

Discussion Questions for Week 1

A "threaded discussion" is a discussion forum that allows students to respond to questions posted by the professor (original responses), which can then be read by other users who add their own comments in response (secondary postings). Unlike chat rooms and other "real-time" interaction forums, threaded discussions do not require different users to be logged on at the same time.

Discussion questions are assigned each week. **Original responses to these questions must be posted by Thursday at 11:59PM.** Original responses must be at least **250 words** and must incorporate concepts from the lectures and assigned readings.

Secondary Responses/Postings: Each student must post **two or more** secondary responses to other students' postings **for each discussion question.** Secondary responses are due by **11:59PM on the Monday following the week in which the questions were assigned.** They must be a minimum of **150 words** and, like original responses, should incorporate concepts from the lectures and assigned readings. Students are encouraged to embark on interactive discussions that go beyond the minimum number of secondary postings.

Although the discussion board is expected to be student-driven, professors will be participating in the discussions as well.

DQ 1.1: The 1989 **OIG** study, titled Financial Arrangements Between Physicians and Health Care Businesses, precipitated the enactment of the Stark Law found that patients of referring physicians who own or invest in independent clinical laboratories received 45 percent more clinical laboratory services than the general population of Medicare patients, resulting in \$28 million of additional charges to the Medicare program in 1987 alone. Subsequent studies have reached similar results. Assuming that physician financial incentives do in fact lead to increased utilization, do you think that this utilization is necessarily improper and leads to negative patient outcomes?

DQ 1.2: As a result of the way that the statute and regulations define "designated health services," certain physician practices are more affected by the Stark Law than others. For example, a cardiology group that also has a diagnostic imaging lab, or an orthopedics group with X-ray machines, is subject to the Stark Law with respect to the imaging services. However, a typical primary care practice does not fall under the purview of Stark. Does this differential treatment make sense? Do you think that primary care physician services are vastly different in nature than imaging services? Or could primary care physicians face the same conflicts of interest as cardiologists and orthopedists?