



## CIEE Global Institute – Santiago

<b>Course name:</b>	Comparative Healthcare Systems
<b>Course number:</b>	(GI) PUBH 3003 STCH
<b>Programs offering course:</b>	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 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 Latin American actors with special reference to the debate on health care in the United States. Different countries commonly have different goals and motivations for introducing certain health care policies and interventions. Students will learn about, assess and understand the unique interests, needs, and historical experiences that shape current health care at the national level. Visits to private and public health institutions in Santiago are included.

### Learning Objectives

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

- Articulate the most important challenges in national/local health care
- Analyze specific approaches to challenges in a comparative, international context
- Understand the problems emerging from the interaction of different national health care systems
- Identify instances where cultural and religious traditions impact health care
- Critically assess or adapt specific approaches to such challenges and developments

### 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**

Participation in Group Work	25%
Group Presentation	20%
Final Discussion Paper	30%
Class Participation	25%

### **Course Requirements**

#### **Participation in Group Work**

The class will be divided into groups of 3-5 students studying the health care system of a particular country. The groups will organize themselves and will rate themselves afterwards. This rating will be used for the final grade. A country to be reviewed will be assigned at the beginning of the course.

#### **Group Presentation**

The joint presentation of about 20-25 minutes excluding class discussion should show a good understanding of a selected topic and the ability to put it in perspective. The topic should be presented in a concise yet comprehensive manner. Content (40%), handout (20%), form of presentation (both slides and the presentation itself, 20%) and response to queries (20%) will influence the grade.

#### **Discussion Paper**

A discussion paper of about 1500 words is required. This paper will cover a specific subject and needs to show a solid understanding of and reflection on the topic assigned. Late hand-ins will lead to a reduction of the grade by at least one level. Grading is based on formal correctness (10%), logical outline and quality of reasoning (30%), and content (40%). A succinct summary of no more than 250 words must accompany the paper (20%). Inappropriate citation will likewise lead to a reduction by at least one grade level. Topics will be assigned at the beginning of the course.

### **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.

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</i>	<i>Equivalent Number of Open Campus</i>	<i>Minimum Penalty</i>
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<i>Hours Missed</i>	<i>Semester classes</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

### 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 and Introduction**

Class 1:1      Introduction to class, course requirements, formal aspects  
 Learning from each other? Dialogue, benchmarks, and establishing facts.

Reading: Cabieses B, Espinoza M. “Redistributing health through public health policies in Latin America: fair to whom and fair how?”, *Rev Panam Salud Pública* 2012; 32 (5): 387-8.

**Week 2                    Gathering Data**

Class 2:1                What to ask? Where to ask? Whom to trust?  
Falsification and verification in health system analysis.

Class 2:2                Comparative health system analysis: Chile, other countries of Latin America and the USA

**Site visit:**

Superintendent of Health and National Health Fund

Reading: Giedion, Úrsula, et al. *Health benefit plans in Latin America: a regional comparison*. Inter-American Development Bank, 2014.

PAHO. *The Burden of Mental Disorders in the Region of the Americas*, 2018, Pan American Health Organization, 2018, pp. 6 – 20.

**Week 3                    Correlation and Causality**

Class 3:1                Can we and should we measure the impact of specific health system interventions?

How do we know whether a program made a difference?

Class 3:2                Obtaining qualitative empirical evidence  
Measuring quantitative empirical evidence  
Econometric methods to assess causality

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

Case Study: Díaz, J; Terrazas, S; Bierrenbach, A; Toscano, C; Alencar, G; Álvarez, A; Valenzuela, M; Andrus, J; del Aguila, R; Hormazábal, J; Araya, P; Pidal, P; Matus, C; de Oliveira, L. “Effectiveness of the 10-Valent Pneumococcal Conjugate Vaccine (PCV-10) in Children in Chile:

A Nested Case-Control Study Using Nationwide Pneumonia Morbidity and Mortality Surveillance Data”, PLoS ONE, 11(4): e0153141.  
doi:10.1371/journal.pone.0153141

Midterm presentation

**Week 4                    Assessing Technologies**

Class 4:1                Principles of comparative health technology assessment  
Evidence-based medicine and the Cochrane Collaboration

Class 4:2                The Campbell Collaboration: systematically collecting evidence for public interventions

A practical approach: What works, what doesn't, and why?  
Health Technology Assessment in Chile

Reading: Espinoza, Manuel Antonio, Cabieses, Báltica, & Paraje, Guillermo. (2014). "Health research and Health Technology Assessment in Chile". *Revista médica de Chile*, 142(Suppl. 1), 39-44.  
<https://dx.doi.org/10.4067/S003498872014001300007>

Augustovsky, F.; Alcaraz, A; Caporale, J; García, S; Pichón, A:  
"Institutionalizing health technology assessment for priority setting and health policy in Latin America: from regional endeavors to national experiences", *Expert Rev. Pharmacoecon. Outcomes Res.*, 15(1), 9–12, 2015.

**Site visit:** National Commission for Health Technology Assessment (ETESA Chile)

**Week 5                    Evidence-Based Policy and Realpolitik**

Class 5:1                The different analytical frameworks of different institutions  
Is "justice" or "effectiveness" the right framework for providing adequate health care?

Class 5:2                Ray Pawson's "realist synthesis" and inductive theory-building



Scientific evidence vs. beliefs and interests: How to elude rationalistic traps without abandoning scientific standards?

Reading: Cabieses B, Espinoza M. "Redistributing health through public health policies in Latin America: fair to whom and fair how?", *Rev Panam Salud Pública* 2012; 32 (5): 387-8.

PAHO, WHO. *Just Societies: Health Equity and Dignified Lives*, Pan American Health Organization, 2018.

Yip, W; Reem, H. *IMPROVING HEALTH SYSTEM EFFICIENCY. Reforms for improving the efficiency of health systems: lessons from 10 country cases*, World Health Organization, 2015.

**Week 6                    The Role of Economics in Health Systems**

Class 6:1                The alluring nature of efficiency  
                              The equity-efficiency trade-off  
                              The economics of policy advice

Class 6:2                Health care and public choice theory  
                              Costs and Financing of Health in Chile  
                              PAHO and WHO proposals on financial aspects considering the new demographic situation in the region

Reading: Unger, Jean-Pierre, Pierre De Paepe, Giorgio Solimano Cantuarias, and Oscar Arteaga Herrera. "Chile's neoliberal health reform: an assessment and a critique." *PLoS Med* 5, no. 4 (2008): e79.

Misoni, E; Solimano, G. *Towards Universal Health Coverage: the Chilean experience*, World Health Organization, 2010.

PAHO, WHO. *Just Societies: Health Equity and Dignified Lives*, Pan American Health Organization, 2018.



Yip, W; Reem, H. IMPROVING HEALTH SYSTEM EFFICIENCY.  
Reforms for improving the efficiency of health systems: lessons from 10  
country cases, World Health Organization, 2015.

### **Discussion paper**

### **Readings**

Augustovsky, F.; Alcaraz, A; Caporale, J; García, S; Pichón, A: "Institutionalizing health technology assessment for priority setting and health policy in Latin America: from regional endeavors to national experiences", *Expert Rev. Pharmacoecon. Outcomes Res.*, 15(1), 9–12, 2015.

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

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

Bitran, Ricardo. "Explicit health guarantees for Chileans: the AUGE benefits package." Washington, DC: The World Bank (2013).

Bossert, T; Leisewitz, T. "Innovation and Change in the Chilean Health System", *The New England Journal of Medicine*, January 7, 2016.

Díaz, J; Terrazas, S; Bierrenbach, A; Toscano, C; Alencar, G; Álvarez, A; Valenzuela, M; Andrus, J; del Aguila, R; Hormazábal, J; Araya, P; Pidal, P; Matus, C; de Oliveira, L. "Effectiveness of the 10-Valent Pneumococcal Conjugate Vaccine (PCV-10) in Children in Chile: A Nested Case-Control Study Using Nationwide Pneumonia Morbidity and Mortality Surveillance Data", *PLoS ONE*, 11(4): e0153141. doi:10.1371/journal.pone.0153141

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

Cabieses B, Espinoza M. "Redistributing health through public health policies in Latin America: fair to whom and fair how?", *Rev Panam Salud Pública* 2012; 32 (5): 387-8.

Espinoza, Manuel Antonio, Cabieses, Báltica, & Paraje, Guillermo. (2014). "Health research and Health Technology Assessment in Chile". *Revista médica de Chile*, 142(Suppl. 1), 39-44.  
<https://dx.doi.org/10.4067/S003498872014001300007>

Giedion, Úrsula, et al. *Health benefit plans in Latin America: a regional comparison*. Inter-American Development Bank, 2014.

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

Missoni, E; Solimano, G. *Towards Universal Health Coverage: the Chilean experience*, World Health Organization, 2010.

PAHO, WHO. *Just Societies: Health Equity and Dignified Lives*, Pan American Health Organization, 2018.

PAHO. *The Burden of Mental Disorders in the Region of the Americas, 2018*, Pan American Health Organization, 2018.

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

Unger, Jean-Pierre, Pierre De Paepe, Giorgio Solimano Cantuarias, and Oscar Arteaga Herrera. "Chile's neoliberal health reform: an assessment and a critique." *PLoS Med* 5, no. 4 (2008): e79.



Yip, W; Reem, H. *IMPROVING HEALTH SYSTEM EFFICIENCY. Reforms for improving the efficiency of health systems: lessons from 10 country cases*, World Health Organization, 2015.

**Online Resources**

<http://www.supersalud.gob.cl/>

<http://web.minsal.cl/etesa-publicaciones/>

<http://www.paho.org>