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## Health Care Policy 360 Certificate Program

### Program Overview

Health care has always been a complex business but never quite like it is today. Challenges to the Affordable Care Act, viability of health exchanges, electronic health records, Accountable Care Organizations, Patient-Centered Medical Homes, value-based purchasing... it's a mind-boggling list that keeps evolving. Health care policy—on both the state and the federal level—is changing so rapidly that it's leaving scores of overwhelmed executives and their teams in its wake. With so much change, it's imperative to keep up. You need to know how these policies will affect the health care marketplace and how to anticipate what's coming next.

Health Care Policy 360 provides the non-partisan expertise, context and knowledge you need to cut through the flood of information and get right down to the critical concepts, emerging trends and levers of change in health care today. Gain the real world, practical intelligence you need to make smart decisions, react to market changes, plan for your organization and develop winning strategies for a competitive advantage. This focused immersion will give you direct access to world-class faculty and industry experts who will bring clarity and context to the influential pressures, current policies and trends shaping the future of health care.

### Program Benefits

Health Care Policy 360 will deliver both an expansive and in-depth learning experience which will cut through the flood of information right down to the critical concepts, emerging trends, and levers of change that you need to know. Real-world experience and practical intelligence will allow you to make smart decisions, react to and anticipate market changes, plan for your organization and develop effective strategies. Once you know how policies will affect the health care marketplace and can anticipate imminent changes, you will be in a better position to meet future business challenges and maintain a competitive advantage.

### Who Should Attend

This empowering course is designed for mid- to senior-level executives from health care related industries, including pharmaceutical and medical device, hospital and health care providers, employers and insurers. The information will be valuable to leaders from a variety of departments including administration, strategic planning, government affairs, human resources, operations, development, marketing and communications, quality assurance, sales and service.

## Curriculum

### Health Care Policy Overview

This module is designed to provide participants with a broad historical understanding of the key features of US healthcare policy and an understanding of key outcomes of the US healthcare system relative to other advanced industrial nations. The focus will be on the most current reform efforts through the Affordable Care Act and the challenges it currently faces under a Trump Administration. The module will cover the key elements of the Affordable Care Act, the proposed changes and challenges to the legislation, including an overview of the American Health Care Act and the Better Care Reconciliation Act of 2017, and their implications for patients and the biopharmaceutical and medical device industries. With this common foundation, participants will debate the merits of the ACA, and the proposed replacement plans.

### Market Access: Decision Process

This is a thought provoking workshop on the complexities that exist in positioning pharmaceuticals and biopharmaceuticals, as well as medical devices for access in the current U.S. Healthcare System. It captures a brief look at how we got here and the rapid evolution into industry driven by both public and private influences. The U.S. Healthcare System is quite complex and competitive offering many challenges and opportunities. Product access has become critical with the interrelationship of the many stakeholders and the decision process that they utilize to reimburse for innovation.

### The Evolving Health Care Delivery System

Significant change in the delivery of health care was driven by 1999 IOM report documenting high rates of estimated patient harm from preventable medical errors in hospitals. The changes which have grown out of the ensuing Quality Improvement movement have altered processes of care and have resulted in clinical improvements. These qualitative changes coupled with planned changes in reimbursement driven by the rising percentage of the GDP attributable to health care expenditures set the stage for continued evolution in the delivery and financing of health care. In addition, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) will drive change as it is implemented, and federal changes to the ACA may significantly alter the delivery and payment system as it is currently structured. Nevertheless, health care delivery organizations are already piloting changes that are assumed to be in alignment with regulations and federal policy when they are finalized. Participants will discuss in class and in breakout sessions how the changes that are already under way and as well as those that are currently being debated will create business challenges and opportunities for new business models.

### Employer-Provided Healthcare Considerations

In this session, *Employer-Provided Healthcare Considerations*, we will explore how this diverse group makes decisions and perceives value. Even with the main phase of the Affordable Care Act implemented, and a replacement looming, the U.S. continues to have an employer-based system for health care coverage. Out of approximately 300 million patients, 170 million are covered through employers. Further, employers could not be more different in their view of and strategy towards value. From small insured employers to ERISA-protected self-insured employers, there has never been more effort to extract value for every health care dollar – including prevention, wellness, safety, reimbursement, plan design and outsourcing. This session will be highly interactive starting with a brief discussion of employer coverage history;

we will then dive into current employer strategies, rationales, programs and fallacies. We will end with a discussion contemplating the future given the instability of the Health Exchanges and the proposed changes and challenges to the ACA.

### **Public Payers – What You Need to Know**

This module will focus on the crucial role public payers – i.e., the State and Federal governments – play in driving payment and delivery system reform in US health care. The session will specifically examine the Medicare and Medicaid systems. It will provide a brief history of the programs, detail their functionalities, and examine their scope, effectiveness, and efficiency. The module will also explore the evolution of the programs and the current changes and challenges they face under a Trump Administration.

### **Health Policy Around the World**

This module will introduce participants to pressing disease and health care problems worldwide and critically examine efforts currently underway to address them. Taking an interdisciplinary approach, the session will identify the main actors, institutions, practices, and forms of knowledge production at work in the field of global health today, and explore the environmental, social, political, and economic factors that shape patterns and variations in disease and health across societies. We will scrutinize the values and interests that underpin specific paradigms in the policy and science of global health and place present-day trends in historical perspective. Key topics include: the social determinants of health; development and the governance of disease; vertical and horizontal health interventions; technological change and public health; human rights and global health jurisprudence; measuring health outcomes and assessing value for patients; and the shifting roles of states, civil society, and public-private partnerships in health care delivery.

Throughout the session, participants will be encouraged to think critically and creatively about public health challenges on a global scale and to envision how critiques of reigning approaches could be harnessed to the work of imagining, promoting, and implementing alternatives. We will emphasize the ways in which the field of global health challenges both scholars and practitioners to keep up with changing social and medical realities, to illuminate the politics and unintended consequences of interventions, and to better understand local worlds and the needs, experiences, and capacities of those imagined to be the “beneficiaries” of global health policies and programs.

### **Quality of Care & Institutional Dynamics**

The discussion will focus on Accountability, Health Quality Outcomes, and the migration from “Access, Quality, **Or** Cost” to “Access, Quality, **And** Cost”. There will be a brief discussion of Six Sigma and an outline of the key agencies and organizations involved in Healthcare Quality on a national level. We will also include a deep dive into the National Quality Strategy, with a special emphasis on the National Quality Forum National Priorities Partnership’s recommendations. Through this discussion we will explore the migration from healthcare quality to health quality.

### **The Educated Consumer**

Independent of health reform, the landscape of healthcare delivery has unalterably changed. The Internet, coupled with social media and the 24-hour news cycle, have provided a fast array of resources to healthcare consumers. Often these interactions can take place in real time as

services are being delivered. Is the marketplace ready for this amount of transparency? Will it help patients improve their choices? Will patients improve their adherence and compliance with medications/regimens? This module will discuss the new educated health consumers and the implications they portend for all the stakeholders in the healthcare marketplace.

### **Changing Behaviors to Reflect Changing Polices: Leading Organizational Change**

Organizations are undergoing significant changes at a rapid pace. Changes include reengineering, mergers, acquisitions, downsizing, quality efforts and new strategies. It is critical that leaders throughout all levels of the organization know how to successfully lead change efforts. During this session, you will learn the Eight-Stage Change Process developed by John Kotter, Professor Emeritus at Harvard Business School. You will also learn how to “aim for the heart” to make change stick. This interactive session utilizes Harvard Business School articles, cases and short movie clips so you can easily learn the material and apply it to your work the next day.

#### **Format**

Four consecutive days.

*(Program modules, content and delivery can be customized to meet specific client needs, including delivery on campus at Rutgers or on-site at your company.)*

**Credit Available:** 2.4 CEUs, 24 CPEs

This program is presented jointly by Rutgers Executive and Professional Education, School of Management and Labor Relations and The New Jersey Health Care Quality Institute.