pathways of health data such as incidence of disease states. The session will outline the use and benefit of survival data and teach how to critically consider covariates and confounding factors in health assessments.



## **Due date for individual presentations**

### **Week 3**

Class 3:1      Epidemiology and social determinants of health inequalities

This session will outline the basics of public health and epidemiology and demonstrate how epidemiological studies have provided baseline work for health assessments. The social determinants of health will be explored and brought into context with health inequalities. Health indicators will be introduced that are the building blocks for comparative assessments of quality of healthcare.

Class 3:2      Global treatment of mental health

Students will learn about the stigma of mental health and the disparities in knowledge, acceptance, diagnoses and treatment of mental health worldwide. Site visit: To be announced

## **Due date for critical review**

### **Week 4**

Class 4:1      DENMARK and US healthcare systems

This session provides the overview of the DENMARK and US healthcare systems and evaluates evidence-based policy and evaluations.

Class 4:2      Public health interventions

Students will learn about public health interventions and effectiveness that has been developed and implemented to improve healthcare systems and performance.

### **Week 5**

Class 5:1      Healthcare Systems: Frameworks for Comparing Systems

This session outlines the principles of comparative healthcare systems by evaluating analyses of health status, expenditure and resources. Different



analytical frameworks will be explored, such as the 6 pillars of comparative healthcare assessment.

**Class 5:2 Healthcare scandals and guidelines**

Students will learn about healthcare scandals and politics and compare guidelines, such as nutritional guidelines.

**Class 5:3 Patient outcomes**

This session focuses on patient outcomes as a metric of healthcare success.

**Due date for submission of group project**

**Week 6**

**Class 6:1 Economic evaluation and decision-making**

This session will focus on the economic evaluation and decision-making in health systems. Students will learn about quality-adjusted life years and critically evaluate decisions based on these measures.

**Class 6:2 Cost–benefit and cost-effectiveness analyses**

Students will learn about cost–benefit and cost-effectiveness analyses as used in health care systems and understand how these concepts relate to efficiency and policy settings. Site visit: To be announced

**Due date for submission of final paper**

**Readings**

WHO's Health Care Systems in Transition series is an excellent source to look at the health care system of a country. <http://www.euro.who.int/en/about-us/partners/observatory/health-systems-in-transition-hit-series>.

Berman P, Bitran R. "Health Systems Analysis for Better Health System Strengthening." World Bank Health, Nutrition, and Population (HNP) Discussion Paper, May 2011. 10

Bhattacharya J, Hyde T and Tu P. *Health Economics*. Basingstoke: Palgrave-Macmillan, 2013.



Dörner D. *The logic of failure: Recognizing and avoiding error in complex situations*. New York: Basic Books; 1996.

Kahneman D. *Thinking, Fast and Slow*. New York: Farrar, Straus and Giroux, 2011

Porter M, Teisberg E. *Redefining Health Care – Creating Value-Based Competition on Results*. Boston: Harvard Business School Press; 2006.

Rutten, F. 1996, Economic evaluation and health care decision-making, in Health Policy, Vol. 36, issue 3.

Sculpher, et. al., 2006, Whither trial-based economic evaluation for health care decision making?, Health Economics, vol. 15, Issue 7

Strandberg-Larsen, et. al., 2010, Is the Kaiser Permanente model superior in terms of clinical integration?: a comparative study of Kaiser Permanente, Northern California and the Danish healthcare system, Health Services Research 10:91