

## Transforming the Health System in the United States: Where Have We Been, Where Are We Going, and How Can We Get There?

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### **Background and Rational**

Numerous studies have concluded that health care in the United States is extremely inefficient, costly, and performs poorly when compared to other nations. Our health care system is also not adapting rapidly enough to major social, economic and cultural changes that are altering the broader health ecosystem, changing the epidemiology of health risks, and creating new opportunities for health improving interventions.

Despite partisan gridlock surrounding national health policy directions, the good news is that there are many innovative efforts underway designed to address these shortcomings, take advantage of new opportunities, and transform health care and health in America. These include different payment strategies being tested by health plans, state Medicaid agencies, and the Center for Medicare and Medicaid Services; forward looking measurement and policy initiatives like Vital Directions and Vital Signs advanced by the National Academy of Medicine; and broad initiatives designed to improve the health of communities such as the Robert Wood Johnson Foundation’s initiative to build a culture of health. Outside the more narrowly defined health care sector or even the broadly defined health sector, there are other movements focused on tying health policies to the United Nations and World Health Organization’s Social Development Goals (SDGs), as well as many city-led initiatives focused on improving health and wellbeing.

Innovations, especially transformative systems level innovations, will not be successful on their own. Successful innovations must account for structural and contextual factors in the broader socio-political-economic ecosystems and be strategically designed and responsively implemented using appropriate tools. Given the level of changes that are contemplated and frankly needed, new infrastructures for payment, data, outcomes, engagement, and design are required that are untethered by the constraints of the past. This is obviously, “easier said than done”. Future solutions will include incremental changes that produce short-term improvements in health outcomes and as well as more disruptive and transformative alternatives that represent a rethink of current assumptions and focus on the fundamentally different future.

### **Course Goals and Objectives:**

This course will examine the requirements and opportunities to transform the US health care system to produce substantially better results, for significantly lower expenditures. The inquiry will assess the preconditions required to support transformation and leading efforts underway in the United States and globally. At the end of the course, the students will have a deeper understanding of the current health

care system reform context, exposure to promising transformation tools and approaches, and increased knowledge of the key drivers of transformative changes.

### **Course Methods and Mechanics:**

Each session will last 3 hours. The first 2 hours will include a combination of didactic presentations and class discussion. The last hour will be dedicated to working on your chosen transformation project, and meeting with Drs. Long and Halfon to answer questions and provide additional guidance. Students will also be expected to respond to weekly blog posts by the professors and guest speakers. Each session will also include background, analytic and case study readings.

A final term project will be due on Friday, May 29 (Session 9). In pairs, students will choose an issue confronting the health and health care systems that is ripe and ready for transformative change. Then using the concepts, frameworks, tool and approaches that we have discussed in class, they will propose a transformative strategy. With your group member, choose an issue confronting the health and health care systems that is ripe and ready for transformative change. Then using the concepts, frameworks, tools and approaches discussed in class, the group will perform a literature review and describe the need for transformative change. Students will submit their problem statement by April 17. Building on the issue you have chosen in your literature review and problem statement, you will interview experts in the field to develop your proposed solutions. Students will submit a summary of their field interview by May 8. Students will present their analysis as a briefing paper (maximum of 10 pages double-spaced) and set of power points (presentation deck) of not more than 10 slides. The assignment is designed as an assessment of their understanding of the course content as well as self-reflective exercise to inform their future career plans.

Grading will be determined based on literature review & problem statement (15% of final grade); field/informational interview & analysis (15% of final grade); briefing paper and presentation (30% of final grade); class participation (20%); and contribution to the on-line discourse (20%).

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### **Specific Sessions:**

**April 3<sup>rd</sup> ----- *Session 1: Overview of the U.S. health system: challenges and opportunities (Long & Halfon)***

The goals of this session are for students to:

- Understand the challenges facing the United States health and health care system  
Understand how the United States health care system has evolved over the 20<sup>th</sup> & 21<sup>st</sup> centuries.
- Understand how the major components of the US health and health care system are organized and financed
- Consider why significant changes/major transformation is necessary
- Introduce barriers to achieve major transformation

This class session will:

- Frame each of the major challenges as an opportunity for improvement, innovation and transformation

- Compare the performance of health care versus other sectors
- Examine origins and trajectories of poor performance and high costs
- Explore specific opportunities for improvement
- What are the challenges, barriers and constraints to transformation?

#### READINGS:

- McGinnis, J. M., & Foege, W. H. (1993). Actual causes of death in the United States. *Jama*, 270(18), 2207-2212.
- Bradley, E. H., Canavan, M., Rogan, E., Talbert-Slagle, K., Ndumele, C., Taylor, L., & Curry, L. A. (2016). Variation in health outcomes: the role of spending on social services, public health, and health care, 2000–09. *Health Affairs*, 35(5), 760-768.
- Schneider, E. C. (2017). *Mirror Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better US Health Care*. Commonwealth Fund.
- Woolf, S., & Aron, L. (2016). The US Health disadvantage and the role of spending. *Health affairs blog*. Bethesda, MD: Project HOPE.  
<https://www.healthaffairs.org/doi/10.1377/hblog20160601.055094/full/>

#### April 10<sup>th</sup> ----- **Session 2: Introducing Transformational Frameworks for Change** (Halfon and Long)

The goals of this session are for student to:

- Explore how and why the US lags behind other nations that are more rapidly transforming their health care systems in response to changing epidemiology, new capacities, and other influences and their implications for children’s health
- Consider the utility of the 3.0 Transformation Framework as an explanatory model for complex systems change
- Introduce the Three Horizon Framework and focus on disruptive and transformative innovation
- Consider how Blue Shield of California is rethinking its reform strategy from a 3.0 perspective

This class will focus on:

- How US health care system has evolved over time?
  - Implications for children’s health and well-being
  - Introduce three eras of US health care
  - Explore the 3.0 Transformation framework
- Introduce the Three Horizon Transformation Framework and our focus on disruptive and transformation strategies
- Introduce Blue Shield of California’s Reimagine Health

#### READINGS:

- Halfon, N., Long, P., Chang, D. I., Hester, J., Inkelas, M., & Rodgers, A. (2014). Applying a 3.0 transformation framework to guide large-scale health system reform. *Health Affairs*, 33(11), 2003-2011.
- Sharpe, B., Hodgson, A., Leicester, G., Lyon, A., & Fazey, I. (2016). Three horizons: a pathways practice for transformation. *Ecology and Society*, 21(2).
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**April 17<sup>th</sup> -----Session 3: --- An Application of Health Transformation in California: Blue Shield of California's Health Reimagined (Long and Chris Lawer, UMIO)**

The goal for this session is to introduce students to how one organization is applying the 3.0 transformation framework to change health care systems in California. It will address how Blue Shield of California developed its transformation strategy and organized itself and its resources to pilot, evaluate and scale changes for health care providers and its members. It will share early lessons about the translation of theory into actions, and it will provide an alternative perspective for addressing health transformation.

This session will focus on:

- How conceptual framework and perspectives influence organizational design, strategy and action
- Understanding how to translate theory into action
- Identify the most important elements to support change in complex adaptive ecosystem
- The opportunities and challenges for one organization to lead change in an ecosystem

**READINGS:**

- Butkus, R., Rapp, K., Cooney, T. G., & Engel, L. S. (2020). Envisioning a Better US Health Care System for All: Reducing Barriers to Care and Addressing Social Determinants of Health. *Annals of Internal Medicine*, 172(2\_Supplement), S50-S59.
- Fjeldstad, Ø. D., Johnson, J. K., Margolis, P. A., Seid, M., Höglund, P., & Batalden, P. B. (2019). Networked health care: Rethinking value creation in learning health care systems. *Learning Health Systems*, e10212.

UMIO website: <https://www.umio.io/>

**April 24<sup>th</sup> --- Session 4: Examples of Local and Community Transformation Efforts** (Guest Lecturer: Barbara Masters, California Accountable Health Communities and Kelly Colopy, Long Beach CACHI)

The goal of this session is to learn more about live examples of local and community-level transformation efforts across the nation. Students will explore the essential components as well as various barriers (design, implementation, finance etc.). They will have an opportunity to hear from practitioners about their experiences, which they can use as input to develop their presentations in week 9. At the end of the session, students will understand:

- What is the role of community engagement and partnership in transforming the health system?

- What are the key elements of the community engagement process?
- What is the role of networks and distributed leadership?

#### Readings:

- CACHI report assessing the first two years; <http://cachi.org/resources>
  - Transforming California Health System with Accountable Communities for Health video presentation in Sacramento November 2019 <https://vimeo.com/371013965>
  - CACHI 2019 Demonstrating Success with Accountable Communities for Health
  - CACHI 2019 Leveraging Accountable Communities for Health to Achieve CalAIM Goals
  - Gratale 2020 Nemours Accountable Communities for Health for Children and Families: Approaches for Catalyzing and Accelerating Success
  - CACHI Fact Sheet 2019
- Siegel, B., Erickson, J., Milstein, B., & Pritchard, K. E. (2018). Multisector partnerships need further development to fulfill aspirations for transforming regional health and well-being. *Health Affairs*, 37(1), 30-37.

May 1<sup>st</sup> ---- **Session 5: What Goes into the Transformation Tool Kit/Platform?** (Guest lecturer: Rishi Manchanda)

The goal of this session is to focus on the kinds of tools that might be used to transform the US health and health care system, at either a national, state or local level. Many different new tools and strategies are being adapted from other industries and sectors and applied to system change efforts in the US. Students will learn how these tools are being used in the implementation of Health Reimagined and hear early insights on the opportunities and challenges in a real-world setting.

#### READINGS:

- D Blumenthal. Vital Signs: Core Metrics for Health and Health Care Progress. National Academy of Medicine. Washington DC. 2015  
<http://nationalacademies.org/hmd/reports/2015/vital-signs-core-metrics.aspx>
- Parker, G. G., Van Alstyne, M. W., & Choudary, S. P. (2016). *Platform Revolution: How Networked Markets Are Transforming the Economy and How to Make Them Work for You*. WW Norton & Company. book excerpts
- Masum, H., Ranck, J., & Singer, P. A. (2010). Five promising methods for health foresight. *Foresight*, 12(1), 54-66.

#### Tools and approaches

- Wellbeing in the Nation Network <https://insight.livestories.com/s/v2/tools-and-strategies/7b944908-527b-4602-abbb-7a2fcb69d1dc>
- Build Health Challenge Compendium of System Change Practices and Approaches ' <https://buildhealthchallenge.app.box.com/s/v7jlx61fyu0v5bnb2kj8ue86bh6qf6p6>

May 8<sup>th</sup> ---- **Session 6: Examining Different Approaches to Health Transformation** (Long & Halfon)

The goal of this session is to explore the range of reform efforts that are underway, and to consider their transformational potential. Students should develop an appreciation for the range of different “transformation efforts” that are being promulgated by governmental agencies, philanthropy, and other private and civic sector organizations. Students should understand:

- What are the common elements of these various initiatives?
- Can these initiatives be sustained? Spread? Scaled?
- What is their potential to be truly transformative?
- What are the barriers to implementation and impact?

The class will focus on health system reform and transformation initiatives at the national, state and local level, including:

- National Academy of Medicine’s Vital Directions  
Robert Wood Johnson Foundation, Culture of Health
- All Children Thrive
- Blue Shield of California’s Health Reimagined
  - Piloting process
  - Evaluation and Measurement
  - Sustaining, Spreading and Scaling

READINGS:

- National Academy of Medicine (2016). Vital Directions for Health and Health Care. <https://nam.edu/initiatives/vital-directions-for-health-and-health-care/vital-directions-for-health-health-care-special-publication/>
- RWJF Culture of Health <https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html>
- California Accountable Communities for Health. <http://cachi.org/>
- All Children Thrive. <https://www.allchildrenthrive.org/>  
<https://www.cincinnatichildrens.org/professional/resources/research-horizons/archives/2018/winter/helping-children-thrive>

May 15<sup>th</sup> ---- **Session 7: Outside-In Perspective: Changing the Health Care System through Public and Community Health Efforts** (Guest speakers Shannon Cosgrove, Blue Shield California and Sarah Martin, MySidewalk.com)

The goal of this session is to understand how public and community health institutions and strategies can be applied to transform the overall health care system. It will examine one organization’s experience using data, analytics, mapping, and visualization to identify and impact the social determinants of health. It will provide perspectives on where health care fits into the broader ecosystem of institutions

that influence a person's, families, and community's well-being. It will discuss strategies for social service and public health providers to engage with medical care payers and providers.

The class will focus on:

- Strategies to engage the medical care system in broader efforts to improve health and well-being.
- Redesign of community health needs assessments to produce health impact
- Use of dashboard boards to drive and measure changes in health outcomes and key drivers of change

READINGS:

- Building Healthy Places Network. <https://www.buildhealthyplaces.org/whats-new/landscape-of-healthy-communities/>
- Jutte, D. P., Miller, J. L., & Erickson, D. J. (2015). Neighborhood adversity, child health, and the role for community development. *Pediatrics*, *135*(Supplement 2), S48-S57.
- Erickson, D., & Andrews, N. (2011). Partnerships among community development, public health, and health care could improve the well-being of low-income people. *Health Affairs*, *30*(11), 2056-2063.

**May 22<sup>th</sup> - Session 8: *Financing, Payment, Data, and Outcomes – Do we get what we pay for?*** Suzanne Delbanco, Catalyst for Payment Reform

The goal of this session is to better understand how the US pays for health and health care services and interventions. How financing of health care services is based on the one-year insurance contract that determines what and how health care services will be funded. In 2014, CMS introduced a scheme to shift funding of health care from volume-based purchasing to value based payment, using a range of alternative payment mechanisms. The session will also focus on potential for new alternative payment mechanisms that could be used to change incentives to produce better outcomes.

The session will focus on:

- How has health care financing evolved, from Fee for Service, to Prepayment and now to value-based capitated and global payments?
- Alternative Payment models – rational and progress
- Do they go far enough – will they get us to 3.0, Accountable Health Communities
- What payment models and outcome measures would facilitate transformation?
- How can other strategies, other funds, and other sectors advance the nation's health?
- What are the challenges, barriers, and constraints to embracing alternative strategies?

READINGS:

- Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: care, health, and cost. *Health affairs*, 27(3), 759-769.
- Fisher, E. S., McClellan, M. B., & Safran, D. G. (2011). Building the path to accountable care. *New England Journal of Medicine*, 365(26), 2445-2447.
- Rajkumar, R., Conway, P. H., & Tavenner, M. (2014). CMS—engaging multiple payers in payment reform. *Jama*, 311(19), 1967-1968.
- Kindig, D. A., & Milstein, B. (2018). A Balanced Investment Portfolio For Equitable Health And Well-Being Is An Imperative, And Within Reach. *Health Affairs*, 37(4), 579-584.  
<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.1463>

May 29<sup>th</sup> ---- **Session 9: *What will it take to transform the health system by 2030?*** (Class Presentations)

The goal of this session is to have students present their approach to developing a transformative agenda focused on application in a health care and health systems. Students will present their ideas in pairs to the class, which will be followed by a group discussion to examine the issues raised more fully.

READINGS:

- Los Angeles Center for Health Equity online resources  
<http://publichealth.lacounty.gov/CenterForHealthEquity/Report.html>
- September 2018 *Health Affairs* California: Leading the Way?

Classroom Activity in this session:

- Class presentations on a health transformation strategy

June 5<sup>th</sup> ---- **Session 10: *Forging a transformative policy and practice agenda***

The goal of this session is to reflect upon our transformation discourse and consider what are potential strategies and key targets for transformative improvements in the health and health care system.

- Taking the long view while taking action today
- What are the national, state and local policy opportunities to move toward a 3.0 health system?
- How does the COVID19 pandemic expose weaknesses in the current system and create opportunities for change?

What are the key leverage points to shift power in health care system?

*Classroom Activities:*

- *Discussion of student projects, lectures, and readings to develop an integrated framework and roadmap to transform the health system*
- *Discussion of career opportunities to work on transforming the US health system*





