

READING LIST - 2007
MANAGED CARE & HEALTH INSURANCE - HPM 309.620
JOHNS HOPKINS UNIVERSITY, BLOOMBERG SCHOOL OF PUBLIC HEALTH

Required Textbook: Kongstvedt PR, Editor. Essentials of Managed Health Care, 4th Edition. Bartlett & Jones, 2001.

Session #1: Overview of Insurance/Managed Care Principles and History

Required

Weiner JP, deLissovoy G. Razing a Tower of Babel: A Taxonomy for Managed Care and Health Insurance Plans. *J of Health Politics, Policy and Law*, 18(1), Spring 1993.

Claxton G, Gabel J, Gil I et al. Health benefits in 2006: premium increases moderate, enrollment in consumer-directed health plans remains modest. *Health Affairs* 2006 Nov-Dec;25(6):w476-85.

Robinson J, The commercial insurance industry in an era of eroding employer coverage, *Health Affairs* Nov/Dec 2006.

Note: The following two readings provide basic background related to the principles of health insurance. They are intended for students who have not covered this material before.

Kaiser Family Foundation. How Private Insurance Works: A Primer. April 2002.

Chollet DJ and Lewis M. Private Insurance: Principles and Practice. In Schieber G, editor. *Innovations in Health Care Financing: Proceedings of a World Bank Conference, March 10-11, 1997*. Washington, D.C.: World Bank, p. 77-114.

Additional Readings

Ginsburg PB. Competition in health care: its evolution over the past decade. *Health Aff (Millwood)* 2005;24:1512-1522

Kongstvedt (Essentials) Chapter 1, Overview of Managed Care, p.3.

Oliver T. Policy entrepreneurship in the Social Transformation of American Medicine: the rise of managed care and managed competition. *J Health Polit Policy Law*. 2004 Aug-Oct;29(4-5):701-33.

Kaiser Family Foundation – Employee Health Benefits – 2005 Summary of Findings.

Hacker J., Marmor, T. The Misleading Language of Managed Care. *Journal of Health Policy Politics & Law* 1999; 24(5): 1033-1043 (Critique of Weiner & Dellisovoy 1993).

See also special issues of *Health Affairs*, Mar-Apr 2004, Nov-Dec 2004, and Nov-Dec 2006

Session #2: HMOs and Integrated Delivery Systems

Required

Kongstvedt Chapter 2, Types of Managed Care Organizations, p.17.

Kongstvedt Chapter 5, Examining Common Assertions about Managed Care, p.71.

Kongstvedt Chapter 3, Integrated Health Care Delivery Systems, p.31

Miller R, Luft H. HMO Plan Performance Update: An Analysis of the Literature, 1997-2001. *Health Affairs*, 2002; 21(4): 63-86.

Additional

Mehrotra A, Epstein AM, Rosenthal MB. Do integrated medical groups provide higher-quality medical care than individual practice associations? *Annals of Internal Medicine*. 2006 Dec 5;145(11):826-33.

Gillies RR, Chenok KE, Shortell SM et al. The Impact of Health Plan Delivery System Organization on Clinical Quality and Patient Satisfaction. *Health Services Research*. 2006;41(4p1):1181-1191.

Scanlon DP, Swaminathan S, et al. Competition and health plan performance: evidence from health maintenance organization insurance markets. *Medical Care* 2005;43(4): 338-46.

Rizzo, JA. Are HMOs bad for health maintenance?" *Health Economics* 2005;14(11): 1117-1131.

Pati S, Shea S, et al. Health expenditures for privately insured adults enrolled in managed care gatekeeping vs indemnity plans. *American Journal Of Public Health* 2005;95(2): 286-291

See extra Chapters in Unabridged Kongstvedt Book; Enthoven & Tollen book on reserve (see monographs listed on last page of this document).

Session #3: Risk, Capitation, and Other Financial Issues

Required

Kongstvedt Chapter 7, Compensation of Primary Care Physicians in Managed Health Care, p.103.

Kongstvedt Chapter 8, Contracting and Reimbursement of Specialty Physicians, p.141.

Grossman J, Ginsburg P. As the Health Insurance Underwriting Cycle Turns: What Next? *Health Affairs*, 2004; 23(6):91-102.

Additional

Reschovsky JD, Hadley J, Landon BE. Effects of compensation methods and physician group structure on physicians' perceived incentives to alter services to patients. *Health Services Research*. 2006 Aug;41(4 Pt 1):1200-20.

See Wrightson "HMO Financial Management" Book on Reserve (See monographs listed on last page of this document)

Kongstvedt Chapter 9, Negotiating and Contracting with Hospitals, Institutions, and Ancillary Services, p.157.

Kongstvedt Chapter 29, Underwriting and Rating Functions Common to Most Markets, p. 643.

Pearson SD, Sabin JE, Emanuel EJ. Ethical guidelines for physician compensation based on capitation. *N Engl J Med*, 1998; 339:689-693.

Fowles J, Weiner J, Knutson D, Fowler E, Tucker AM and Ireland M. Taking Health Status Into Account When Setting Capitation Rates: a Comparison of Risk Adjustment Methods. *JAMA* 1996;276:1316-1321. (Also see Johns Hopkins ACG case mix web site at www.acg.jhsph.edu)

Weiner J, Tucker A, Collins M, Fakhraei H, Lieberman R, et al the Development of a Risk-Adjusted Capitation Payment system: The Maryland Medicaid Model. *Journal of Ambulatory Care Management* 1998; 21(4): 29-52.

Conrad DA, Christianson JB. Penetrating the "black box": financial incentives for enhancing the quality of physicians services. *Medical Care Research and Review* 2004;61(3 Suppl):37S-68S.

Session #4: PPOs and CDHPs and other non-HMO models

Required

Hurley R, Strunk B, White J. The Puzzling Popularity of the PPO. *Health Affairs*, 2004; 23(2): 56-68.

Gabel J, Pickreign J, Whitmore H. Behind the slow enrollment growth of employer-based consumer-directed health plans. Issue Brief. Center for Studying Health System Change. 2006 Dec;(107):1-4.

Bloche MG. Consumer-directed health care. *New England Journal of Medicine*. 2006 Oct 26;355(17):1756-9.

Additional

Fronstin P, Collins SR. The 2nd Annual EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006: Early Experience With High-Deductible and Consumer-Driven Health Plans. Issue Brief. The Commonwealth Fund. 2006 Dec;(300):1-48.

Regopoulos L, Christianson JB, Claxton G, Trude S. Consumer-directed health insurance products: local-market perspectives. *Health Affairs*. 2006 May-Jun;25(3):766-73.

Forrest CB, Weiner JP, Fowles J, Vogeli C, Frick KD, Lemke KW, Starfield B. Self-referral in Point-of-Service Health Plans. *JAMA* 2001; 285(17):2223-2231.

Minicozzi A. Medical Savings Accounts: What Story Do the Data Tell? *Health Affairs* 2006;25(1):256-267

Parente et al "Evaluation of the Effect of Consumer-Driven Health Plan on Medical Expenditures and Utilization" *HSR* 2004;39(4p2):1189-1210.

Robinson JC. From Managed Care to Consumer Health Insurance: The Fall and Rise of Aetna. *Health Affairs* 2004 Mar-Apr;23(2):43-55.

Session #5 & 7: Medical Management

Required

Kongstvedt Chapter 11, Managing Basic Medical Surgical Utilization, p. 197.

Kongstvedt Chapter 12, Clinical Services Requiring Authorization, p. 179.

Christianson J, Wholey D, Warrick L, Henning P. How Are Health Plans Supporting Physician Practice? The Physician Perspective. *Health Affairs*, 2003, 22(1): 181-189.

Mays GP, Claxton G, White J. MarketWatch: Managed Care Rebound? Recent Changes In Health Plans' Cost Containment Strategies. *Health Affairs*. 2004 Aug 11

Additional

Kongstvedt Chapter 10, Care management and Clinical Integration Components, p. 179.

Kongstvedt Chapter 6, Primary Care in Managed Health Care Plans, p. 85.

Kongstvedt Chapter 13, Case Management and Managed Care, p. 249.

Wickizer TM, Lessler D. Utilization Management: Issues, Effects, and Future Prospects. *Annual Rev Public Health*. 2002;23:233-54.

Session #6 & 9: Quality and Accountability

Required

Kongstvedt Chapter 17, Quality Management in Managed Care, p. 361.

Kongstvedt Chapter 26, Accreditation and Performance Measurement Programs for Managed Care Organizations, p. 587.

Also see www.ncqa.org.

Rosenthal M, Fernandopulle R, Ryu Song H, Landon B. Paying for Quality: Providers' Incentives for Quality Improvement. *Health Affairs*, 2004; 23(2): 127-141.

Additional

Rosenthal MB, Landon BE, Normand SL, Frank RG, Epstein AM. Pay for performance in commercial HMOs. *N Engl J Med*. Nov 2 2006;355(18):1895-1902.

Fendrick AM, Chernew ME. Value-based insurance design: aligning incentives to bridge the divide between quality improvement and cost containment. *Am J Manag Care*. Dec 2006;12(12 Spec No):SP5-SP10.

Strunk B, Hurley R. Paying For Quality: Health Plans Try Carrots Instead of Sticks. *Center For Studying Health System Change: Issue Brief*. Number 82: May 2004.

Schlesinger M, Gray B. A broader vision for managed care, part 1: measuring the benefit to communities. *Health Affairs*. 1998;17(3):152-168.

Schlesinger M, Gray B. A broader vision for managed care, part 2: a typology of community benefits. *Health Affairs*. 1998;17(5):26-68.

Scholle SH, Mardon R, Shih SC, Pawlson LG. The relationship between quality and utilization in managed care. *American Journal of Managed Care* 2005;11(8):521-7.

Unruh, L., N. R. Lugo, et al. Managed care and patient safety: risks and opportunities. *Health Care Manager* 2005;24(3): 245-56.

Session #8: Organizational & Management Challenges in Health Insurance/Managed Care Plans

Required

Kongstvedt Chapter 27, Common Operational Problems in Managed Health Care Plans, p. 609.

Session #10: MC & Public Sector Plans I: Medicare & Medicaid Managed Care

Required

Kaiser Family Foundation. Medicaid At A Glance Fact Sheet, May, 2006.

Kaiser Family Foundation. Medicare Fact Sheets (Medicare At A Glance, Medicare Advantage, Medicare Prescription Drug Benefit), June 2006.

Biles B, Dallek G, Nicholas L. Medicare Advantage: Déjà vu All Over Again? *Health Affairs*, Web Exclusive, December 15, 2004.

Draper D, Hurley R, Short A. Medicaid Managed Care: The Last Bastion of the HMO? *Health Affairs*, 2004; 23(2):155-167.

Hurley RE, Retchin SM. Medicare and Medicaid managed care: a tale of two trajectories. *Am J Manag Care*. Jan 2006;12(1):40-44.

Additional

Long SK, Yemane, A. Commercial Plans in Medicaid Managed Care: Understanding Who Stays and Who Leaves. *Health Affairs* 2005 Jul-Aug;24(4):1084-1094.

Kongstvedt Chapter 31, Medicaid Managed Care, p. 361

Garrett B, Zuckerman S. National estimates of the effects of mandatory Medicaid managed care programs on health care access and use, 1997-1999. *Medical Care* 2005;43(7): 649-657.

Haberer JE, Garrett B, et al. Does Medicaid Managed Care Affect Access To Care For The Uninsured? *Health Affairs* 2005;24(4):1095-1105.

Berenson R. Medicare Disadvantaged And The Search For The Elusive 'Level Playing Field'. *Health Affairs* Web Exclusive, December 15, 2004

Gold,M. Private Plans in Medicare: Another Look. *Health Affairs* 2005 Sep-Oct;24(5):1302-1310.

Rittenhouse DR, Robinson JC. Improving quality in Medicaid: the use of care management processes for chronic illness and preventive care. *Medical Care*. 2006 Jan;44(1):47-54.

Session #11: MC & Public Sector Plans II : Health Reform for Uninsured

Required

Kaiser Family Foundation. The Uninsured and Their Access to Health Care. October 2006.

McDonough JE, Rosman B, Phelps F, Shannon M. The third wave of Massachusetts health care access reform. *Health Aff (Millwood)*. Nov-Dec 2006;25(6):w420-431.

Holahan J, Blumberg L. Massachusetts Health Care Reform: A Look At The Issues. *Health Aff*. November 1, 2006 2006;25(6):w432-443.

Etheredge LM. Massachusetts Reform Plus President Bush's Tax Credits: A National Model? *Health Aff*. November 1, 2006 2006;25(6):w444-446.

Additional

Dubay L, Holahan J, Cook A. The uninsured and the affordability of health insurance coverage. *Health Aff (Millwood)*. Jan-Feb 2007;26(1):w22-30

See the November/December 2006 Health Affairs Web exclusive

Session #12: Managed Care in a Global Context

Required

Kongstvedt Chapter 29, Managed Care in a Global Context. [Note: Chapter is by Weiner, Famadas, Waters and Gikic and will be in the next (2007) edition of the text.]

Additional

Saltman RB, Busse R, Figueras J. Social health insurance systems in western Europe. Maidenhead, Berkshire, England ; New York, NY, USA: Open University Press; 2004. (Available on line as PDF at European Observatory site)

Wieners W, ed. Global Health Care Markets. A Comprehensive Guide to Regions, Trends, and Opportunities Shaping the International Health Arena. San Francisco, CA: Jossey-Bass; 2000

See OECD web page and European Observatory web page

Session #13: Ethical Issues in Managed Care and Health Insurance

Required

Randel L, et al. How Managed Care Can Be Ethical. *Health Affairs*, 2001. 20(4): 43-56.

Daniels & Sabin. The ethics of accountability in managed care reform. *Health Affairs*, September/October 1998; 17(5): 50-64.

Cookson R & Dolan P. Principles of justice in health care rationing. *J Med Ethics*. 2000 Oct;26(5):323-9.

Additional

Povar GJ, Blumen H, Daniel J, et al. A; Medicine as a Profession Managed Care Ethics Working Group. Ethics in practice: managed care and the changing health care environment: medicine as a profession managed care ethics working group statement. *Ann Intern Med*. 2004 Jul 20;141(2):131-6.

Kirkman-Liff B: Restoring trust to managed care, Part 1: A focus on patients. *Am J Manag Care*, 2003 Feb; 9(2):174-80;

Restoring trust to managed care, part 2: a focus on physicians. *Am J Manag Care*, 2003 Mar9; (3):249-52

Restoring trust to managed care, Part 3: A focus on public stakeholders. *Am J Manag Care*, 2003 Apr; 9(4):322-6

Managed Care Magazine, January 2002. "Making the Case for the 'Health Care Fed': Should Uncle Sam Decide What Works?" See editorial by Jonathan Weiner: "Something 'NICE' Can Come Out of This".

Axtell-Thompson LM. Consumer directed health care: Ethical limits to choice and responsibility. *Journal Of Medicine And Philosophy* 2005;30(2): 207-226.

Section 14: Pharmaceuticals: PBMs & Medicare Part "D"

Required

Kongstvedt Chapter 15, Prescription Drug Benefits in Managed Care, p. 293.

Cubanski J, Neuman P. Status Report On Medicare Part D Enrollment In 2006: Analysis Of Plan-Specific Market Share And Coverage. *Health Affairs*. January/February 2007; 26(1):w1-w12.

Kaiser Family Foundation. Prescription Drug Trends Fact Sheet. November 2005.

Kaiser Family Foundation. Medicare Prescription Drug Benefit Fact Sheet. November 2006.
<http://www.kff.org/medicare/upload/7044.cfm>

Additional

Wallack SS, Weinberg DB, Thomas CP. Health plans' strategies to control prescription drug spending. *Health Affairs*. 2004 Nov-Dec;23(6):141-8.

Lyles A, Palumbo FB. The Effect of Managed Care on Prescription Drug Costs and Benefits. *Pharmacoeconomics* 1999;15(2):129-140.

Gleason PP, Gunderson BW, et al. Are incentive-based formularies inversely associated with drug utilization in managed care? *Ann Pharmacother* 2005;39(2): 339-45.

Stuart B, Simoni-Wastila L, Chauncey D. Assessing the impact of coverage gaps in the Medicare Part D drug benefit. *Health Affairs* Web Exclusive, April 19, 2005

Daniels N, Teagarden R, Sabin J. An Ethical Template for Pharmacy Benefits. *Health Affairs*, 2003; 22(1): 125-137.

Lyles et al. Managed Care Pharmacy, Socioeconomic Assessments and Drug Adoption Decisions. *Social Science and Medicine*, 1997; 45(4):511-521.

See special Health Affairs Issue on Rx Jan/Feb 2004.

Session #15: Managed Care Managed Behavioral/Mental Health Services

Required

Kongstvedt Chapter 16, Managed Behavioral Health Care and Chemical Dependency Services, p. 332.

Coleman M, Schnapp W, Hurwitz D, Hedberg S, Cabral L, Laszlo A, Himmelstein J. Overview of publicly funded managed behavioral health care. *Adm Policy Ment Health* 2005;32(4):321-40.

Additional

Barry CL, Frank RG, McGuire TG. The Costs Of Mental Health Parity: Still An Impediment? *Health Aff.* May 1, 2006 2006;25(3):623-634.

Mechanic D, Bilder S. Treatment Of People With Mental Illness: A Decade-Long Perspective. *Health Affairs*, 2004; 23(4): 84-95.

Jeffrey M, Riley J. Managed Behavioral Healthcare in the Private Sector. *Administration and Policy in Mental Health*, 2004. 28(1): 37-50.

Sharfstein S, Boronow J, Dickerson F. Managed care and clinical reality in schizophrenia treatment. *Health Affairs*, 1999; 18(5): 66-70.

Suggested Monographs

Kongstvedt, P.R, Editor, The Managed Care Handbook. (Full 70 Chapter, Unabridged version of class text). Aspen Press, 2001.

Altman, S, Reinhardt, U, Shactman, D. (Editors) Regulating Managed Care, Jossey-Bass, 1999.

Wrightson, C. Financial Strategy for Managed Care Organizations: Rate Setting, Risk Adjustment, and Competitive Advantage, Health Administration Press, Chicago, 2002.

Starr P. The Social Transformation of American Medicine. Basic Books/Harper Collins, New York, 1982.

Shi, L. Singh H, Essentials of the U.S. Health Care System, Jones and Bartlett (2004) Good intro text for students with limited background re US

Stoline A and Weiner J. The New Medical Marketplace: A Physician's Guide to the Health Care System in the 1990s. The Johns Hopkins University Press. Baltimore, 1993. (Good easy reading review for those with less background in US health care system.)

Halverson, P, Kaluzny, A, McLaughlin, C, Managed Care and Public Health, Aspen, MD 1998

Enthoven AC, Tollen LA. Toward a 21st Century Health System: The Contributions and Promise of Prepaid Group Practice. Jossey-Bass, 2004.