Managing Health Care Policy

2020

The Washington Campus

Washington, D.C. Residency
MBA Health Care Policy
Course Information

www.WashCampus.edu
COURSE DATES
- January 6–10, 2020
- March 2–6, 2020
- March 9–13, 2020
- March 16–20, 2020
- May 11–15, 2020
- May 18–22, 2020
- August 17–21, 2020
- October 19–23, 2020

Special Health Care Policy Sections
- January 6–10, 2020
- March 16–20, 2020
- August 17–21, 2020

For more information and registration, visit: www.WashCampus.edu

The Washington Campus

Participating Consortium Members

Arizona State University
University of California, Berkeley
University of California, Los Angeles
Emory University
University of Florida
Howard University
Indiana University
University of Michigan
University of New Mexico
University of North Carolina at Chapel Hill
Northeastern University
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Rice University
University of Texas at Austin
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The Washington Campus, founded in 1978, is a non-partisan, non-profit 501(c)(3) higher education consortium. The Campus welcomes participants from diverse backgrounds and does not discriminate on the basis of race, religion, gender, orientation, national or ethnic origin, or disability.

Fantastic.
This is not an experience you can get anywhere else.

The Washington Campus
1150 18th Street NW, Suite 400
Washington, D.C. 20036
(202) 234-4446 info@washcampus.edu

Intensive, experiential courses in business, public affairs, and public policy
Washington, D.C.
The Washington Campus is a non-profit, non-partisan, higher education consortium based in Washington, D.C. Students from consortium member schools (see reverse) can enroll in The Washington Campus’ certificate graduate courses throughout the year and receive academic credits from their home institutions. Students from accredited non-consortium schools also are welcome to participate, but should check with their home institutions before registering in order to receive academic credits.

The Washington Campus open-enrollment courses are unique, intensive, residency experiences in Washington, D.C., for MBA and other types of graduate and professional students. Courses focus on how specific organizations and industries are affected by public policy; how public policy is made and influenced; and how public affairs and public policy can be strategically and ethically managed to create profitable and sustainable ‘win-win’ solutions for business, government, and society.

The Washington Campus courses are a uniquely valuable personal and professional development experience. Participants learn directly from those who actually make and shape public policy: corporate public affairs and government relations executives; leaders of associations, think tanks, and non-profit organizations; lobbyists; the media; current and former members of Congress and congressional staff; current and former leaders in the Executive Branch and from independent regulatory agencies; and much more.

"By far one of the best experiences I’ve had throughout my MBA program."

"This course should be required for all MBAs."

Technology, corporate strategy, and public policy:
Discussion with Astri Kimball Van Dyke,
Senior Policy Counsel, Google

Discussing trade, tax, and immigration policy:
With Senator Todd Young

Strategic management of global public affairs:
Discussion with Jessica Zielke, Director,
Federal & Diplomatic Government Relations,
The Coca-Cola Company
Managing Health Care Policy:
A Washington, D.C. Graduate Residency Course
Sample Agenda

Monday @ The Washington Campus

WELCOME AND INTRODUCTION TO THE PROGRAM

STRATEGIC MANAGEMENT OF PUBLIC AFFAIRS AND PUBLIC POLICY IN THE HEALTH CARE SECTOR
Dr. Mike Lord
President, The Washington Campus

HEALTH CARE IN THE 116th CONGRESS AND TRUMP ADMINISTRATION
Mr. Julius Hobson
Senior Policy Advisor, Polsinelli Shughart; Former Director of Congressional Affairs, AMA

THE FUTURE OF U.S. HEALTH CARE AND NATIONAL HEALTH POLICY
Ms. Susan Dentzer
Visiting Fellow, Robert J. Margolis Center for Health Policy; Former Editor-in-Chief, Health Affairs

CHANGING MODELS IN THE BUSINESS OF HEALTH CARE AND POLICY
Governor Howard Dean, MD
Former Governor of Vermont and Democratic National Committee Chairman

RECEPTION AND NETWORKING

Tuesday @ Center for Total Health

THE COST OF HEALTH CARE: FEDERAL BUDGET PROCESS AND CHALLENGES
Mr. Bill Hoagland
Senior Vice President, Bipartisan Policy Center

HEALTH CARE: THE LEGISLATIVE POLICY MAKING PROCESS
Mr. David Schwartz
Head of Global Policy, Cigna; Former Chief Health Counsel, Senate Finance Committee
The Honorable Jennifer Young
Cofounder, Tarplin & Co.; Former Asst. Secretary for Legislation & Senior Counselor, HHS

TOUR AND DISCUSSION: KP CENTER FOR TOTAL HEALTH

HEALTH CARE POLICY AND BUSINESS STRATEGY
Ms. Jane Adams
Vice President, U.S. Federal Affairs, Johnson & Johnson

THE COMPLEXITY OF REGULATORY POLICY MAKING (Interactive Group Activity)
Mr. Jonathan Gledhill
President, Policy Navigation Group
Wednesday @ U.S. Capitol

VISIT AND DISCUSSION: HOW CONGRESS WORKS – OR NOT (U.S. House Floor)
  Congressman Al Wynn

VISITS AND DISCUSSIONS: MEMBERS OF U.S. HOUSE AND SENATE, OFFICES AND STAFF

Congress will be in session and a list of hearings scheduled for the day will be provided in advance. Students should attend hearings and may visit the Senate and/or House offices of Members who represent their own hometown or university (if different than pre-arranged group visits), tour the Supreme Court, the Capitol and the Library of Congress.

ATTEND CONGRESSIONAL COMMITTEE HEARINGS

RECEPTION AND DISCUSSION WITH CONGRESSIONAL STAFF

Thursday @ The Federal Trade Commission and The Washington Campus

THE ROLE OF INDEPENDENT REGULATORY AGENCIES IN HEALTH CARE: THE FTC
  Mr. Rob Canterman
  Senior Attorney, Health Care, Federal Trade Commission

NAVIGATING THE AGENCIES AND ACRONYMS: FROM HHS TO CMS
  Ms. Aryana Khalid
  Managing Director, Government Affairs, Glover Park Group
  Former Chief of Staff, Centers for Medicare & Medicaid Services (CMS)

THE FOOD AND DRUG ADMINISTRATION: REGULATORY POLICY AND PROCESS
  Ms. Jeanne Ireland
  Principal, Ireland Strategies; Former Senior Advisor to the Commissioner, FDA

HEALTH CARE POLICY AND ADVOCACY: THE ROLE OF ASSOCIATIONS
  Ms. Tannaz Rasouli
  Senior Director, Public Policy & Strategy, Association of American Medical Colleges

Friday @ The Washington Campus

INSURANCE AND COVERAGE, COSTS AND CARE: MEDICAID AS A MODEL
  Mr. Jeff M. Myers
  Executive Vice President, Strategic and External Relations, CareSource
  Former President and CEO, Medicaid Health Plans of America

PUBLIC AFFAIRS, PUBLIC POLICY, AND CORPORATE STRATEGY
  Mr. Peter Slone
  Senior Vice President for Public Affairs, McKesson, Inc.
  Former Vice President, Global Government Affairs, Medtronic

Concluding Remarks and Discussion, followed by Exam. Adjournment.
Sample Syllabus for

MANAGING HEALTH CARE POLICY

A Washington, D.C., Residency Course

for E/MBA and Graduate and Professional Students

Presented by The Washington Campus

Dr. Michael D. Lord
President
The Washington Campus

LOCATION

The Washington Campus
1150 18th Street, NW
Suite 400
Washington, DC 20036
This experiential D.C. residency course is an intensive general management seminar, led by expert practitioner faculty – i.e., those who actually make or otherwise influence and shape health care policy. The agenda focuses on the topics of public affairs and government relations, including the dynamics of politics and public policy, with a specific emphasis on the health care sector.

As managers gain increasing responsibility and serve in higher-level leadership roles, they tend to spend more and more of their time and attention on these critical external factors – public affairs and government relations, politics and public policy – including how they affect and integrate with overall organizational strategy and operations.

It is vitally important to understand and to be able to manage these factors strategically, effectively, and ethically – whether one is an entrepreneur, an executive, or a professional, and both in the for-profit and non-profit worlds. Organizations’ strategies, operations, and performance – even their very survival – are pervasively affected. This is especially true in the health care sector, which is growing close to 20% of the U.S. economy.

Government and public policy play critical roles throughout this sector: funding for medical education; NIH funding for basic R&D; public health funding and operations, including the CDC; FDA approval and regulation of food, drugs and devices; FTC and DOJ regulation of data and competition; regulating health care prices and other standards, and selection for reimbursement (or not) of drugs, devices, and health care delivery and insurance; Medicare; Medicaid; the Department of Defense health systems; the Veterans’ Administration; and more.

In fact, health care is the largest expenditure in the U.S. federal budget, far more than even Social Security or defense spending. Health care spending also has rapidly become the #1 or #2 spending item in most state budgets. Even with recent decreases in health care inflation, both the federal government and states, as well as the private sector, continue to experience growth in health care expenditures much greater than the rate of growth of the overall economy. In 2017, Americans spent more than $3.5 trillion on health care. U.S. health care spending by itself equals or exceeds the total GDP of all other countries except China and Japan.

To help you better understand and manage in such an expansive and dynamic environment, the goals of this seminar include: awareness, analysis, and action. You will gain valuable first-hand insights that will help make you a more effective health care entrepreneur, executive, or professional – and a more informed and effective citizen.
REQUIRED READINGS AND ASSURANCES OF LEARNING

The readings and other resources provided in advance will be referenced and discussed during your residency in Washington, D.C. These materials will help better prepare you for the educational experience. Up to one-third of the final exam questions may make reference to these readings and resources. In general, the readings usually take less than ten hours to complete.

Assurances of Learning and Course Assessment

Participants’ course grades will be determined by: (1) an individual exam at the end of the final program day, covering key topics and concepts from both the assigned readings and from the discussions and experiences during the week; (2) a company/industry-based team project involving the design of an effective health care policy advocacy strategy. Your grade will be determined by both the individual exam (50%) and group project (50%).

Individual Exam: The exam may consist of multiple choice and/or true-false questions, and a written response section with short answer and a long-form essay. Most of the exam questions will reference material covered in the various sessions and experiences during the week’s residency. These questions will tend to focus on major repeated points of emphasis, as well as critical (i.e., not abstract or obscure) details.

Team Project: You will be assigned to a team of up to five individuals for the purpose of your group project, and will have up to two weeks following the Washington residency to submit your project electronically to the program coordinator.

The team project will require you to develop an advocacy strategy on a federal health care policy issue that presents a challenge to and/or an opportunity for your selected company/organization. The PowerPoint presentation you create is meant to convince the overall organizational leadership of the importance and wisdom of proceeding with your specific plan of action. It should include many of the strategic considerations and tactical details that will be referenced throughout the course.

Please make every effort to meet your team at the start of the course week so that you can discuss possible topics. Read the team project description (attached) in advance, before coming to Washington, D.C., in order to get started on ideas. Additional information regarding the content and format of the group project will be discussed at the start of, and throughout, the course itself.

Your team is expected to have approved by the faculty director, in person and by no later than the last day of the residency, the topic and company/organization that your team will select for the project. This approval should come no later than the final day of the D.C. residency. The project must be completed in a clear presentation format (e.g., PowerPoint or PDF) and submitted electronically to the program coordinator. It is due two weeks after the residency ends.
• Participants must attend all sessions.

• Punctuality is very important to ensure everything remains on schedule and otherwise in good order. However, please do not arrive more than 30 minutes early, as certain offices and venues may not be open before that time.

• It is the policy of the Washington Campus, out of respect for our speakers and fellow participants, to discourage the use of laptops and mobile phones during sessions, unless specific conditions dictate otherwise. However, the week often calls for computer use outside of class, so bringing a laptop to use outside of class is a good idea.

• You must bring a government-issued driver’s license, passport, or similar picture ID to be allowed entry into certain government buildings.

• Business attire is appropriate. Suitable business casual attire may be fine depending upon a given day’s particular agenda. Specific guidance in this regard will be given in advance during the residency week.

HEALTH CARE POLICY ADVOCACY STRATEGY: TEAM PROJECT DESCRIPTION

Team Project: You will be assigned to a team of up to five individuals for the purpose of your group project, and will have approximately two weeks following the Washington residency to submit your team project electronically to the faculty director and program coordinator. Additional information regarding the content and format of the group project will be discussed at the start of and throughout the program. The group project must be completed in a clear presentation format (e.g., PowerPoint) and submitted electronically.

The Goal: You, as a public affairs and government relations team, are to create, outline, and detail an effective public policy advocacy strategy, focused on a current or future health care policy-related issue, for your company’s/organization’s CEO and top management team.

The Scenario: Your ad hoc team has been assigned an important task. A national health care policy issue has arisen that is of great importance. (The team will pick the specific company and policy issue.) The CEO and other top executives are interested in the topic as being of great strategic relevance. The entire Washington, D.C., public affairs and government relations staff was dismissed two weeks ago, because they were unable to generate a plausible strategy.

The Assignment: By chance, the CEO learned that your team has just participated in the Washington Campus’ intensive “Managing Health Care Policy” D.C. residency course. Congratulations! Your team is next in line to take over the task of generating an effective policy advocacy strategy in order to address this critical issue. If you develop and implement a winning strategy, you will be rewarded with the new positions of Senior Vice President for Public Affairs and VPs of Government Relations and Public Policy.

The Deliverable: Your team must develop a presentation to the company’s top management team. They will not accept a 100-page report on how difficult and complicated things are in Washington, D.C. You have a maximum of 10 PowerPoint slides to make your case. Keen strategizing, quick prioritization, and clear organization obviously
are essential. Being succinct does not mean that you do not need to address key details. Figure out what matters, why, and drill down quickly and deeply into the relevant details.

**Factors and Details to Consider**

**The Business:** What is the impact of the specific health care policy, and the politics that go along with it, on the company’s or organization’s strategy, operations, and ‘bottom line’? How will the company’s overall brand and reputation be viewed by various key stakeholders? Does the company have abundant, or limited, resources and capabilities? How will the team’s political and policy strategy, if successful, enhance the company’s operations, its efficiency and effectiveness, costs and revenues – its overall performance?

**Policy and Political Strategy and Tactics:** Define the specific policy objective. What overall health care policy strategy and specific political tactics will be a good fit for the company and industry? Where should time, attention, energy, and resources be invested? Is the strategy holistic and coherent both internally and externally? Does it properly integrate individual tactics and functions? Is it creative, yet still realistic? What are the key details? What kinds of compromises might be best (or necessary) in order to carry out the plan? Which tactics will be the most effective? How will they work together to enhance each other? How will they be organized and executed? Who will be involved? What will this cost?

**Executive Branch and Congress:** With regard to the Executive Branch, which Federal departments/agencies and regulatory agencies have jurisdiction over your health care policy issue? Is there an opportunity to involve the White House, Cabinet, or independent regulatory agencies and staff? Which committees or subcommittees of the House and Senate have jurisdiction over your issue? Is this a legislative or regulatory strategy, or a mix of both? How will you gain access to, and have an effective ‘voice’ with, these key stakeholders? How can you enlist the support of or counter the opposition of the Executive Branch, Congress, or other key policy makers?

**Other Factors:** Be sure to consider the variety of advocacy tools and tactics, including their usefulness and appropriateness for pursuing your objective. What are the roles, if any, of coalitions, the media, associations, ‘grasstops’, grassroots, think tanks, third-party validators and influencers, and other key stakeholders in accomplishing your goal?

**Details of Your Submission:** The title slide does not count as part of the ten slides. The title slide should include: the title (including the policy issue); the company or organization name; the names of each team member; and the date. You should include references at the end, and this also will not count toward the ten-slide limit. When you e-mail the finished project, please include your project group number in the subject line.
For current news, views, and research on a wide variety of health care policy issues (e.g., health care reform, Medicare and Medicaid, regulatory issues, drug prices, IT/cyber, etc.), one of the better resources is the free consolidator-aggregator website, RealClearHealth (www.realclearhealth.com), which pulls from many diverse sources. Skimming this website prior to your D.C. residency will give you a good sense of current health care politics and policy issues and dynamics. RealClearHealth also is a good resource to continue to monitor after your D.C. residency, to keep up with issues of concern to you for your careers, your organizations, and your communities.

Below are some additional resources and references to help one better understand the public policy making process, particularly at the federal level. These materials are not meant to take sides one way or the other, but rather are meant to help foster more critical thinking and richer discussion. These materials also are intended to illustrate the fundamental players and processes in health care policy-making that will remain relevant for years to come, throughout your careers; they are less meant to highlight any particular ‘hot topic’ of the day, though current topics obviously will be discussed throughout the course. (NOTE: If for some reason there is a temporary technical problem in terms of clicking the links, either cutting-and-pasting the URL into your browser’s address line or simply Googling the article title should also work – all of these should be publicly available.)

**Some Health Care Policy Background and Currents**

- **Explaining Texas v. U.S.: A Guide to the 5th Circuit Appeal in the Case Challenging the ACA**
- **HHS’ Hargan: Medicare cuts will shore up program**
  [https://www.modernhealthcare.com/government/hhs-hargan-medicare-cuts-will-shore-up-program](https://www.modernhealthcare.com/government/hhs-hargan-medicare-cuts-will-shore-up-program)
- **States scramble to head off future Medicaid shortfalls**
- **Federal Judge Again Blocks States’ Work Requirements For Medicaid**
- **What are the recent and forecasted trends in prescription drug spending?**
- **Prescription Drug Costs Driven By Manufacturer Price Hikes, Not Innovation**
- **Judge Blocks Trump Rule Requiring Drug Companies to List Prices in TV Ads**

**Policy Making in the U.S. Government**

(for those who need or would like an overview or review of the fundamentals)

- **Branches of the U.S. Government:** [https://www.usa.gov/branches-of-government](https://www.usa.gov/branches-of-government)
- **Congress and Legislative Process Overview (video):** [www.congress.gov/legislative-process](http://www.congress.gov/legislative-process)
- **Executive Branch:** [www.whitehouse.gov/1600/executive-branch](http://www.whitehouse.gov/1600/executive-branch)
- **Judicial Branch:** [www.supremecourt.gov/about](http://www.supremecourt.gov/about)
Lobbying and Advocacy in the Public Policy Process

- Why Americans Dislike Lobbyists and Lobbying - and Shouldn’t
- The Unlobbyists  http://www.nytimes.com/2014/01/01/opinion/edsall-the-unlobbyists.html?_r=2
- How Lobbying Has Changed in Donald Trump’s Washington
  https://www.washingtonian.com/2019/03/10/how-lobbying-has-changed-donald-trump-washington/
- Regulatory lobbying has increased under the Trump administration
  https://www.brookings.edu/research/regulatory-lobbying-has-increased-under-the-trump-administration-but-the-groups-doing-the-lobbying-may-surprise-you/
- A Guide to Physician Advocacy (advocacy example)
- Nurse practitioners group makes a national case for its members (advocacy example)

Federal Regulatory Processes

- About That Big Regulatory Rollback
- The Trump administration has lost more than 90 percent of its court battles over deregulation
- Regulation And Deregulation: How Do They Work? (brief video)
- A Guide to the Rulemaking Process
- The Role of the Office of Management and Budget & OIRA (visit, skim) www.reginfo.gov
- The Federal Regulatory Process, Step-By-Step (visit, skim)
  https://www.reginfo.gov/public/reginfo/Regmap/index.jsp
- Review and Comment on Proposed Regulations (visit, skim through site) www.regulations.gov

Independent Agencies: The Federal Trade Commission

- Health Care Competition: https://www.ftc.gov/news-events/media-resources/mergers-competition/health-care-competition
- Pay for Delay: https://www.ftc.gov/news-events/media-resources/mergers-competition/pay-delay

The Role of Associations, Think Tanks, and Other NGOs (examples or resources to skim/browse)

- PhRMA: www.phrma.org/
- American Hospital Association: https://www.aha.org/
- America’s Health Insurance Plans: https://www.ahip.org/
- Medicaid Health Plans of America: http://www.medicaidplans.org/
- American Medical Association: https://www.ama-assn.org/
- American Nurses Association: http://www.nursingworld.org/
- Association of American Medical Colleges: https://www.aamc.org/
- Kaiser Foundation: https://www.kff.org/
- Center for Health Policy, Brookings: https://www.brookings.edu/center/center-for-health-policy/
- Health Policy Center, Urban Institute: https://www.urban.org/policy-centers/health-policy-center
- Center for American Progress: https://www.americanprogress.org/issues/healthcare/view/
- Health Affairs: https://www.healthaffairs.org/
- Your own industry and/or professional association(s)
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