

# *USP Health Policy BULLETIN*

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Welcome to the first Health Policy Bulletin. This newsletter has been produced to provide a place for Health Policy and Public Health students to develop their ideas and communicate them to each other and to the rest of the University. The hope is that our peers will reply with their ideas. In creating this open forum, students can further the development of their skills.

The topics in each newsletter will reflect both current affairs facing the health policy community and lesser-known ideas that may affect only a handful of people. Whether our topics include the debate over national health coverage in America or the quality of care given to those affected by post polio syndrome, we hope to provoke our readers and inspire them to submit their ideas and writings to the Bulletin.

## **Health Policy at University of the Sciences in Philadelphia**

### **Brief History**

When USP was granted university status in 1997, a number of new programs were incorporated into the university's offerings. One of those programs was Health Policy. It was launched with a PhD degree in the fall of 1998. In 1999, Dr. Robert I. Field was hired to further develop the curriculum and to add a MS degree. The fall of 2000 saw the beginning of the PhD program in its present form followed by the Masters of Science in the spring of 2001.

### **Health Policy is Now a Department**

Effective the fall of 2006, USP has created a new Department of Health Policy and Public Health. It houses the Health Policy Program along with the new MPH Program. Dr. Field is serving as chair, and will also remain program director for Health Policy. The interim MPH program director is Dr. Richard Stefanacci, who is also executive director of USP's Health Policy Institute. Departmental status increases the visibility of Health Policy at USP and creates a structure to support further growth. Accompanying Dr. Field and Dr. Stefanacci as full-time faculty are Drs. Stephen Metraux, Vivian

Valdmanis, and Harold Glass. Joining the Health Policy Department in 2007 is Dr. Ruth Schemm.

Recruitment is also underway for two additional faculty positions. One will have expertise in epidemiology, and the other will be an expert in public health and will serve as permanent director of the MPH Program.

For complete biographies, see the USP Health Policy faculty page at <http://www.usip.edu/graduate/healthpolicy/info/faculty.shtml>.

### **Masters of Public Health**

The MPH Program began operation this semester. It initially includes a track in health policy, so coursework is similar to the existing MS program. Over the next year, there is the potential to add tracks in international health and in community health education.

### **Current Developments**

#### **2006 Speaker Series**

The topic for the fall of 2006 speaker series was current research in health policy. Speakers included Dr. David Nash, Chair of the Department of Health Policy at Thomas Jefferson University

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(and instructor for the USP quality course); Dr. Albert Wertheimer, professor at Temple School of Pharmacy; Dr. Lynn Oppenheim, CEO of the Center for Applied Research; and Dr. Karen Schoelles of ECRI. Brief summaries and many of the speaker's presentations are available at <http://www.healthpolicy.usip.edu/>

## **Drug Safety Seminar**

The department is planning a special interdisciplinary seminar on drug safety for the spring 2007 semester. It will include students and faculty from across the University with numerous outside speakers. It will count as a Health Policy elective, if taken for three credits as HP763, section 1, and will meet on Wednesday evenings after the speaker series. More information will be forthcoming.

## **Health Policy Student Organization HPC & Journal Club**

During the 2006 fall semester, both faculty and students started the Health

Policy Club (HPC). The purpose of the HPC is to provide students a place to meet and discuss health policy issues and trends. In addition to regular HPC meetings, the faculty of the Health Policy and Public Health Department have agreed to facilitate Journal Club meetings. Each month, the Health Policy Journal Club will meet. Prior to these meetings a student will choose an article from a research journal to present and discuss with their peers. Provided below is the information for the first Journal Club Meeting:

January 2007 (Date TBA)

Faculty Member Dr. Field

Student, Brian P. Colfer

Meetings will be held on Thursdays.

We are excited about the recent growth in health policy at USP and look forward to more. Please contact the editors if you have questions about any of these items.

## STUDENT CONTRIBUTIONS

### *UPCOMING PUBLICATIONS*

#### NATIONAL ANTIBIOTIC TIMING PERFORMANCE MEASURE FOR PNEUMONIA AND ANTIBIOTIC OVERUSE FOR NON-PNEUMONIA CONDITIONS

**Douglas E. Drake, MSIS, MSPH<sup>1</sup>, Abigail Cohen, PhD<sup>1</sup>, Jeffrey Cohn, MD<sup>2</sup>**

The development of drug-resistant bacteria from the overuse of antibiotics is a serious problem, with over utilization threatening to disarm healthcare providers even as they face increasingly virulent strains of microbes. On the other hand, the speedy treatment of pneumonia with antibiotics is a firmly established, evidence-based practice, enshrined in Centers for Medicare and Medicaid Services (CMS) pay-for-performance and public-reporting measures for hospitals. This sets the stage for a potential conflict between (a) not doing the wrong thing by over prescribing antibiotics and (b) prescribing antibiotics in time.

In November 2005, pneumonia antibiotic timing results were announced for the 133 top-performing hospitals in the first year of the CMS Hospital

Quality Improvement Demonstration (HQID) pay-for-performance project, now in its third year and conducted in collaboration with Premier Inc., a hospital purchasing and informatics alliance. Premier client hospitals participating in HQID also submit drug utilization and other comparative data to Premier for client access for benchmarking purposes; this makes it possible to see how the antibiotics specified for pneumonia are used by the hospitals for other conditions.

This paper looks at where increased success in meeting the HQID pneumonia antibiotic timing measure is tied to an increase in antibiotic use for conditions where antibiotics are unwarranted – with the potential for promoting antibiotic resistance.

PRESENTED DURING 2006 *USP Scholarly Day*

ACCEPTED in November 2006 for FUTURE PUBLICATION by *Quality Management in Health Care*.

Douglas E. Drake is PhD Student of the Health Policy Program at the University of the Sciences in Philadelphia. Douglas is a Quality Management Data Analyst, Albert Einstein Healthcare Network, Philadelphia, PA.

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## *CLOSE TO HOME*

### **HOW THE OTHER HALF GET THEIR HEALTH CARE**

**Carolyn A. Walsh, MSN, RN**  
**Adjunct Professor Villanova College of Nursing**  
**Health Policy PhD Student, University of the Sciences in Philadelphia**

Historically, nurses have always been able to reach the underserved and give them aid in any way possible. It was with that thought in mind that I took my eight nursing students to a City Municipal Services building to administer free flu and pneumonia immunizations. This was another new experience for them, as we went into a very poor, blighted neighborhood that wasn't in a Third World country. They met patients there who couldn't read or write, requiring students to read the informed consent to them, and fill it out as well. They watched as some of the people called up their friends and family saying, "The nurses are here giving out free flu shots, so get here before they leave." I termed it "health care by phone invitation." I watched as two of them spoke Spanish to a family in order to let them know that it was all right for all of them to receive the injections.

On the way home, I listened to the nurses conversation about the people they had met, especially those who wouldn't be receiving any follow-up for their diabetes, hypertension, or cancer screenings. The eight nurses were used to seeing their own patients get follow-up screenings and were concerned about the patients they had met that day.

It was a good day. While the students had made an impact on these patients at this flu clinic, the bigger impression was made on my students as to the danger that these people faced without regular health care.

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## *INTERNATIONAL HEALTH AFFAIRS*

### **JAPAN'S LONG TERM CARE SYSTEM**

**Bruce B. Rosenthal, MBA**

**Director, Graduate Program Pharmaceutical Business, USP**

**Health Policy PhD Student, University of the Sciences in Philadelphia**

With average life expectancy of 77.01 years for men and 83.59 for women and an average of only 1.43 children per family, Japan is becoming one of the oldest societies on earth. By 2020 between 27% and 30% of the population of Japan will be over 65 years old. Until relatively recently daughters-in-law cared for their elderly in-laws, but this is changing for several reasons: caregivers themselves are becoming elderly, more females are entering the labor force, and co-habitation between generations is declining – especially in cities. With the decline of traditional forms of care, elderly Japanese turned to their health care system. Because Japan has universal health insurance, most elderly who needed some kind of medical care tended to stay in hospitals, giving Japan the longest average hospital stays in the industrialized world. Hospitals clearly are not geared for long term care (LTC), so the Japanese government created “The Gold Plan” in the 1990s which was a scheme to increase the number of LTC facilities and personnel. In order to complement “The Gold Plan” the Japanese Ministry of Health, Labor and Welfare also

launched the Long Term Care Insurance Scheme that stresses efficiency of resources along with autonomy of the patients through home-based care and the use of private sector suppliers of health care services. Elderly patients coordinate their health care needs with “Care Managers” who develop individualized plans for each patient. The LTC insurance scheme has started out well, but financing it as the ranks of the elderly grow will become a problem. The Japanese government needs to grapple with funding for elderly medical care. Outstanding issues include:

- Potentially raising premiums on insurance
- Creating a new layer of workers who have a portion of their salaries used for elderly insurance
- Changing benefits available under LTC insurance

No matter what the government decides to do, two things are certain: the number of elderly in Japan will continue to increase, and any scheme the government decides on will anger at least one portion of the voting public.

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## *STUDENT PERSPECTIVE*

### **PREPARED FOR A POTENTIAL AVIAN INFLUENZA PANDEMIC**

**Brian P. Colfer, MBA**

**Health Policy PhD Student, University of the Sciences in Philadelphia**

The World Health Organization (WHO) suggested ways to prepare for an avian influenza pandemic in its two papers, *Avian Influenza: Assessing the Pandemic Threat*, and *WHO Global Influenza Preparedness Plan: The Role of WHO and Recommendations for National Measures Before and during Pandemics*. Also contributing to pandemic influenza preparedness is the Department of Health and Human Services (HHS) in their report *HHS Pandemic Influenza Plan*, and public information made available by global vaccine manufacturers and the Centers for Disease Control and Prevention (CDC). Recently, I wrote a paper that attempted to answer the question, “Are we prepared for an influenza pandemic?” The papers referenced above are the national and global edifices that most public health organizations are using to build their local plans. For example, on an international scale, the Pan American Health Organization includes the *WHO Global Influenza Preparedness Plan* as one of the key preparedness documents; urging its members to use this document as part of their planning process. Locally, U.S. health departments, like Utah’s, are using it as a guide to develop their preparedness plan. The paper dared to answer “Yes: to the question of preparedness on the premise that preparation does not mean eradicating the threat, but rather

organizing global authorities and providing these authorities with the appropriate tools to combat a pandemic influenza more effectively than seen in the past. The global public health community is ready for a human pandemic of H5N1, by focusing on five main topics of preparation: Surveillance, Communication and Dissemination, Science, Defense, and Offense.

In order to prepare world governments for such issues, the WHO and other organizations like the CDC have incorporated lessons learned from the past with modern technology to identify and overcome potential pandemics. Collaborative organizations like Global Outbreak and Alert Network (GOARN) have been set up to incorporate networks and institutions with the purpose of identification of outbreaks and dissemination of response procedures worldwide. When compared to earlier 20<sup>th</sup> century influenza pandemics, the advances seen using GOARN and Global Influenza Surveillance Network show the positive impact of these collaborations. For example during the earlier pandemics, health authorities did not have an early warning system and missed the first wave of an infection as a signal for more infections to occur, and misdiagnosed some infections. Even more recent, the Global Public Health Intelligence Network has been tested by

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the avian influenza outbreaks in Asia. In addition to these networks, “strike forces” consisting of medical and technical experts have been developed and can be deployed as soon as an outbreak occurs. The Ebola outbreak of 1995 stressed the necessity for such a strike force.

Government agencies like the CDC have protocols in place to work alongside global networks to ensure adequate time frames for mass production of vaccines. And vaccine producers are continually auditing their facilities for growth areas in an attempt to address the ever-present supply issue. Aware of the human consequences seen in past pandemics, like the 50 million lives lost during the Spanish flu, vaccine manufacturers are increasing the size of their production facilities and creating innovative manufacturing facilities in order to provide more doses with the same amount of equipment.

The preparations for the next influenza pandemic are reassuring. Since the mid-

20<sup>th</sup> century, when science began to understand microbiology, biochemistry, and the actual workings of genetics, the world has progressed exponentially in the area of influenza.

Preparation for the next pandemic does not mean eradicating it, although that research is underway, but rather it refers to the proactive steps that may be taken to reduce its impact. The reactions from previous pandemics, such as the development of global pandemic surveillance network to track infection rates and vaccine production have helped to turn lessons learned into proactive steps. These steps have allowed the global community to design defensive strategies while continuing to research preventative measures like a universal influenza vaccine, which means the world is medically and logistically ready to confront and act against a pandemic to decrease the economic and human toll that was seen in the previous pandemics.

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### NOTES:

United States Department of Health and Human Services. (2006). *HHS Announces Additional \$225 Million for State and Local Pandemic Influenza Preparedness Efforts*. United States Department of Health and Human Services.

World Health Organization. (2005a). *Avian influenza: Assessing the Pandemic Threat*. World Health Organization.

World Health Organization. (2005b). *WHO Global Influenza Preparedness Plan: The Role of the WHO and Recommendations for National Measures before and during Pandemics*. World Health Organization.

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## **HEALTH POLICY RELATED ORGANIZATIONS**

### **Journals Affiliated with USP to which Articles Can Be Submitted**

Assisted Living Consult – [assistedlivingconsult.com](http://assistedlivingconsult.com)

Medicare Patient Management – [medicarepatientmanagement.com](http://medicarepatientmanagement.com)

### **Non-affiliated – Faculty Recommended**

Managed Care – [managedcaremag.com](http://managedcaremag.com)

Pharmacy and Therapeutics – [PTCommunity.com](http://PTCommunity.com)

Penn Bioethics Journal – [bioethics.com](http://bioethics.com)

Drug Information Journal – [diahome.org](http://diahome.org)

Journal of the American Medical Association - [jama.ama-assn.org](http://jama.ama-assn.org)

New England Journal of Medicine – [content.nejm.org](http://content.nejm.org)

British Journal of Medicine – [bmj.org](http://bmj.org)

Health Affairs – [healthaffairs.org](http://healthaffairs.org)

### **Organizations**

National Institute of Health – [nih.gov](http://nih.gov)

Academy Health – [academyhealth.org](http://academyhealth.org)

Drug Information Association – [diahome.org](http://diahome.org)

Association of American Medical Colleges – [aamc.org](http://aamc.org)

Association of American Law Schools – [aals.org](http://aals.org)

Drug Policy Research Group – [dacp.org/dprgmain.html](http://dacp.org/dprgmain.html)

Center for the Study of Drug Development – [csdd.tufts.edu](http://csdd.tufts.edu)

MediMedia Information Technologies – [mminfotech.com](http://mminfotech.com)

Thomas Jefferson University Department of Health Policy – [Jefferson.edu/dhp/](http://Jefferson.edu/dhp/)

Leonard Davis Institute of Health Economics - [upenn.edu/ldi/](http://upenn.edu/ldi/)

### **University of the Sciences in Philadelphia**

Other Health Policy and Public Health publications and links are presented at

[www.HealthPolicy.USIP.Edu](http://www.HealthPolicy.USIP.Edu)

This site is maintained by Department of Health Policy and Public Health at USP.

### **Got Publications?**

CALL FOR PAPERS – Penn Bioethics Journal

[www.bioethicsjournal.com/](http://www.bioethicsjournal.com/)

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## **60 DEGREES OF THE IRON TRIANGLE**

### *COST*

And we think it's bad in the US! In the November 13, 2006 edition of the New York Times, Joseph Kahn reported a mob of 2,000 rioting over "medical fees and shoddy health care." The riot that resulted in ten people being injured and five people being detained began after a three-year old boy who had ingested pesticides died at a hospital in Southern China. The central issue was an \$82 hospital bill, which the family of the child was unable to pay.

Medical costs are a major issue for tens of millions of people in Chinese cities and hundreds of millions in the countryside who have no medical insurance and no public safety net to cover the soaring cost of care.

## **ANNOUNCEMENT OF FACULTY PUBLICATION**

### *Health Care Regulation in America: Complexity, Confrontation and Compromise*

Robert I. Field

AB (Harvard); JD (Columbia); MPH (Harvard); PhD (Boston University)

Chair, Department of Health Policy and Public Health

Director, Graduate Program in Health Policy

Associate Professor of Health Policy

'For the student, practitioner, executive, policy analyst, or concerned citizen, this book is an invaluable guide to the policy, politics, and practice of an industry that directly touches us all.'

- Oxford University Press

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#### **Description**

Regulation shapes all aspects of America's fragmented health care industry, from the flow of dollars to the communication between physicians and patients. It is the engine that translates public policy into action. While the health and lives of patients, as well as almost one-sixth of the national economy depend on its effectiveness, health care regulation in America is bewilderingly complex. Government agencies at the federal, state, and local levels direct portions of the industry, but hundreds of private organizations do so as well. Some of these overseers compete with one another, some

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conflict, and others collaborate. Their interaction is as important to the provision of health care as are the laws and rules they implement.

*Health Care Regulation in America* is a guide to this regulatory maze. It succinctly recaps the past and present conflicts that have guided the oversight of each industry segment over the past hundred years and explains the structure of regulation today. To make the system comprehensible, this book also presents the sweep of regulatory policy in the context of the interests, values, goals, and issues that guide it. Chapters cover the process of regulation and each key area of regulatory focus - professionals, institutions, financing arrangements, drugs and devices, public health, business relationships, and research.

In a uniquely American way, the system thrives on confrontation between competing interests but survives by engendering compromise. Robert Field shows that health care regulation is an inexorable force that nurtures as well as restricts the enterprise of American health care.

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## **Editorial Board**

Bruce Rosenthal, MBA  
Carolyn Walsh, MSN, RN  
Douglas Drake, MSIS, MSPH

## **Chief Editor**

Brian P. Colfer, MBA

It has been our pleasure to put this Newsletter together for you. We hope that in the coming spring semester you are able to provide your thoughts and maybe even your research to the Bulletin. Thank you for reading.

Best wishes for a happy and healthy semester.