



“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

~ Constitution of the World Health Organization

General Information

Course number, number of credits

EPIB/SOCI 525B, 3 credits

Meeting times and location for lectures

Tuesdays and Thursdays, 2:35-3:55pm, Purvis 25.

Prerequisites

Permission of the instructor.

Professor

Dr. Amélie Quesnel-Vallée, Professor in the Department of Sociology and the Department of Epidemiology, Biostatistics and Occupational Health.

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Office hours: Wednesday 10-11am or 4-5pm, or by appointment.

Course content

This course is intended as an introduction to principles of health systems organization and comparative analysis. We will aim to understand the evolution and contemporary state of health systems in different countries by examining their relation to welfare state regimes, demographic and epidemiologic transition, and level of economic development.

This course's cross-listing in Sociology and Epidemiology reflects its multidisciplinary focus in drawing notions from social epidemiology, health services research, demography and medical sociology. Moreover, by bringing students from the Faculties of Arts and Medicine together to reflect on common issues, this course will ensure that seminar participants are exposed to the realities of engaging in a multidisciplinary dialogue around a shared problem.

Learning objectives

Upon completion of this course, students will be able to complete the following key tasks:

General

- Use a comparative approach to understand healthcare policy
- Understand and track healthcare policy practices in key jurisdictions
- Use a comparative approach to make policy recommendations

Specific

- Develop an awareness of the role of social determinants in relation to population health
- Contrast different methods of financing and governing health systems
- Appreciate how health priorities are established in a world of limited resources

- Learn about reforms in other jurisdictions
- Compare strengths and weaknesses of different health systems in reaching different goals
- Learn about pressing health issues in developed countries

Course requirements

This course is designed as a seminar. As such, you are responsible for reading the assigned material and coming to class prepared to discuss it. A set of questions to keep in mind when reading the assigned material is provided for every week, and will serve as the backbone for our seminar discussions.

Required reading

Case Studies in Canadian Health Policy and Management, Second Edition. 2014. Edited by Raisa B. Deber with Catherine L. Mah, University of Toronto Press, Scholarly Publishing Division.

Available on Amazon electronically, and with University of Toronto Press, Indigo, and Amazon in print format. Other readings will be made available on MyCourses or online (with McGill VPN access –please contact me if you are having difficulty accessing the readings).

Recommended reading

Blank, R.H. and Burau, V. *Comparative Health Policy*, (any edition). New York, NY: Palgrave MacMillan.

If you are finding the material difficult to relate to, this is a general overview of health policy in comparative perspective, with specific country examples. I used it as a required reading in the past, so used copies of this book may be available at the McGill Bookstore.

Detailed weekly outline

September 2.

Course introduction and syllabus presentation

General discussion questions:

- What are the characteristics of a good health system?
- Why study health systems in comparative perspective?

September 4.

Population health

Required readings:

- Chapter 1: Sections

1	2.2	3.2	3.3	3.33	3.4	4.2	4.3	5.2	6.3	6.3.1	7.2	9.1	9.2
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- Chapter 3. Making Canadians Healthier: Where Do We Start?

Discussion Questions:

- What is health?
- How can government policy help improve the health of a population?
- How does a population perspective affect the way we think about health care?

September 9.

Obesity: A modern epidemic?

Required readings:

- Chapter 1: Sections

3.2	3.3	3.3.2	3.3.3	3.4	4.3	5.2	5.2.1	5.4	6.3
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- Chapter 4. Trimming the Fat: Dealing with Obesity

Discussion Questions:

- What are the policy options for addressing obesity?
- What is the appropriate role of the state in addressing obesity?

September 11.
Globalized health systems.

Required readings:

- Chapter 1: Sections

2.2.1	3.2	3.3.1	3.4	3.6	3.6.2	5.5	5.8	5.9	6.3.1	7.2	8.0	8.1	8.2	8.3
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- Chapter 2. Danger at the Gates? Screening for Tuberculosis in Immigrants and Refugees

Discussion Questions:

- Where does the public health's begin and individual liberty ends (and vice-versa)?
- What are the advantages and disadvantages of various forms of screening?
- What is and should be the role of the media in health systems?

September 16. Last day for Add/Drop
Population aging: a catastrophe for the health system?

Required readings:

- Chapter 1: Sections

2	2.1	2.2.4	3.2	3.3	3.4	4	5.7	6	7.2	9.1
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- Chapter 19. Long Term Care Reform in Ontario: "The Long Delivery"

Discussion Questions:

- What is LTC? Are these "health" or social services?
- Who should pay for these services?
- How should we finance these services?

September 18. Groups announced
Financing: priority setting and resource allocation

Required readings:

- Chapter 1: Sections

2.1.2	2.2.4	3.2	3.3	3.3.3	3.4	3.6	3.6.1	3.6.3	3.6.4	4	4.2	4.3	5.3	5.9	6.2	6.3.2	6.4	7.2
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- Chapter 20. Depending on How You Cut It: Resource Allocation by a Community Care Access Centre

Discussion Questions:

- What services should be provided, and to whom?
- Who should pay for what?
- What are the roles of: individuals, families, charity, and government?

September 23.
Health Human Resources: Managing scarcity

Required readings:

- Chapter 1: Sections

2.2.1	2.2.2	3.3	3.3.3	3.3.4	3.4	3.6	4	4.3	5.5	5.9	6.1	6.1.1	6.1.2	6.2	6.4	7.2	7.3	8.4.
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- Chapter 10. The Demanding Supply: Licensing International Doctors and Nurses in Ontario

Discussion Questions:

- Why do the provincial and federal governments regulate practice permits and accreditation?
- Why is there need for further Canadian regulation of health professionals who received their accreditation from other countries?
- How does the perspective of different stakeholders affect the way the issues are seen in this case?

September 25.

Health Human Resources: Improving access to primary care

Required readings:

- Chapter 1: Sections:

2.3	3	3.1	5	5.1
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- Carter and Quesnel-Vallée. Expanding Pharmacist Services in Quebec: A Health Reform Analysis of
- Bill 41 and its Implications for Equity of Finance. Under review at *Health Reform Observer* - *Observatoire des Réformes de Santé* (on MyCourses)

Discussion Questions:

- Discuss the implications of different remuneration mechanisms and their impact on access to health care
- How does the perspective of different stakeholders affect the way the issues are seen in this case?

September 30. Delivering Services (provision)

Required readings:

- Chapter 1: Sections:

3.6.3	6.2	6.3.2	8.4	8.4.1
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- Chapter 13. What to Do With the Queue? Reducing Wait Times for Cancer Care

Discussion Questions:

- How would you characterize high-performing service provision?
- What are the determinants of access to health care?
- Is it possible to balance equity, cost-effectiveness and timeliness of access?
- How will population aging and patient expectations affect our capacity to pay for health care services?
- How will technological changes affect our capacity to pay for health care services?
- Assuming unlimited financial and human resources, should we allow unlimited access to health care?
- What should be the role of the private sector in our system? What are the risks and benefits of greater privatization?

October 2. Delivering Services (provision)

Required readings:

- Chapter 1: Sections:

2.3	3	3.1	5.6	5.10
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- Quesnel-Vallée. [Delisting Medical Imaging in Private Settings from Public Coverage in Québec](http://digitalcommons.mcmaster.ca/hro-ors/vol1/iss1/3/). *Health Reform Observer* - *Observatoire des Réformes de Santé* (<http://digitalcommons.mcmaster.ca/hro-ors/vol1/iss1/3/> for the presentation)

- Carter, R., De Bono, N. and A. Quesnel-Vallée. The private provision and insurance of CT scans and MRIs in Canada: Unintended consequences of a public cost-containment policy? Under review at *Health Policy*. (on MyCourses)

Discussion Questions:

- How would you characterize high-performing service provision?
- What are the determinants of access to health care?
- Is it possible to balance equity, cost-effectiveness and timeliness of access?
- How will population aging and patient expectations affect our capacity to pay for health care services?
- How will technological changes affect our capacity to pay for health care services?
- Assuming unlimited financial and human resources, should we allow unlimited access to health care?
- What should be the role of the private sector in our system? What are the risks and benefits of greater privatization?

Rest of the semester: readings TBD

October 7 and 9. Group-led discussions

October 14 and 16. Group-led discussions

October 21 and 23. Group-led discussions

October 28 and 29. Topic TBD

November 4. Consultation session for your health reform analyses

November 6. Class cancelled

November 11 and 13. Topic TBD

November 18 and 21. Group-led discussions

November 25 and 27. Group-led discussions

December 2 and 4. Group-led discussions

Assignments and evaluation

	Due date	Total % of course grade
Individual component		55%
Class discussions and activities	Throughout the semester	10%
Team participation	Throughout the semester	10%
Health reform analysis	November 13, on MyCourses before class	35%
Team component		45%
Leading discussion on a pre-existing case study	October 7-23	15%
Developing case study and leading discussion on it	November 18-December 4	30%

Participation: 20%

Since this course is run as a seminar, regular attendance and participation are mandatory. An individual participation grade will count for 10%, composed of the average of the professor's rating and the individual's self-rating (see participation grading criteria on MyCourses). The remaining 10% of the participation grade will consist of the average of the teammates' ratings of the individual.

Individual evaluation: 35%

The **Health Reform Analysis** consists of a short report on a health reform of your choice in a given jurisdiction. You will follow the template at http://digitalcommons.mcmaster.ca/hro-ors/author_guidelines_hra.html.

You can find examples of published HRAs at <http://digitalcommons.mcmaster.ca/hro-ors/>. In particular, see <http://digitalcommons.mcmaster.ca/hro-ors/vol2/iss2/2/> for an example of an HRA from a previous class (Fall 2013).

Team component 45%

Groups will be created by the instructor (membership will be announced after the end of the drop-add period).

1. Leading class discussion on a case study from the book

Between October 7 and 23, groups will lead discussion on a case study from the book. Dates will be randomly assigned.

The goal of that first discussion is to familiarize yourself with the process of leading discussion on a case study. Teaching notes will be shared with the group to assist them in their preparation of the discussion agenda.

Timeline for deliverables:

At least 1 week prior to leading discussion: meet with instructor to go over your draft agenda.

2. Developing a case study and lead discussion

As a group, you will select an issue of importance to health systems and conduct an environmental scan of the situation in a particular jurisdiction. The report should be succinct, but nevertheless provide a good overview of the main pertinent issues (use the case studies in class as an example; other examples:

http://www.cadth.ca/media/pdf/Public_Funding_IVF_es-14_e.pdf).

Your report will likely cover at least some of these points:

- Why the issue you picked is relevant. What are the challenges and opportunities?
- A presentation of the jurisdiction's relevant political, cultural and historical context, if applicable. Why is this an interesting jurisdiction to examine or contrast?
- Are these recent reforms, or is there a further need for reform?
- Lessons for Canada (if applicable).

Please bear in mind that a good team project is not the result of a patchwork of individual contributions, so allocate enough time to allow for the integration of these contributions.

Timeline for deliverables:

- 2 weeks prior to the discussion date: meet with the instructor to go over your draft report and , your team will be responsible for providing discussion agenda
- 1 week prior to the discussion date: share with the class your discussion questions and your report

Seminar participants' rights and responsibilities

Absence and late papers

Out of courtesy for your fellow seminar members and because your presentations and debates are integral components of the course, I would appreciate that you make every attempt to advise me *in advance* of any absence. Papers are considered to be late if handed in *after* class and will incur a penalty of 20%. Each additional 24 hour period of delay will incur penalties of 20%.

Attendance and participation in class discussions.

You are responsible for all announcements made in class, as well as for all course materials given out in class and posted (and updated) on MyCourses.

Policy Concerning the Rights of Students with Disabilities

“If you have a disability please contact the instructor to arrange a time to discuss your situation. It would be helpful if you contact the Office for Students with Disabilities at 398-6009 before you do this.”

Remise des travaux en français

“In accord with McGill University’s Charter of Students’ Rights, students in this course have the right to submit in English or in French any written work that is to be graded.” **Prière de m’en avertir au préalable!**

Review of a mark

You have the right to ask for a regrading if you feel that your work was not accurately graded. However, in order to request a regrade, **you must write a one page paper indicating the reasons why your work should be regraded** and hand it in to me **within a week of receiving the grade**.

In addition, during the regrade process, the work is analyzed much more critically. The first time around, I tend to give students the benefit of the doubt. **Please also note that I have the right to lower your grade in this process.**

You may prefer to meet with me and talk about how you may have improved your work and your learning.

Policy for the Accommodation of Religious Holy Days

“1 Students are not to be penalized if they cannot write examinations or be otherwise evaluated on their religious holy days where such activities conflict with their religious observances. (...)

2 Students who because of religious commitment cannot meet academic obligations, other than final examinations, on certain holy days are **responsible for informing their instructor, with two weeks’ notice of each conflict**. (...)” (Approved by Senate - March 20, 1996 - Minute 92)

Statement on academic integrity at McGill

“McGill University values academic integrity. Therefore all students must understand the meaning and consequences of cheating, plagiarism and other academic offences under the Code of Student Conduct and Disciplinary Procedures (see www.mcgill.ca/integrity for more information).”

“L’université McGill attache une haute importance à l’honnêteté académique. Il incombe par conséquent à tous les étudiants de comprendre ce que l’on entend par tricherie, plagiat et autres infractions académiques, ainsi que les conséquences que peuvent avoir de telles actions, selon le Code de conduite de l’étudiant et des procédures disciplinaires (pour de plus amples renseignements, veuillez consulter le site www.mcgill.ca/integrity).”