This course will review the history of healthcare insurance in the United States, focusing on the problems of high costs and inadequate coverage. The course will then discuss how the new healthcare law addresses these problems, its prospects for success, and how the rapid changes may affect the medical student’s career goals.

**Instructors**

<table>
<thead>
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<th>Instructor</th>
<th>Alan S. Cooper, MD MPH</th>
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**Syllabus**

The American healthcare reimbursement system is in a state of rapid evolution. Where this evolution is headed is anybody’s guess. By 2010 we found ourselves in the unenviable position that we had the most expensive system per capita in the world by double, yet large parts of our population remained uncovered or inadequately covered, and our healthcare statistics were far poorer than most of the world’s industrialized countries. The PPACA of 2010(ACA) was designed to address these problems.

The course will start off by reviewing the development of health insurance in the United States in the 20th century. We will focus on how we got to where we were prior to the ACA. We will then look at the main payment systems, namely fee-for-service, capitation, and the currently evolving ‘Pay-For-Performance.’. We will see how each affects doctors (primary care and specialists), hospitals, insurance companies, patients, and industry. We will also look at how other western countries have addressed healthcare coverage.

The course will review the main features of the ACA, including the Accountable Care Organization (ACO) which is the ACA’s main model designed to reduce costs while improving care. We will look into the concept of pay-for-performance and how it is being applied. We will look at the exchanges and its difficulties.

Finally we will analyze the effects these changes may have on the future practice of medicine, how it will affect the different specialties, and what this might mean for an individual medical student’s career goals.

**Educational Objectives**

At the conclusion of this course you will have the ability to:

1. Understand the evolution of healthcare insurance in the US.
2. Provide an overview of the effects of different payment models on doctors, hospitals, patients and industry.
3. Demonstrate an understanding of the major elements of the Patient Protection and Affordable Care Act of 2010 (ACA).
4. Understand the trend towards pay-for-performance.
5. Understand the design of the Accountable Care Organization feature of the ACA.
6. Think about how the rapid changes in American medicine might affect your career goals

### Topics and Dates

| Class 1 | Evolution of Healthcare Insurance in the United States  
|         | Medicare/Medicaid  
|         | HMO, PPO, Capitation, Fee-for-Service, DRGs, RVS, etc.  
|         | How did we get where we are? |

| Class 2 | How have other industrialized countries dealt with these issues.  
|         | How does healthcare in those countries compare to the United States? |

| Class 3 | The main provisions of the Patient Protection and Affordable Care Act of 2010 (ACA)  
|         | (Don’t worry. You won’t have to read all 2000 pages!) |

| Class 4 | Focus on the evolving strategies of pay-for-performance and how it might affect the practice of medicine in the future decades. |

### Evaluation

Students will be evaluated on the following:

1. Attendance and active participation in class.
2. Students will be required to present assigned articles and lead discussions in class

### Feedback

As this session will be primarily interactive and participatory, each student will receive regular verbal feedback during class.

### Class Size

- Minimum 5
- Maximum 10

Last updated on: 6/14/2016