

MHCH 209

Maternal and Child Health Policy and Program Development

Fall 2001

Department of Maternal and Child Health

School of Public Health

University of North Carolina at Chapel Hill

Lewis H. Margolis, M.D., M.P.H.Rosenau 404, email: Lew_Margolis@unc.edu, voice: 6-5974<https://blackboard.unc.edu/>Teaching Assistant, Shanda Steimer, email: ssteimer@email.unc.edu

Since the birth of the Republic, one of the central issues in political discourse has been the tension between private and public interests. The Bill of Rights, as the first ten amendments to the new Constitution, was an attempt to clarify the demarcation between the private interests of individuals and the public interests of the government. For myriad social and political reasons, the delineation of the public interest in maternal and child health has been particularly controversial. The role of governmental and non-governmental agencies and organizations has evolved in the context of this basic tension. The multiple levels of government (federal, state, local) in the U.S. political system further complicate the elaboration of governmental roles.

The ongoing experiment in welfare reform is a good case in point. The decision to have children clearly reflects a private interest. Is there a public interest in assuring that children have financial support? What is the role of the government in assuring such support? Should the government assure support through an "entitlement?" What level of government--federal, state, or local--is best able to assure this support? What does "best" mean? Are there reciprocal obligations by those who receive this support? Another example is the debate over how to pay for pharmaceutical products for the elderly. Is payment a public or private responsibility? Does the ability to pay alter where the responsibility resides? Why the elderly?

This course will examine how the United States addresses the health of mothers and children. The course has two goals. The first is to introduce the major public policies and programs that have an impact on the health and welfare of mothers and children. The second is to gain an understanding of evaluative criteria for choosing among policies and programs to achieve a given health or welfare objective.

Course Objectives

1. Develop understanding of the basic components, the organization, and the goals of a range of public MCH programs
2. Develop familiarity with criteria such as equity, efficiency, restrictions on freedom, stigma and others, for assessing programs and policies

Credits: 3 credit hours**Time:** Friday, 9:00 a.m. to 11:50 a.m.**Prerequisites:** None. This is a core course required for MCH majors.**Format:** Lectures, discussion, and small group work

Grading: H, P, L, etc. will be based on the evaluation of written assignments. Spelling, punctuation and grammar count. Material that does not look presentable should not be submitted. In a class of this size, I find it difficult to grade students for class participation. I want you to know, however, that where the evaluation of written work is on the borderline between two grades, enthusiastic class participation can make the difference. If you have concerns about class participation, please see me. *Assignments that are turned in after the due date and time will be penalized, unless prior arrangements have been made with the instructor.*

Requirements: Readings are divided into required and recommended. A set of required readings will be made available for each student to copy, as they deem necessary. There are several chapters from *Who Shall Live? Health Economics, and Social Choice* by Victor Fuchs. If you have not read this book, you may want to purchase it, but the relevant chapters are included on the web page. The recommended readings provide useful background and often contrasting views so students are strongly encouraged to review them. (Unfortunately, mass production of the recommended readings is prohibitive, but I can make them available upon request.)

Students are expected to do the required readings, attend class, and participate in discussions. Required readings are available in binders in the student room. There is one binder for each small group. Students may copy articles for their personal use.

There will be five written assignments.

1. Each group will prepare a one-page summary of its budget review by September 14. This will be worth 5% of the final grade.
2. Each group will prepare a two-page statement summarizing the arguments on both sides of a health policy issue of your choice. Instructions for this will be distributed in class. This will be worth 10% of the final grade.
3. There will be a short, closed-book quiz, distributed on November 29, to be turned in on November 30, covering key terms and definitions. This will be worth 10% of the final grade.
4. Each student will write responses to questions distributed in class toward the end of the term. This paper, 70% of the final grade, will be due by 5 p.m. on Tuesday, December 11.
5. Each student will examine the MCHB webpage to extract information about the MCH Services Block Grant. Additional instructions will be distributed in class. This will be worth 5% of the final grade.

Course Evaluation: The Department has a standard evaluation tool that will be distributed during the last week of class. It would be helpful to me to have a group of two or three students who would be willing to meet on a periodic basis to discuss how the course is going. This group would be responsible for gathering evaluative information and discussing it with me.

Student Honor Code: The honor code will be in effect in this class. Students are encouraged to study together in preparation for exams and assignments, but written assignments should not involve aid from others. If you have questions about appropriate behavior regarding the honor code, check with the instructor.

Schedule

August	24	Origins of Public Health
	31	Law and Economics as Analytic Tools
September	7	Budget Exercise
	14	Origins of Governmental Responsibility for Maternal and Child Health

	21	New Kids on the Block
	28	What is Welfare?
October	5	Paying for Medical Care
	12	Nutrition Programs and Public Health
	19	Fall Break
	26	Public Funding for Medical Services (Medicaid I)
November	2	The Evolution of Medicaid (Medicaid II)
	9	State Child Health Insurance Program
	16	Managing What and the Debate over Quality
	23	Thanksgiving Recess (no class)
	30	Organizing Health Care Around Categorical Needs for Special Populations
December	7	Review (last day of class)

Readings and Questions

August 24 What is Public Health?

1. What is public about health? What makes a given piece of information an “issue?”
2. How does public health differ from medical care?
3. According to Dan Beauchamp, what is the underlying principle of public health? Do you agree?
4. What makes a decision “fair” or “equitable?”

Required Readings:

Institute of Medicine. A history of the public health system. In: *The Future of Public Health*. Washington (DC): National Academy Press; 1988. p. 56-72.

Pickett G. and Hanlon JJ. Philosophy and purpose of public health. In: *Public Health Administration and practice*. St. Louis: Times Mirror/Mosby College Publishing; 1990. p. 3-20.

Beauchamp D. Public health as social justice. *Inquiry* 1976;13:3-14.

MacRae D. Combining the roles of scholar and citizen. In: Gallagher JJ and Haskins R, editors. *Models for Analysis of Social Policy: An Introduction*. Norwood(NJ): Ablex Publishing; 1981. p.103-46.

Recommended Readings:

Angell M. Shattuck Lecture - Evaluating the health risks of breast implants: the interplay of medical science, the law, and public opinion. *NEJM* 1996;334:1513-18.

Institute of Medicine. *The Future of Public Health*. Washington (DC): National Academy Press; 1988.

Easterbrook G. America the O.K. *New Republic* 1999 Jan 4 & 11:16-25.

Brandt AM, Gardner M. Antagonism and accommodation: interpreting the relationship between public health and medicine in the United States during the 20th century. *AJPH* 2000;90:707-715.

Beauchamp D, Steinbock B. *New Ethics for the Public's Health*. New York: Oxford University Press, 1999.

World Health Report 2000 (<http://www.who.int/whr/2000/en/report.htm>)

Feudtner C, Marcuse E. Ethics and immunization policy: Promoting dialogue to sustain consensus. *Pediatrics* 2001;107:1158-64.

August 31 Law and Economics as Analytic Tools

1. What is a right? How does a right differ from an interest?
2. How are rights enforced?
3. What is a market and what is the social role of a market?
4. What mechanisms or structures other than markets have been used to perform the role that markets perform?
5. What does “market failure” mean?
6. What are the classical justifications for governmental interference in the functioning of markets?
7. Are there characteristics of children that make markets particularly useful or detrimental for meeting their needs? Are there characteristics of pregnant women?
8. Does government support for the arts differ from support for public health?

Required Readings:

Heilbroner RL, Thurow LC. *Economics Explained*. New York: Touchstone; 1987. p. 155-174, 185-96.

Curran WJ. The constitutional right to health care. *NEJM* 1989;320:788-9.

Jacobson vs Massachusetts. 1905. p. 168-75.

Wing K. The power of the state governments in matters affecting the public’s health. In: *The Law and the Public’s Health*. Ann Arbor: Health Administration Press; 1990. p. 17-35.

Fuchs VR. *Who Shall Live?* Singapore: World Scientific, 1998, pp.155-64.

Recommended Readings:

Eddy DM. Cost-effectiveness analysis. *JAMA* 1992;267:1669-75.

Ubel PA, DeKay ML, Baron J, Asch DA. Cost-effective analysis in a setting of budget constraints. *NEJM* 1996;334:1174-7.

Doubilet P, Weinstein MC, McNeil BJ. Use and misuse of the term “cost effective” in medicine. *NEJM* 1986;314:253-6.

Morrow RH, Bryant JH. Health policy approaches to measuring and valuing human life: conceptual and ethical issues. *AJPH* 1995;85:1356-60.

Shaner A, Eckman TA, Roberts LJ, Wilkins JN, Tucker DE, Tsuang JW, et al. Disability income, cocaine use, and repeated hospitalization among schizophrenic cocaine abusers. *NEJM* 1995;333:777-94.

Henderson AB. The wheelchair turns hip as new generation of user demands style. *Wall Street Journal* 1995 Sept 28.

Spivey A. Should government provide funding for the arts? *Issues in Research*. Chapel Hill (NC): University of North Carolina, 1996.

Satel SL. When disability benefits make patients sicker. *NEJM* 1995;333: 794-6 (editorial about the Shaner et al. article).

Turnbull HR. Two legal analysis techniques and public policy analysis. In: Haskins R, Gallagher J, editors. <file:///J:/INHOUSE/WWW/HOME/PAGE/HTML/ATMCH/Curriculum/LewisMargolis.htm> 01/18/2002

Models for Analysis of Social Policy: An Introduction. Norwood(NJ): Ablex Publishing; 1981. p. 153-73.

US Department of Health and Human Services, Division of Science, Education and Analysis, Maternal and Child Health Bureau, HRSA, PHS, DHHS. Volume 1: An introduction to economic analysis for MCH practitioners. In: Schwalberg R, Gavin N, Scarato R, editors. Economics in MCH. Rockville (MD): Health Resources & Services Administration; 1998. Available from: URL: <http://mchb.hrsa.gov/economics/Publications.htm>.

September 7 How Does Balancing the Federal Budget Differ From Balancing Your Checkbook?

1. What is the budget “deficit” and how does it differ from the “U.S. debt?” What is the “surplus?”
2. What is a large deficit? Is a “large deficit” in the annual federal budget harmful? Is it helpful? What effects does a budget “surplus” have?
3. Can you explain the budget bill and tax cut that stirred so much discussion in May of 2001? Who won and who lost?
4. If you want to balance the budget, just reduce the size of the deficit (or the surplus), or make major changes in resource allocations. What changes would you recommend on the budget worksheet and why would you make those changes?

This will be a “laboratory” on policy development. Perhaps the single most important question in policy development is “is the money in the budget?” or, as the recent hit movie *Jerry McGuire* put it, “show me the money!” Although there is no consensus among knowledgeable analysts about the positive or negative effects of a deficit or a surplus, the “deficit” was a major theme during policy discussions during the past 15 years. Congress and the President have implemented programs for which the costs exceed the revenues collected by the federal government. In order to pay for these programs, the federal government has borrowed funds. There has been discussion of a Constitutional amendment to require a balanced budget. Now, lo and behold, the federal budget is in surplus. What should be done with your share of that surplus? Based on the brief readings and your personal views, we shall do the Debtbuster exercise created by the Concord Coalition. Each group should submit a one-page summary of your justifications by September 14.

Required Readings:

Debtbusters 2002. Concord Coalition. p. 1-16

A primer on the debt and deficit. Concord Coalition. p. 1-8

Benavie A. Balance the budget? It depends. Raleigh News and Observer 1995 Dec 6.

Bipartisan Commission on Entitlement and Tax Reform (Chaired by Senator J. Kerrey and Co-chaired by Senator J. Danforth). Interim report to the President 1994 Aug:7 & 11.

Samuelson RJ. The politics of taxes. Washington Post National Weekly 1995 Oct16-22.

Samuelson RJ. The spigot of last resort. Newsweek 1995 Jan 16:45

<http://www.concordcoalition.org/>

September 14 The Origins of Governmental Responsibility for Maternal and Child Health

1. What social, historical, political, and economic conditions contributed to the calls for government health programs for mothers and children?
2. What types of responsibilities did different levels of government assume?
3. What criteria underlay the arguments against Sheppard-Towner? What happened to those arguments when the Social Security Act in general and Title V in particular were proposed?
4. How did the relationships among governmental entities change as Title V developed from 1935 through 1980?

Required Readings:

Rothman SM. The politics of protection. In: Woman's proper place: a history of changing ideals and practices, 1870 to the present. New York: Basic Books; 1978. p. 135-74.

The Sheppard-Towner Act. In: RH Bremner, editor. Children and youth in American: a documentary history. Vol. II: 1966-1932. Cambridge (MA): Harvard University Press; 1971. p. 1003-25.

Title IV - Grants to States for Aid to Dependent Children and Title V - Grants to States for Maternal and Child Welfare, 74th Cong., CH 531st Sess. (August 14, 1935). p. 627-34.

Recommended Readings:

Klerman LV. Title V the maternal and child health and crippled children's services section of the Social Security Act: problems and opportunities. In: Better Health for Our Children: A National Strategy. Select Panel for the Promotion of Child Health; 1980. p. 609-41.

Title V Maternal and Child Health Program State Profiles: 1998. Washington (DC): AMCHP.

Margolis, LH, Cole, GP, Kotch, JB. Historical Foundations of Maternal and Child Health. In JB Kotch, editors. Maternal and Child Health: Programs, Problems, and Policy in Public Health. Gaithersburg (MD): Aspen Publication; 1997. p. 19-43.

September 21 New Kids on the Block

1. What is a block grant? How does it differ from, say, Medicaid or Title X?
2. What are the arguments for and against a block grant from the perspective of a parent in need of services for a child? a member of Congress? a public health practitioner at the state or local level?

Required Readings:

Rosenbaum S. The maternal and child health block grant act of 1981: teaching an old program new tricks. Clearinghouse Review 1983 Aug/Sept: 400-14.

The Title V Maternal and Child Health (MCH) service block grant. Washington(DC): Association of Maternal and Child Health Programs.

Lessons learned from the Maternal and Child Health services block grant. Washington (DC): Association of Maternal and Child Health Programs.

Bergman AI. In-depth review of OBRA 1989 (undated handout).

Center for Health Policy Research. Devolving responsibility: proposed block grants affect children's programs. Health Policy & Child Health 1995;2:1-3, 6.

Verhovek SH. With power shift, state lawmakers see new demands. New York Times 1995 Sept 24.

Pierce, NR. States certain to find challenges, opportunities through block grants. The Raleigh News & Observer 1995 Aug 13.

<http://www.mchb.hrsa.gov/>

Recommended Readings:

General Accounting Office. Maternal and Child Health block grant funds should be distributed more equitably 1992 Apr. GAO Report No.: HRD-92-5.

Nathan RP. The "devolution revolution": an overview. Rockefeller Institute Bulletin 1996. p. 5-13.

General Accounting Office. Block grants: characteristics, experience, and lessons learned 1995 Feb. GAO Report No.: HEHS-95-74.

McFarlane DR, Meier KJ. Do different funding mechanisms produce different results? The implications of family planning and fiscal federalism. *J Health Politics Policy & Law* 1998;23:423-54.

September 28 What is Welfare?

1. What social, historical, political, and economic conditions contributed to the calls for government financial assistance programs for mothers and children?
2. What types of financial responsibilities did different levels of government assume?
3. How is government responsibility for “vulnerable” populations other than mothers and children determined? For example, are the elderly a vulnerable population? If so, how do they differ from mothers and children from the perspective of public (governmental) programs?
4. What criteria would you use to determine the level of financial assistance provided for those to whom you (as a political leader) decide to give such assistance?
5. What were the costs and benefits of “relief” according to Franklin Roosevelt?

Required Readings:

Haskins R. Welfare in a society of permanent work. Unpublished manuscript.

Elwood DT. Values and the helping conundrums. In: *Poor Support*. New York: Basic Books; 1988. p. 14-44.

Fuchs VR. *Who Shall Live?* pp. 164-176.

Wilson JQ. A new approach to welfare reform: humility. *Wall Street Journal* 1994 Dec 29.

Eberstadt NN. The modern-day paradox of poverty. *American Enterprise Institute for Public Policy Research*; 1996 Apr.

Samuelson RJ. ‘Fairness’ for whom? *The Washington Post National Weekly Edition* 1995 Dec 11-17.

Points of Agreement, and Disagreement, on the Welfare Bill. *New York Times* 1996 Aug 1.

Ku L, Coughlin T. How the new welfare reform law affects Medicaid (no. A-5). Washington (DC): Urban Institute; 1998 Jul 27.

Annual Message to the Congress. January 4, 1935. In: *The Public Papers and Addresses of Franklin D. Roosevelt*. New York: Random House; 1938. p. 15-25.

Recommended Readings:

Fuchs VR, Reklis DM. America’s children: economic perspectives and policy options. *Science* 1992;255:41-6.

Dobelstein AW. Income maintenance. In: *Social Welfare Policy and Analysis*. Chicago: Nelson-Hall. p. 127-63.

Haskins R. Congress writes a law: research and welfare reform. *Journal of Policy Analysis and Management* 1991;10:616-32.

Abramovitz M. *Under attack, fighting back: women and welfare in the United States*. New York: Monthly Review Press; 1995.

US Department of Health and Human Services. *Indicators of welfare dependence and well being: Interim report to Congress* (October, 1996).

Geltman PL, Meyers AF, Greenberg J, Zuckerman B. Commentary: welfare reform and children’s health. *Health Policy and Child Health* 1996;Spring:1-6.

Department of Health and Human Services. *Comparison of Prior Law and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193)*. Available from: URL: <http://aspe.os.dhhs.gov/hsp/isp/reform.htm>.

October 5 Paying for Medical Care

1. How did people pay for medical care before the advent of insurance?
2. What are the principles behind classical insurance? How does insurance work?
3. What aspects of medical care make it an insurable entity? What aspects violate basic principles of insurance?
4. How does federalism (i.e., multiple levels of government) enhance or impede the use of health insurance as a mechanism to finance services for mothers and children?

Required Readings:

Fuchs VR. Who Shall Live? pp. 127-142.

Iglehart JK. The American health care system: expenditures. NEJM 1999;340(1):70-6.

Kuttner R. The American health care system: health insurance coverage. NEJM 1999;340(2):163-8.

Kuttner R. The American health care system: employer-sponsored health coverage. NEJM 1999;340(3):248-52.

Schroeder SA. The medically uninsured - will they always be with us? NEJM 1996;334(17):1130-4.

Mariner W. Problems with employer-provided health insurance—the Employer Retirement Income Security Act (ERISA) and health care reform. NEJM 1992;327:1682-5.

Recommended Readings:

Rosenbaum, S. Children and private health insurance. In: Children in a Changing Health System. Schlesinger M, Eisenberg L, editors. Baltimore: Johns Hopkins University Press; 1990. p. 89-130.

Weinick RM, Weigers ME, Cohen JW. Children's health insurance, access to care, and health status: new findings. Health Affairs 17(2): 127-36.

Newacheck PW, Hughes DC, Cisternas M. Children and health insurance: an overview of recent trends. Health Policy & Child Health 1995;Spring:1-4.

Newacheck PW, Stoddard JJ, Hughes DC, Pearl M. Health insurance and access to primary care for children. NEJM 1998;338:513-9.

Mariner W. State regulation of managed care and the Employer Retirement Income Security Act and health care reform. NEJM 1992;327:1682-5.

Carrasquillo O, Himmelstein DU, Woolhandler S, Bor DH. Going bare: Trends in health insurance coverage, 1989 through 1996. AJP 1999; 89(1): 36-42.

October 12 Nutrition Programs as a Component of Public Health

1. What was the basis of support for the WIC program and the Food Stamps program?
2. What are the key components of the WIC program? How would you prioritize the different activities undertaken by WIC if you were making allocation decisions?
3. How is eligibility determined for WIC? Would you change these criteria in any way?
4. How does the Food Stamp program differ from the WIC program?

Required Readings:

US Department of Agriculture. Nutrition Fact Sheets.

Kenney G, Haley J, Ullman. Most uninsured children are in families served by government programs. Urban Institute Series B, No.b-4, December 1999.

USDA. WIC participant and program characteristics 1998. May 2000.

October 19 Fall Break (no class)

October 26 Public Funding for Medical Services

1. What social, historical, political, and economic conditions contributed to the calls for governmental programs to pay for health care for the poor and the elderly in the 1960s?
2. What are the key components of Medicaid? Of Medicare? What are the similarities and differences of these programs?
3. Why was the EPSDT program implemented, given the availability of Medicaid?

Required Readings:

Iglehart JK. The American health care system: Medicare. *NEJM* 1999;340(4):327-32.

Iglehart JK. The American health care system: Medicaid. *NEJM* 1999;340(5):403-8.

Medicaid: A Primer. <http://www.kff.org/content/1999/2161/>

Recommended Readings:

Foltz AM. The development of ambiguous federal policy: early and periodic screening, diagnosis and treatment (EPSDT). *MMFQ/Health and Society* 1975;Winter:35-63.

Perkins J, Zinn S. *Toward a healthy future: early and periodic screening, diagnosis and treatment for poor children*. Los Angeles: National Health Law Program; 1995.

Hall AG. Medicaid's impact on access to utilization of health care services among racial and ethnic minority children. *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 1998;75(4):677-92.

Medicare at a Glance <http://www.kff.org/content/archive/1066/>

November 2 The Evolution of Medicaid

1. What motivated Congressional action to enhance Medicaid during the 1980s?
2. What exactly were the enhancements? What other changes would you have proposed and how would you justify them?
3. Given that “cost control” is a major criterion driving much policy discussion, what has been the contribution of the costs of care for pregnant women and children to the escalation in costs?

Required Readings:

Hill I. The role of Medicaid and other government programs in providing medical care for children and pregnant women. *Future of Children* 1992;2:134-53.

The relationship between Title V MCH Services Block grant and Medicaid (Title XIX). *AMCHP* 1995;March.

Moore J. Welfare reform and its impact on Medicaid: An update. Washington (DC): National Health Policy Forum. Issue Brief No.: 732.

Newacheck PW, Pearl M, Hughs DC, Halfon N. The role of Medicaid in ensuring children's access care. *JAMA* 1998;280(20):1789-93.

Kaiser Family Foundation. Medicaid Spending Growth Remained Modest in 1998, But Likely Headed Upward <http://www.kff.org/content/2001/2230/>

Recommended Readings:

Cartland JDC, McManus MA, Flint, SS. A decade of Medicaid in perspective: what have been the effects on
file:///J:/INHOUSE/WWW/HOME/PAGE/HTML/ATMCH/Curriculum/LewisMargolis.htm 01/18/2002

children? *Pediatrics* 1993;91:287-95.

Iglehart JK. The American health care system. *NEJM* 1993;328:896-900.

Rowland D. Medicaid at 30: new challenges for the nation's health safety net. *JAMA* 1995;274:271-3.

Berman S. Uninsured children: an unintended consequence of health care system reform efforts. *JAMA* 1995;274:1472-3.

Minkoff H, Bauer T, Joyce T. Welfare reform and the obstetrical care of immigrants and their newborns. *NEJM* 1997;337:705-7.

Sardell A, Johnson K. The politics of EPSDT policy in the 1990's: policy entrepreneurs, political streams, and children's health benefits. *The Milbank Quarterly* 1998;76(2):175-205.

Newacheck PW, Hughes DC, English A, Fox HB, Perrin J, Halfon N. The effect on children of curtailing Medicaid spending. *JAMA*. 1995;274:1468-71.

November 9 Show Me More Money: The State Child Health Insurance Program

1. Were there changes in the political, economic, and social environment of 1997, contrasted with 1993, that resulted in this new program of federal involvement in paying for medical care?
2. What is the relationship between the states and the federal government for Title XXI?
3. How would you assess the effects of SCHIP?

Required Readings:

Rosenbaum S, Johnson K, Sonosky C, Markus A, DeGraw C. The children's hour: the state children's health insurance program. *Health Affairs* 1998;17:75-89.

Selden TM, Nanthin JS, Cohen J. Medicaid's problem children: eligible but not enrolled. *Health Affairs* 1998;17:192-200.

Lave JR, Keane CR, Lin CJ, Ricci EM, Ameersbach G, LaVallee CP. Impact of a children's health insurance program on newly enrolled children. *JAMA* 1998;279:1820-25.

Center for Health Policy Research. Implementing Title XXI: states face choices. *Health Policy & Child Health*; Fall 1997.

Riley T. How will we know if CHIP is working? *Health Affairs* 1999;18(2):64-6.

Budetti PP. Health insurance for children - A model for incremental health reform? *NEJM* 1998;338(8):541-2.

Recommended Readings:

Thorpe KE. Incremental approaches to covering uninsured children: design and policy issues. *Health Affairs* 1997;16:64-78.

Committee on Child Health Financing. Implementation principles and strategies for Title XXI. *Pediatrics* 1998;101:944-8.

American Academy of Pediatrics. State Child Health Insurance Program.
<http://www.aap.org/advocacy/schip.htm>

November 16 Managing What and the Debate over Quality?

1. What is meant by “managed care?”
2. What are the arguments for and against managed care from the perspective of a parent in need of services for a child? a member of Congress? a public health practitioner at the state or local level?
3. Why is managed care such a prominent part of the discussion of health care policy?

Required Readings:

- Hughes DC, et al. Medicaid managed care: can it work for children? *Pediatrics* 1995;95:591-4.
- Harris JR, Gordon RL, White KE, Stange, PV. Prevention and managed care: opportunities for managed care organizations, purchasers of health care, and public health agencies. *JAMA* 1996;275:26-9.
- Andrews JS, Anderson GF, Han C, Neff JM. Pediatric carve outs. *Arch Pediatr Adolesc Med* 1997;151:236-42.
- Landon BE, Tobias C, Epstein AM. Quality management by state Medicaid agencies converting to managed care. *JAMA* 1998;279(3):211-6.
- Robinson J. The end of managed care. *JAMA* 2001;285:2622-2628.
- Blumenthal D. Part1: Quality of Care --What is it? *NEJM* 1996;35(12):891-4.
- Brook RH, McGlynn EA. Part 2: Measuring quality of care. *NEJM* 1996;335(13):966-70.
- Chassin MR. Part 3: Improving the quality of care. *NEJM* 1996;335(14):1060-4.
- Blumenthal D. Part 4: The origin of the quality-of-care debate. *NEJM* 1996;335(15):1146-9.

Recommended Readings:

- Iglehart JK. Managed care. *NEJM* 1992;327:742-7.
- Iglehart JK. Medicaid and managed care. *NEJM* 1995;332:1727-31.
- Miller RH, Luft HS. Does managed care lead to better or worse quality of care? *Health Affairs* 1997;16:7-25.
- Mauldon J, Leibowitz A, Buchanan JL, Damberg C, McGuigan KA. Rationing or rationalizing children’s medical care: comparison of a Medicaid HMO with fee-for-service care. *AJPH* 1994;84:899-904.
- Rosenbach ML, Gavin NI. Early and periodic screening, diagnosis, and treatment and managed care. *Annu. Rev. Public Health* 1998;19:507-25.
- Robinson JC. The future of managed care organizations. *Health Affairs* 1999;18(2):7-24.
- Berwick DB. Part 5: Payment of capitation and the quality of care. *NEJM* 1996;335(16):1227-31.
- Blumenthal D, Epstein AM. Part 6: The role of physicians in the future of quality management. *NEJM* 1996;335(17):1328-31.
- Iglehart JK. The National Committee for quality assurance. *NEJM* 1996;335(13):995-9.
- Brook RH, Kamberg CJ, McGlynn EA. Health system reform and quality. *JAMA*. 1996;276:476-80.
- Emanuel E. Justice and managed care. *Hastings Center Report* 2000;30:8-16.

November 23 Thanksgiving (no class)

November 30 Organizing Health Care Around Categorical Needs or Special Populations

1. How does Title X differ from Medicaid in the support of medical care?
2. How does the CSHCN (Children With Special Health Care Needs) program differ from Medicaid and Title X?