

Health Reporting: A syllabus

JOURNALIST'S RESOURCE----Revised April 12, 2012

Knowledge-based reporting

(Developed by Trudy Lieberman for the Joan Shorenstein Center on the Press, Politics and Public Policy: <http://www.hks.harvard.edu/presspol/>)

Health is one of journalism's most complex and important beats. Health care spending consumes about seventeen percent of the U.S. economy, and the high cost of medical treatment affects everyone sooner or later. This beat touches on politics; economics and resource allocation; medicine and disease; business finances, marketing, and sales practices; consumer regulation and the law. It also involves conflicts of interest not only in the health professions but within the media as well. Someone covering health is expected to be expert in most of these topics and proficient in analyzing the growing amounts of health system data becoming available.

Course objective

This course is designed to acquaint reporters with all aspects of the health beat and teach them how to write compelling narratives about the U.S. system, investigate wrongdoing in health and medicine, and interpret health in a political, socio-economic, and medical context in ways that serve the public interest.

Learning objectives

The syllabus is designed to strengthen students' core competencies in several areas:

- Finding and analyzing background reading for stories
- Using observation to augment reporting
- Analyzing government documents dealing with inspection, enforcement, and regulation of health facilities and other medical enterprises
- Finding and interpreting data that measure the cost and quality of health care facilities
- Improving interviewing skills
- Evaluating varied sources of information while connecting the dots for analysis and contextual reporting

Course design

This course will acquaint you with all domains of health reporting. They include public and community health, the business of health, health policy, reporting on drugs and disease, and consumer health. Assignments will help you develop knowledge in these domains but also strengthen your ability to report and write about them.

Readings

There are three groups of readings for this course: general readings that apply to writing all kinds of health stories; books; and magazine articles or Internet readings that apply to particular class topics. The resources listed under General Readings help students with writing and are meant to be suggestions for instructors to assign as optional reading.

NOTE: There may be more readings suggested for each class than an instructor may want to assign. Instructors may want to select readings based on course emphasis for the semester.

Optional general readings:

"The Media Matter: A Call for Straightforward Medical Reporting," Schwartz L, Woloshin S., *Annals of Internal Medicine*, February 2004; 140: 226-228

"A Journalists Guide To Writing Health Stories," Gordon Guyatt et al, *American Medical Writers Association Journal*, 1999, Vol 14, Issue 1.

"Politics and the English Language," George Orwell.

"First a story..." *Columbia Journalism Review*, November/December 2002.

Books:

The Policy-making Process, Charles Lindbloom

The Truth About the Drug Companies, Marcia Angell

Food Politics, Marion Nestle

One Nation: Uninsured Jill Quadagno

The Politics of Medicare, Theodore Marmor

To Err Is Human Institute of Medicine

Chapters to be read from these books are listed for relevant class.

Assignments

There will be four short assignments and one final in-depth story you can do in any medium—print, broadcast or web package. Assignments are as follows:

Short assignments

1. An 800-word blog post arguing why the U.S. does not have the world's best health system.
2. An 800-word blog post comparing health statistics for two communities
3. A 1000-word story discussing what you find examining the inspection report (Form 2567) for a nursing home of your choice and comparing it to data for the facility found on the government's Nursing Home Compare site and to your own observations from visiting the nursing home.
4. A 1000-word consumer story on the topic: "Should you join a clinical trial?"

Final assignment

You can choose between:

1. A story about a hospital using quality and safety data, its marketing efforts, its patient mix, its charges, prices, and negotiating leverage—in short everything a patient would need to know before going to that hospital if the person had a choice.
2. A story about the marketing of a controversial drug—one that may have a questionable safety profile, questionable efficacy, high cost or limited use. It will be an examination of how the drug came to be, how it was sold, and what it contributes to better health, if anything.

Assignments for in-class discussions

1. For Week 6, choose a hospital in your community and look at how three different rating organizations evaluate the hospital and be prepared to discuss in class. NO WRITTEN PAPER
2. For Week 7, examine the disciplinary actions for doctors and nurses in your state and be prepared to discuss what you find in class as well as possible stories you might do. NO WRITTEN PAPER
3. For Week 9, choose a widely advertised drug pharmaceutical and observe how it is marketed in different media. Be prepared to discuss its side effects, marketing channels, and the ads effectiveness in communicating risks and benefits to the public. NO WRITTEN PAPER
4. For Week 10, choose a news report of a medical study and be prepared to evaluate it for the class using the criteria from Health News Review NO WRITTEN PAPER

Schedule of classes

WEEK 1: Uniquely American health care

There is no universal right to health care in America, and although the health reform law gave more people the right to buy health insurance, it did not guarantee that providers had to accept it. Nor did it mean every American will have insurance. Unlike other developed nations, health care in America is a commodity to be bought and sold with minimal regulations governing these marketplace transactions. The U.S. is an outlier when it comes to health care; it does not embrace social insurance but instead uses a system of private insurance. The U.S. system---the most expensive in the world---does not produce the best care in the world.

Class 1: Health care in the American context and the privileged position of business

DISCUSSION

Why we have the system we do and why it is so hard to change. The politics of the Affordable Care Act.

READINGS

The Policy-Making Process, All Chapters

Class 2: The best health care in the world?

DISCUSSION

What are the points of similarity and difference between American health care and other developed countries. Students will be asked to compare and contrast health care in other countries based on the readings and OECD data.

READINGS

"Mirror, Mirror on the Wall," The Commonwealth Fund, 2007

"Mirror, Mirror on the Wall," The Commonwealth Fund, 2010

OECD health statistics from OECD website

http://www.oecd.org/topicstatsportal/0,2647,en_2825_495642_1_1_1_1_1,00.html

"US and Other Health Care Systems Compared," presentation by Humphrey Taylor, chairman, The Harris Poll (EDITOR THIS IS WHAT NEEDS TO GO IN RESOURCE DATA BASE)

WEEK 2: What makes healthy people and healthy communities

Many factors determine whether people are healthy, and it's not necessarily the kind of insurance they have, their genetic predisposition, or expensive medicines that determine good or bad health. The food we eat, the money we have, where we live, our jobs, and the stress we experience play a big role in health status.

Class 1: The social determinants of health

DISCUSSION

Class takes population quiz and discusses answers and then discusses the Whitehall studies, stress, job satisfaction, and health care inequality.

READINGS

"Health in an Unequal World," Sir Michael Marmot *The Lancet*

<http://www.lancet.com/journals/lancet/article/PIIS0140-6736%2806%2969746-8/fulltext>

"Class---The Ignored Determinant of the Nation's Health" Stephen Isaacs and Steven A. Schroeder, *The New England Journal of Medicine*, September 9, 2004

"Inequalities Are Unhealthy," Vincent Navarro, *Monthly Review*, Volume 56, Number 2, June 2004

<http://monthlyreview.org/2004/06/01/inequalities-are-unhealthy>

"Nobel winners live longer, say researchers," *EducationGuardian.uk*

<http://www.guardian.co.uk/education/2007/jan/17/highereducation.uk1>

Class 2: Reporting on differences in community health

DISCUSSION

Finding health statistics for various communities, what they tell us, and how to use them.

READINGS

"The Reversal of Fortunes: Trends in County Mortality and Cross-County Mortality Disparities in the United States," PLoS Medicine, <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0050066>

Familiarize yourself with census data, databases from The Commonwealth Fund, the Robert Wood Johnson Foundation, and the University of Wisconsin

<http://www.countyhealthrankings.org/>

<http://www.commonwealthfund.org/Maps-and-Data/State-Data-Center/Local-Scorecard.aspx#indicator/ind529/fmt740>

<http://www.countyhealthrankings.org/>

ASSIGNMENT DUE THIS WEEK

An 800-word blog post arguing why the U.S. does not have the best health care in the world.

WEEK 3: The public's health

The media often give short shrift to public health except when there is an outbreak of disease or an environmental disaster. Public health issues fall into two groups---the old public health problems like measles epidemics and newer ones like obesity and vaccine controversies. Students will learn how to cultivate sources in their local health departments and identify ideas for stories that further public health.

Class 1: Covering disease outbreaks and vaccine controversies

DISCUSSION

Class will examine and critique coverage of the recent H1N1 outbreak and examine controversies over childhood vaccinations.

READINGS

"How Social Networks Shaped Disease Transmission During 2009 H1N1 Pandemic" Journalist's Resource Database

<http://journalistsresource.org/studies/society/education/social-networks-h1n1-pandemic/>

"Public Should Receive More Complete Warnings," Sheryl Attkisson, CBS News Investigates, August 19, 2009 http://www.cbsnews.com/2100-500690_162-5253431.html

"Drug Makers' Push Leads to Cancer Vaccines' Rise, Elizabeth Rosenthal, *New York Times*,

<http://www.nytimes.com/2008/08/20/health/policy/20vaccine.html?pagewanted=all>

“The Collapse of Public Health, SARS, Influenza, and the Coming Plague,” *Harpers*, July 2004.

Class 2: Covering the new epidemic—obesity

DISCUSSION

Class will examine how the obesity epidemic has been framed and discuss ways to cover the story beyond the obvious.

READINGS

Disparities in Obesity Patterns Among Adolescents Journalist’s Resource Database <http://journalistsresource.org/studies/society/health/disparities-in-peaks-plateaus-and-declines-in-prevalence-of-high-bmi-among-adolescents/>

Food Politics, Parts 2 and 3, “Working the System” and “Exploiting Kids, Corrupting Schools”

“Evaluating Sugary Drink Nutrition and Marketing to Youth,” Journalist’s Resource Database <http://journalistsresource.org/studies/society/health/sugary-drinks-nutrition-marketing-youth/>

(EDITOR MAY WANT TO ADD ANOTHER READING OR TWO AFTER A CONFERENCE NEXT WEEK)

HELPFUL RESOURCES

Covering Obesity: A Guide for Reporters Association of Health Care Journalists.

ASSIGNMENT DUE THIS WEEK:

An 800-word blog post that compares the health of two communities using data from The Commonwealth Fund, Robert Wood Johnson, U.S. census data, the University of Wisconsin, and Community Health Status Indicators (Public Health Foundation).

WEEK 4: How America Pays for Health Care

America has a bifurcated system of health insurance based largely on employment with coverage supplied by private insurers. Medicare, a social insurance program, covers the elderly and disabled people; Medicaid, a means-tested welfare program, covers the poor for health care and the middle class for long-term care.

Class 1: The private insurance system

DISCUSSION

This class will examine the role of employers in providing insurance and how private insurance carriers work, how they select risks, price and market their products, choose doctors for their networks, and decide which claims to pay.

READINGS

One Nation Uninsured, Jill Quadagno Chapters 2, 5, 6, 7

“Health insurer tied bonuses to dropping sick policyholders,” *Los Angeles Times*, <http://articles.latimes.com/2007/nov/09/business/fi-insure9/2>

“How Insurers Reject You,”

http://www.slate.com/articles/news_and_politics/prescriptions/2010/02/how_insurers_reject_you.single.html

Kaiser Family Foundation private insurance primer

<http://www.kff.org/insurance/7766.cfm>

“Health Reform and Medical Bankruptcy in Massachusetts,” Journalist’s Resource data base <http://journalistsresource.org/studies/society/health/health-reform-medical-bankruptcy-massachusetts/>

Class 2: The public insurance system

DISCUSSION

This class focuses on how Medicare, Medicaid, and the CHIP program provide coverage for the elderly, the poor and, children from low-income families. Students will learn the differences between social insurance and welfare programs, and understand the sales and marketing of Medicare Advantage plans and Medicare supplement insurance that add a private dimension to the Medicare program.

READINGS

Kaiser Family Foundation Medicare primer <http://www.kff.org/medicare/7615.cfm>

Kaiser Family Foundation Medicaid primer <http://www.kff.org/medicaid/7334.cfm>

The Politics of Medicare, Theodore Marmor, Chapters 1, 9, 10

Columbia Journalism Review “Covering Medicare” archive

http://www.cjr.org/campaign_desk/covering_medicare_archive.php

WEEK 5: Covering Long-term care

As the U.S. population ages, long-term care has grown as a serious topic to cover. It involves investigating places of care such as nursing homes, assisted living facilities and other care options in the community, and reporting on the quality and safety of the care they provide. Most of these facilities operate as for-profit businesses whose financial goals sometimes conflict with the need to provide good care. Students will learn how to judge nursing home finances using such tools as Medicare cost reports, annual reports, and documents filed in lawsuits.

Class 1: Nursing homes and assisted living facilities

DISCUSSION

This class will explore how nursing homes changed from non-profit to for-profit providers of care, the lobbying clout of the industry, and the role of Medicaid in paying for long-term care. Students will examine the state and regulatory systems for nursing homes, state inspection reports, and the lack of oversight for assisted living facilities. It will also discuss how consumers—and reporters—can evaluate nursing homes using government data and simple techniques of observation.

READINGS

“Nursing Homes Business As Usual,” *Consumer Reports*,
http://www.consumerreports.org/health/healthy-living/health-safety/nursing-homes-9-06/overview/0609_nursing-homes_ov.htm and
http://web.archive.org/web/20101001213624/http://www.consumerreports.org/health/doctors-hospitals/nursing-home-guide/0608_nursing-home-guide.htm

“Trust and Neglect, Part 1 (other parts optional) *Detroit Free Press*
<http://www.freep.com/article/20111211/FEATURES08/111207034/Trust-and-neglect-Special-report-on-nursing-homes-in-Michigan>

“Falsified patient records are untold story of California nursing home care,”
Sacramento Bee <http://www.sacbee.com/2011/09/18/3918688/falsified-patient-records-are.html>

Nursing Home Compare inspection data <http://healthjournalism.org/resources-data-details.php?id=3>

“At Many Nursing Homes, More Profit and Less Nursing,” *New York Times*
<http://www.nytimes.com/2007/09/23/business/23nursing.html?pagewanted=all>

Class 2: The forgotten services—home care, board and care homes, food programs, Medicaid waivers

DISCUSSION

This class will teach students how these programs work, how they are regulated, if at all, how to find stories from community advocates, and how to evaluate the quality of health care they provide.

READINGS

“Seniors for Sale,” All Parts, *Seattle Times*

<http://seattletimes.nwsourc.com/html/seniorsforsale/>

“Hunger in America,” *The Nation*, March 30, 1998 **LINK TKTKTK**

“Home Alone: Adult Health Center Cuts Devastate Elderly, Disabled” New America Media <http://newamericamedia.org/2011/10/home-alone-adult-health-center-cuts-devastate-elders-disabled.php>

ASSIGNMENT DUE THIS WEEK

800-1000 word story evaluating inspection reports for your chosen nursing home.

WEEK 6: Covering hospitals

Hospitals account for one-third of U.S. spending on health care. They play competitive games to attract patients any way they can, but often pushing their expensive high-tech machines to bring customers their way. Hospitals are big businesses and enjoy patient loyalty in ways most enterprises do not. They are also unsafe and vary in the quality of care delivered, a reality that conflicts with hospitals’ “good guy” image.

Class 1: The hospital as a business enterprise

DISCUSSION

Students will learn how to analyze hospital financial statements such as 10k and 990 filings, understand charity care, marketing, executive compensation, hospital regulation, and state survey inspection reports. They will also examine the myth of hospital competition and the trend toward consolidation.

READINGS

“Medical Debt Puts More at Risk, *The Bergen Record*,
http://www.northjersey.com/news/137841618_Medical_debt_puts_more_at_risk.html

“In Their Debt,” *Baltimore Sun*, Parts 1, 2, 3
<http://www.baltimoresun.com/news/nation-world/baltimore-hospitaldebt,0,2121674.storygallery>

“The New Goliaths,” *The National Journal*
<http://www.ahipcoverage.com/2012/02/17/7433/>

“Hospitals’ Geographic Expansion In Quest of Well-Insured Patients: Will The Outcome Be Better Care, More Cost, Or Both? Health Affairs LINK TKTK

HELPFUL RESOURCE

Tip Sheet Association of Health Care Journalists
<http://healthjournalism.org/resources-tips-details.php?id=3>

Class 2: Hospital safety and quality

DISCUSSION

Increasingly government data show that hospitals are unsafe. Class will discuss sources of safety data and how to use it to frame stories. Students will also learn about the myriad ratings schemes for hospitals, including those from government agencies and for-profit businesses, learn how to separate the reasonable from the questionable, and understand whether any of them have relevance to patients.

READINGS

“Do No Harm,” *Las Vegas Sun*, Parts 1, 2, 4
<http://www.lasvegassun.com/hospital-care/>

“How our hospitals unleashed a MRSA epidemic,” *Seattle Times*
http://seattletimes.nwsourc.com/html/localnews/2008396215_mrsaday1.html

“Should Health Journo Use Hospital Safety Data,” *Columbia Journalism Review*
http://www.cjr.org/campaign_desk/should_health_journos_use_hosp.php?page=all

To Err Is Human Institute of Medicine Chapters 2, 3, 6

Familiarize yourself with HealthGrades website
<https://www.google.com/search?client=gmail&rls=gm&q=health%20grades>

ASSIGNMENT FOR IN-CLASS DISCUSSION

Choose a hospital in your community and look at three different rating schemes to see how they evaluate the hospital you selected. Consider what a consumer would do with them.

WEEK 7: Covering the health professions

Covering health care professionals---doctors, nurses, dentists, therapists—has long been a staple of the health beat, but in recent years it has taken on new importance as professionals increasingly advertise for their services. We will explore state and federal regulatory systems designed to ensure patient safety but often fail to do so. We will also evaluate safety and quality data available from government agencies and learn how to differentiate rating schemes that are self-serving and those that may be useful to journalists.

Class 1: How we regulate doctors, nurses, and the rest

DISCUSSION

In this class, students will learn how to use information and data about practitioners available from such sources as state licensing boards and the National Practitioner Data Base. They will explore the larger question: why bad doctors and other professionals continue to practice medicine.

READINGS

“When Caregivers Harm,” ProPublica,

http://www.cjr.org/campaign_desk/should_health_journos_use_hosp.php?page=all

“Missouri Secretive, lax on doctor discipline,” *St. Louis Post-Dispatch*

http://www.stltoday.com/lifestyles/health-med-fit/fitness/article_5cc342ba-dd6c-5428-b25e-99f8faeca638.html

“Fatal Mistakes,” *AARP Bulletin*, November 2004 **LINK TKTKTK**

Class 2: The malpractice myth

DISCUSSION

Contrary to popular belief, malpractice lawsuits are not responsible for the high cost of U.S. health care. Doctors and trial lawyers have huge stakes in preventing real reform of the medical reparations system. The academic literature is full of suggestions that would address this contentious issue and result in more equitable compensation for those injured by medical practitioners. Students will discuss defensive medicine and learn about the politics, the options, and how to understand the spin from lawyers and doctors so they can report with more knowledge and nuance.

READINGS

“Righting Wrongs,” *AARP Bulletin*, April 2006 **LINKTKTKTK**

“Excluded Voices: Health Care Costs,” *Columbia Journalism Review*,

http://www.cjr.org/campaign_desk/excluded_voices_health_care_costs.php?page=all

“Medical Malpractice,” *The New England Journal of Medicine*, January 15, 2004

<http://www.nejm.org/doi/full/10.1056/NEJMhpr035470>

“Surmounting Myths and Mindsets in Medical Malpractice” The Urban Institute, October 2005 <http://www.urban.org/publications/411227.html>

“Malpractice Risk According to Physician Specialty,” Journalist’s Resource data base <http://journalistsresource.org/studies/society/health/malpractice-risk-physician-specialty/>

ASSIGNMENT FOR IN-CLASS DISCUSSION

Students will examine disciplinary actions against doctors and dentists (or any other health professional the instructor chooses) in their state and be prepared to discuss their findings in class suggest possible stories based on what they find.

WEEK 8: The pharmaceutical industry, Part 1

Drug makers and manufacturers of medical devices are some of the most profitable businesses around. They enjoy much public and political support and spend billions of dollars on advertising and marketing to make sure the public and politicians think well of their efforts. While many of their products have improved health, they also market drugs and high-tech equipment that boost the cost of medical care without providing commensurate benefits to patients.

Class 1: Drug industry basics

DISCUSSION

Class will examine how the drug and medical device industry creates new drugs. Students will learn about research and development costs, patent protection, and the industry’s profitability.

READINGS

The Truth About the Drug Companies Chapters 1-6 and 10

Class 2: How the U.S. regulates drugs and devices. The FDA approval process

DISCUSSION

Health reporters need to understand how the FDA regulates drugs and devices, what the rules are, what approval means and does not mean, political pressures the FDA faces. Students will consider the question: Is the public protected well? To prepare for class, students will browse the FDA website and familiarize themselves with FDA documents such as proceedings of advisory panel meetings, adverse event reports, black box warnings, labeling rules, advertising regulations, and warning letters to advertisers.

READINGS

“Stronger Cautions Backed On Bone Drugs for Women,” *New York Times*
<http://www.nytimes.com/2011/09/10/business/fda-panels-back-sterner-language-on-bone-drugs.html>

“Common Failure Of Hip Implants Brings Big Costs,” *New York Times*
<http://www.nytimes.com/2011/09/10/business/fda-panels-back-sterner-language-on-bone-drugs.html>

“New Models of Implants Not Better, Study Finds,” *New York Times*
<http://www.nytimes.com/2011/12/23/health/research/new-models-of-hip-and-knee-implants-not-better-study-finds.html>

“Group Faults The F.D.A. On Oversight Of Devices,” *New York Times*
<http://www.nytimes.com/2011/04/13/health/13implant.html>
“Eli Lilly Said To Play Down Risk of Top Pill,” *New York Times*
<http://www.nytimes.com/2006/12/17/business/17drug.html?pagewanted=all>
“Political Lobbying Drove FDA Process,” *Wall Street Journal*
<http://online.wsj.com/article/SB123629954783946701.html>

WEEK 9: The pharmaceutical industry, Part 2

Class 1: How the industry markets to doctors and patients—detailing, selling sickness, disease advocacy groups

DISCUSSION

Students will learn about the drug industry’s tricks of the trade. The pharmaceutical industry is very good at marketing its products. In this class reporters covering this industry from the business, health, or consumer perspective will become acquainted with the ways the industry increases the market for new drugs.

READINGS

“Should Health Advocacy Groups Disclose Funding”
<http://www.pharmalot.com/2011/01/should-health-advocacy-groups-disclose-funding/>
“The Fight Against Disease Mongering,” Public Citizen Health Research Group Health Letter May 2006
“Following the Script: How Drug Reps Make Friends and Influence Doctors,” PLoS Medicine
<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0040150;jsessionid=4B0CC6709CC3C970312DFECC4EB253B>
“The Thin Pill” *Wired* <http://www.wired.com/wired/archive/14.10/thin.html>
<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0030170>
The Truth About the Drug Companies Chapters 7, 8, 9

Class 2: How the industry uses the media to market its products

DISCUSSION

This class will examine direct-to-consumer advertising, the industry’s use of social media and traditional media, and how the media themselves have played a role in helping to market pharmaceuticals.

READINGS

“ADHD’S Facebook ‘friends’” *Los Angeles Times*
<http://articles.latimes.com/2009/mar/30/opinion/oe-ellison30>
“Pharma Goes Online; Feds Fail to Follow” *Corporations and Health Watch*
<http://www.corporationsandhealth.org/news/89/15/Pharma-Goes-Online-Feds-Fail-to-Follow>
“A Decade of Direct-to Consumer Advertising of Prescription Drugs,” *The New England Journal of Medicine*
<http://www.nejm.org/doi/full/10.1056/NEJMsa070502>

“Bitter Pill,” *Columbia Journalism Review* July/August 2005 **LINK TKTKTK**
“New Drugs: A Dose of Reality---the Press Too Often Plays Up the Positive”
Columbia Journalism Review September/October 1999 **LINK TKTKTK**
“Giving Legs to Restless Legs: A Case Study of How the Media Helps Makes
People Sick *PLoS Medicine*
<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0030170>

IN-CLASS ASSIGNMENT FOR DISCUSSION

Choose a widely advertised drug and evaluate the effectiveness of the commercials. Look for evidence of risks and benefits, warnings and usefulness to potential users.

WEEK 10: Understanding medical studies

Most health reporters will be asked to report on new medical studies, and the temptation will be to report on the usually glowing findings touted in press releases. But reporting on what the studies really find and interpreting what they mean is tricky. This class will acquaint students with some basic epidemiological concepts and learn the criteria for reporting useful and accurate information to the public. Students will also learn where medical news comes from, how it is disseminated, and the politics of medical journals.

Class 1: How to read and interpret medical studies

DISCUSSION

This class focuses on the nuts and bolts of reading studies. Students will learn concepts such as absolute and relative risk, number needed to treat, and the hierarchy of evidence. They will also learn about journal embargos and how to interpret news from medical conferences. Students should familiarize themselves with blog posts on Embargo Watch
<http://embargowatch.wordpress.com/>

READINGS

“Bitter Pill,” *Columbia Journalism Review* **LINK TKTKTK**
“Things you should know about research stories” *Health News Review*
<http://www.healthnewsreview.org/rThemes.php>
“Review Criteria,” *Health News Review*
<http://www.healthnewsreview.org/about-us/review-criteria/>
“Coverage By The News Media of the Benefits and Risks of Medications” *The New England Journal of Medicine*
<http://www.nejm.org/doi/full/10.1056/NEJM200006013422206>
“Studying a study and testing a test: How to read the medical evidence” *Annals of Internal Medicine* November 7, 2000, page 760 **LINK TKTKTK**
“Mixed Grades for Medical Coverage” *Columbia Journalism Review*
http://www.cjr.org/the_observatory/mixed_grades_for_med_coverage.php

“Now you see it, now you don’t: why journals need to rethink retractions” blog post *The Guardian*

<http://www.guardian.co.uk/commentisfree/2011/jan/15/bad-science-academic-journal-retraction/print>

<http://www.nejm.org/doi/full/10.1056/NEJMs0803929>

“Randomized Control Trials: Observational Studies and the Hierarchy of Research Designs.” *The New England Journal of Medicine*

<http://www.nejm.org/doi/full/10.1056/NEJM200006223422507>

HELPFUL RESOURCES:

“Covering Medical Research—A Guide for Reporting on Studies,” Association of Health Care Journalists

Tip sheet “Levels of Evidence and Grades of Recommendations,”

<http://www.cebm.net/index.aspx?o=1025>

Tip sheet: “Evidence-Based Medicine Glossary”

<http://www.cebm.net/index.aspx?o=1116>

IN-CLASS ASSIGNMENT FOR DISCUSSION

Find a news report of a medical study and be prepared to evaluate the story according to the criteria from Health News Review

Class 2: Clinical trials and IRBs

DISCUSSION

In this class the focus will be on clinical trials and how they work, the risks and benefits of joining one, what they mean for drug safety and efficacy. Class will also discuss the Institutional Review Boards IRBs that scrutinize the methodology and procedures used in every clinical trial. It will examine how well participants are protected.

READINGS

“The Right To A Trial,” *The New Yorker*,

http://www.newyorker.com/archive/2006/12/18/061218fa_fact

“The Biotech Death of Jesse Gelsinger,” *New York Times*,

<http://www.nytimes.com/1999/11/28/magazine/the-biotech-death-of-jesse-gelsinger.html?pagewanted=all&src=pm>

“Ten Years Later: Jesse Gelsinger’s Death and Human Subjects Protection”

Bioethics Forum <http://www.geneticsandsociety.org/article.php?id=4955>

“Ethical and Scientific Implication of the Globalization of Clinical Research,” *The New England Journal of Medicine*

ASSIGNMENT DUE THIS WEEK:

1000-word consumer story on whether a patient should join a clinical trial

WEEK 11: The high cost of medical care

The U.S. spends more than seventeen percent of GDP on health care, more than any country in the world. A large chunk of that outlay is spent on high-tech treatments of unproven worth which contribute to the overtreatment Americans experience. Paradoxically overtreatment exists along side the lack of treatment for people who need care but cannot get it. Historically businesses and practitioners have resisted attempts to control what they can charge, and there have been few attempts by the government to limit what health care providers and sellers can charge. Price levels for care are the highest in the world. Practitioners use high-tech treatments and medicines even when there is little or no evidence they are clinically or cost effective.

Class 1: Why costs are so high? The paradox of overtreatment and undertreatment. The myths of preventive care.

DISCUSSION

This class will explore the differences between the way the U.S. controls medical costs and the way other countries do. Students will examine the cost control methods called for by the health reform law, cost differences among U.S. localities, the paradox of over and undertreatment, and the myths of preventive care. Students will familiarize themselves with the *Dartmouth Atlas* and geographic variation in cost and quality of health care.

READINGS

"The Obama Administration's Options for Health Care Cost Control: Hope Versus Reality," *Annals of Internal Medicine*

<http://www.annals.org/content/150/7/485.abstract>

"Health Care Spending: The Basics; How Much Do We Spend on Hospitals?" Part 1 Health Beat, The Century Foundation

<http://www.healthbeatblog.org/2008/04/health-care-spe.html>

"The Cost Conundrum" *The New Yorker*

http://www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande

"Bundling Payments to Curb Health Care Costs Proves Difficult to Achieve,"

RAND http://www.rand.org/pubs/external_publications/EP201100242.html

"Benchmarking Preventive Care Utilization," Milliman Research Reports

http://insight.milliman.com/article.php?cntid=7535&utm_medium=web&utm_content=7535&utm_campaign=Milliman%20n%20Healthcare

"Excluded Voices" an interview with Louise Russell *Columbia Journalism Review*

http://www.cjr.org/campaign_desk/excluded_voices_5.php?page=all"Excluded

"Is High Spending On Cancer Care Worth It," *Reuters*,

<http://www.reuters.com/article/2012/04/09/us-cancercare-idUSBRE8380SA20120409>

"An Analysis Of Whether Higher Health Care Spending In The United States Versus Europe Is 'Worth It' In The Case Of Cancer" *Health Affairs*

<http://content.healthaffairs.org/content/31/4/667.abstract> **ED: CAN YOU GET THE LINK TO THE FULL STORY ON THIS ONE**

"In Long Drive to Cure Cancer, Advances Have Been Elusive," *New York Times*

<http://www.nytimes.com/2009/04/24/health/policy/24cancer.html?pagewanted=all>

Class 2: Covering medical technology

DISCUSSION

Health and business reporters will be asked to report on new medical technology and as in the case when they cover new drugs, the press release too often becomes the story. But there is much more to reporting about technology that explains how it contributes to the country's high health care tab.

READINGS

"The Case of CT Angiography: How Americans View and Embrace New Technology" *Health Affairs*

<http://content.healthaffairs.org/content/27/6/1515.extract>

"Covering Medical Technology—The Seven Deadly Sins," *Columbia Journalism Review* September/October 2001. **LINK TKTKTK**

"Unproven for older women digital mammography saps Medicare dollars" Center for Public Integrity

<http://www.iwatchnews.org/2011/01/30/2166/unproven-older-women-digital-mammography-saps-medicare-dollars>

"Digital mammography no better than film for most women despite increased costs Center for Public Integrity

<http://www.iwatchnews.org/2011/10/17/7137/digital-mammography-no-better-film-most-women-despite-increased-costs>

"The Quality of Health Care Delivered to Adults in the United States," *The New England Journal of Medicine*

<http://www.nejm.org/doi/full/10.1056/NEJMsa022615>

Selected readings from "The Evidence Gap" series, *New York Times*

http://topics.nytimes.com/topics/news/health/series/the_evidence_gap/index.html (Instructors can choose which readings to use)

"Excluded Voices: An interview with Andrew Dillon," *Columbia Journalism Review*

http://www.cjr.org/campaign_desk/excluded_voices_7.php?page=all

WEEK 12: Ethics and conflicts of interest in health reporting

Health and medicine are full of conflicts of interest, which are inevitable in profit-making enterprises that characterize the U.S. health system. Health care sellers including pharmaceutical companies, hospitals, health care professionals, and insurers often advertise in the news media making it difficult to bite the hand that feeds.

Class 1: Conflicts in the medical business

DISCUSSION

This class will focus on such ghost writing at medical journals, financial ties between doctors and drug companies, drug company influence in hospital purchasing, and financial support of patient advocacy groups which appear to advocate for patients but help drug companies sell more products.

READINGS

"Financial transparency skin-deep at medical journals" *Reuters Health*

<http://www.reuters.com/article/2011/06/08/us-financial-transparency-idUSTRE7574ET20110608>

“Dollars for Docs,” ProPublica <http://projects.propublica.org/docdollars/>
“The Medical Profession’s Culture of Corruption,” Part 1 MedicationSense E-Newsletter
http://www.medicationsense.com/articles/jan_apr_06/conflict_of_interest_020306.html Part 2
http://medicationsense.com/articles/may_aug_06/conflict_of_interest_060306.html
“Under the microscope” *Boston Globe*
http://www.boston.com/news/globe/ideas/articles/2006/01/22/under_the_microscope/
“At Medical Journals, Writers Paid by Industry Play Big Role,” *Wall Street Journal*
<http://online.wsj.com/article/SB113443606745420770.html>

Class 2: The media’s own conflicts of interest

DISCUSSION

This class will discuss how the media’s own interests team up with players in the medical enterprise to keep the public in the dark. Many news outlets, particularly television networks depend on advertising from drug companies and hospitals, which push their products and services that might not be in the best interests of patients. Students will discuss such questions as: how do reporters get their work published when there’s pushback from the bosses and how to maintain their integrity when they are asked to shill for health-care providers or sellers. When is it okay to work for a health care business?

READINGS

“The Epidemic,” *Columbia Journalism Review* March/April 2007 **LINK TKTGTK**
“Another Cozy TV Partnership” *Columbia Journalism Review*
http://www.cjr.org/campaign_desk/another_cozy_tv-hospital_partnership.php
“Unhealthy Alliances Between Hospitals and TV Stations” *Columbia Journalism Review*
http://www.cjr.org/the_observatory/unhealthy_alliances_between_ho.php?page=all
“In South Carolina, another Hospital/Journo Alliance” *Columbia Journalism Review* http://www.cjr.org/campaign_desk/in_south_carolina_another_hosp.php
“News Director Quits Over Hospital Deal,” *Columbia Journalism Review*
http://www.cjr.org/the_observatory/news_director_quits_over_hospi.php?page=all

WEEK 13: Finding sources and telling patient stories

The course will conclude this week with a discussion of finding sources and telling stories about people who have encountered the health care system not always in positive ways. Final class will be a wrap up and evaluation of the semester.

Class 1: Finding sources and using real people in your stories

DISCUSSION

Students will learn some dos and don'ts to use in telling patient stories and learn about available websites.

READINGS

"Woman featured in *State Journal* article died before publication, *Wisconsin State Journal*

http://host.madison.com/wsj/news/local/health_med_fit/article_3ec3a052-b4ba-11e0-86de-001cc4c03286.html

"Reporter offers advice on avoiding embarrassing incident" Association of Health Care Journalists <http://www.healthjournalism.org/resources-articles-details.php?id=187>

"Lessons of a \$618,616 Death," Bloomberg Businessweek

http://www.businessweek.com/magazine/content/10_11/b4170032321836_page_2.htm

Class 2: Wrap-up and evaluation

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