

Graduate Health Administration Program  
Department of Health Administration and Human Resources  
College of Professional Studies  
University of Scranton

## **HAD 519 – HEALTH SERVICES AND SYSTEMS**

3 credits

Fall 2011, Mondays 4:30-7:10 pm and 7:20-10:00 pm  
402 McGurkin Hall

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*“The quest for greater efficiency in the delivery of health care services is eternal in a country that spends far more on health care than any other, consistently has growth in spending that outstrips that of income, is unable to provide insurance coverage to at least 15 percent of its population, and ranks poorly among industrialized countries in systemwide measures such as life expectancy and infant mortality. Add to this our quality problems, and it is hard to be complacent . . .” Nichols, et al., 2004*

### **I. COURSE DESCRIPTION**

This required graduate course studies the past, present, and future development of health services and systems in the United States. Topics include health, population health, disease, risk factors, access to care, health services, health systems, health organizations, workforce, technology, costs, financing, insurance, quality, policy, and the structure, function, and evolution of the U.S. health care system. Selected conceptual foundations are drawn from disciplines such as systems theory, epidemiology, sociology, political science, and economics. This is an introductory foundational course for the graduate health administration curriculum. There are no pre-requisites.

### **II. COURSE OBJECTIVES**

After completing this course you should be able to:

- a) identify factual knowledge of U.S. health services and systems
- b) apply concepts of health, disease, illness, and epidemiology for health services and population health status
- c) describe and use fundamental principles, generalizations, and theories about U.S. health services and systems
- d) analyze health care services as a system of interactive subsystems and components
- e) synthesize knowledge and concepts to create an integrated view of health services and systems
- f) apply information literacy skills and methods to understand health services and systems
- g) demonstrate skills, competencies, values, and points of view needed by health service administrators

### **III. COURSE ACTIVITIES**

We will use readings, lectures, discussions, group activities, student participation, guest speakers, videos, handouts, experiential projects, and research to enable students to achieve the course objectives. Other learning methods and activities may also be used.

#### IV. REQUIRED READING

- Williams & Torrens. (2008). Introduction to Health Services (7<sup>th</sup> ed.). Clifton Park NY: Thomson Delmar Learning.
- E-reserved readings, available through the Electronic Reserves link in Angel or by navigating from the library home page. Password is 'services'.
- Reading in relevant journals (especially *Health Affairs*), web sites, and other sources that will be identified in class.
- Additional reading, handouts, and materials distributed and assigned during the semester.

#### V. RESPONSIBILITIES AND GRADING

You are responsible for:

- \* completing all reading assignments prior to scheduled classes (except for the first class)
- \* attending (on time) and meaningfully participating in class
- \* getting all material presented and announcements made during every class (even if you are not present)
- \* completing all course assignments and activities as scheduled, or else contacting me in advance if this is not possible so that reasonable adjustments can be mutually arranged
- \* seeking help and answers if you have any questions or concerns about the course, assignments, etc.
- \* understanding and upholding university policies and the Academic Code of Honesty (available at [http://matrix.scranton.edu/student\\_handbook](http://matrix.scranton.edu/student_handbook)); an assignment with plagiarism will be returned ungraded to be redone and it will then be graded with 20 points deducted for plagiarism

Class preparation, attendance, and participation help increase course learning, performance, and grades. Class attendance is strongly recommended and expected, but it is not required. The more you prepare, attend, and participate, the more you will learn. Please come to each class prepared to meaningfully participate in discussions, assignments, and activities. You are encouraged to share your own experiences that fit with the class content.

I want you to do well in the course. This syllabus provides much information about what is expected and how to do well in this course. During the semester, I will provide further information about course expectations, assignments, etc., so that you can learn and do well. Please contact me (by email, phone, after class, office visit, etc.) if you have questions or concerns about course material, class activities, assignments, grades, or any aspects of the course. I will provide feedback to you during the semester about your performance in the course; if you desire further feedback, please contact me. I will be available for individual help. I welcome feedback during the semester about the course.

In order to receive appropriate accommodations, students with disabilities must register with the Center for Teaching and Learning Excellence and provide relevant and current medical documentation. Students should contact Mary Ellen Pichiarello (x4039) or Jim Muniz (x4218), 5th floor, St. Thomas Hall, for an appointment. For more information, see <http://www.scranton.edu/disabilities>.

The Writing Center at the University of Scranton helps students become better writers. Consultants work one-on-one with students to discuss students' work and provide feedback at any stage of the writing process. Scheduling appointments early in the writing progress is encouraged. To meet with a writing consultant, stop by during the Writing Center's regular hours of operation, call (570) 941-6147 to schedule an appointment, or complete the Writing Assistance Request Form online. You can also schedule an online appointment using Google Docs and Google Talk.

You will earn your course grade based on the following components of your final grade:

15% = Class preparation and participation (e.g., class assignments, activities, discussions, etc.)

20% = Mid-term exam

15% = Partial draft of a report on a community's health status, services, and systems (details later in syllabus)

25% = Final report on a community's health status, services, and systems (details later in syllabus)

25% = Final exam

Letter grades will be earned based on the following numerical grades set by the Department:

100-95 = A	94-92 = A-	91-89 = B+	88-86 = B	85-83 = B-
82-80 = C+	79-74 = C	below 74 = F		

## VI. COURSE COMPETENCIES

- Domain 1 Competency C, Cognitive Level C5 Affective Level A2: Combine factual data to produce and deliver credible and understandable results. (Measured by CHSSS report)
- Domain 4 Competency A, Cognitive Level C1 Affective Level A1: Understand interrelationships among access, quality, cost, resource allocation, accountability and community. (Measured by exams)
- Domain 4 Competency B, Cognitive Level C3 Affective Level A2: Prepare projects that are credible to government, regulatory, professional, and accreditation agencies. (Measured by CHSSS report)
- Domain 4 Competency C, Cognitive Level C1 Affective Level A1: Know needs assessment techniques in support of health care program development. (Measured by CHSSS report and exams)
- Domain 5 Competency A, Cognitive Level C2 Affective Level A2: Interpret information from various sources to make decisions and recommendations. (Measured by CHSSS report)
- Domain 5 Competency B, Cognitive Level C3 Affective Level A2: Demonstrate critical thinking, analysis, and problem solving. (Measured by CHSSS report)

## VII. COURSE SCHEDULE

This schedule has been planned to enable students to meet all course objectives. It may change, based on students' interests, guest speakers' schedules, and other factors that evolve during the semester. Changes will be discussed with the class, as much in advance as possible. Please inform me if you foresee any problems with the schedule.

### August 29 – Class #1

#### *Student Learning Outcomes*

1. Understand the purpose, methods, resources, expectations, and grading for this course
2. Analyze the organization of health services in the United States
3. Examine the role of health administrators for improving population-based health
4. Define health and identify four broad forces that affect health

#### *Class Content*

- syllabus and course orientation
- historical evolution of health services in the United States
- the structure and organization of health care in the United States
- a management strategy perspective of the U.S. health care system
- a clinical perspective on the U.S. health care system
- the basic service components of a health care system
- factors affecting the provision and receipt of basic service components in health care
- managing health of populations and communities
- health and model of forces that affect health

#### *Reading*

##### Syllabus

Williams & Torrens – Chapter 1

<http://www.commonwealthfund.org> (browse and review studies of US HCS performance)

<http://kff.org> (browse and see what's there)

### September 5 – No Class (Labor Day Holiday)

## September 12 – Class #2

### *Student Learning Outcomes*

1. Describe epidemiologic patterns of health, illness, disease, lifestyle, and social structure
2. Identify determinants and risk factors of health
3. Explain access to health care and factors that affect access

### *Class Content*

- information literacy workshop – Mr. George Aulisio, Library room 306, 6-7pm and 7:20-8:20pm; (meet in Library room 305 for the other part of class)
- epidemiology and managerial epidemiology
- determinants and risk factors of health, health disparities, and population health
- incidence and prevalence of disease
- lifestyle and social structure factors affecting health
- need, demand, utilization and access of health services
- behavioral model of health service utilization

### *Reading*

Williams & Torrens – Chapter 3

## September 19 – Class #3

### *Student Learning Outcomes*

1. Understand how to measure health status and health needs of a population
2. Describe how managers conduct a community health needs assessment
3. Explain how managers lead community action to improve health status problems

### *Class Content*

- Guest speaker: Dr. Janet Townsend, The Commonwealth Medical College ?????? ask
- community health needs assessment
- monitoring and planning for population health
- mobilizing community action and resources for health status
- cultural competence to understand and improve health problems

### *Reading*

Healthcare executives' responsibility to their communities. (Electronic reserved reading)

Health policy approaches to population health: The limits of medicalization (Electronic reserved reading)

Hospitals' health promotion services in their communities: Findings from a literature review. (Electronic reserved reading)

## September 26 – Class #4

### *Student Learning Outcomes*

1. Examine health care expenditures and expenditures problems
2. Describe public (government) financing of health care

### *Class Content*

- health expenditures
- health insurance
- Medicare and Medicaid
- initiatives in health care finance
- strategies for health care reform

*Reading*

Williams & Torrens – Chapter 4

October 3 – Class #5

*Student Learning Outcomes*

1. Explain health insurance concepts and principles
2. Describe the health insurance industry in the U.S. health services system

*Class Content*

- principles of insurance
- health insurance in the United States
- health-related insurance programs
- health plan benefits design
- managed care
- the uninsured
- prospect of national health insurance

*Reading*

Williams & Torrens – Chapter 5

October 10 – Class #6

*Student Learning Outcomes*

1. Understand the work of public health services for population health
2. Identify the multiple roles of government and private organizations in public health
3. Explain theory and practice of health promotion
3. Analyze ambulatory health services, providers, settings and models

*Class Content*

- levels of prevention
- health promotion and disease prevention
- structure of organized public health efforts in the United States
- role of the private sector in health promotion and disease prevention
- types and uses of ambulatory care
- ambulatory practice settings
- institutionally-based ambulatory services
- non-institutional and public health services
- role of ambulatory services
- professional practice organizations

*Due*

Partial draft (Parts A-C) of a report on a community's health status, services, and systems

*Reading*

Williams & Torrens – Chapters 6, 7

Transforming physician practices to patient-centered medical homes: Lessons from the national demonstration project (Electronic reserved reading)

Hospitals' health promotion services in their communities: Findings from a literature review. (Electronic reading)

Change is Hard Inside the Medical Home (Electronic reserved reading)

October 17 – No Class (Fall Break)

## October 24 – Class #7

### *Student Learning Outcomes*

1. Explain the evolution of hospitals
2. Describe the structure of the hospital industry in the United States

### *Class Content*

- midterm exam (covering material from weeks 1-6)
- history of the hospital
- scope of the industry
- structure of hospitals and health systems
- hospital organization
- hospital and medical staff
- key issues facing the hospital industry

### *Reading*

Williams & Torrens – Chapter 8

## October 31 – Class #8

Work in teams on CHSSS projects. George Aulisio, professional librarian and information literacy specialist, will come to McGurkin 402 to meet with each team during the class to consult and advise.

## November 7 – Class #9

### *Student Learning Outcomes*

1. Explain the purpose, models, financing, and integration of long-term care services
2. Analyze long-term care as a continuum of services
3. Discuss current long-term care issues in the United States
4. Understand the evolution of mental/behavioral health and mental/behavioral health services
5. Examine mental/behavioral health and mental/behavioral health services, arrangements, financing, policy and issues

### *Class Content*

- definition of long-term care
- how long-term care is organized
- service categories
- integrating mechanisms
- long-term care policy
- fundamentals of mental health
- types of mental illness
- organization mental health services
- mental health financing

### *Reading*

Williams & Torrens – Chapter 9, 10

## November 14 – Class #10

### *Student Learning Outcomes*

1. Explain the complexity and impact of medical technology
2. Analyze how the pharmaceutical industry and technology affect health systems, providers, payers, and consumers

### *Class Content*

- Guest speaker: pharma technology expert ?????? ask Jerry M for recommendations
- types and classifications of health care technologies
- the development, diffusion, and utilization of health care technology
- scientific background and development of the idea for a product
- product development and distribution
- diffusion, adoption, and utilization of new products and technology
- specific methods for evaluating medical technologies
- regulatory and legal issues
- from idea to treatment: the long, uncertain research and development process

### *Reading*

Williams & Torrens – Chapters 2, 11

## November 21 – Class #11

### *Student Learning Outcomes*

1. Describe health care professionals and their roles in the health care system
2. Analyze health care workforce trends, transitions, and issues

### *Class Content*

- employment trends in the health care sector
- supply of physicians
- osteopathy
- dentistry
- public health: new roles, new possibilities
- physician assistants and advanced practice nurses
- changing nature of health professionals
- workforce challenges of a health care system

### *Reading*

Williams & Torrens – Chapter 12

Nurses' Widespread Job Dissatisfaction, Burnout, and Frustration With Health Benefits Signal Problems for Patient Care. (Electronic reserved reading)

## November 28 – Class #12

### *Student Learning Outcomes*

1. Identify problems of health care quality, medication errors, and patient safety
2. Explain the importance and difficulty of defining and measuring quality of health care
3. Examine models and approaches for improving health care quality

### *Class Content*

- Guest speaker: health care quality expert ?????? ask
- origins of the quality movement
- theoretic underpinnings of quality improvement efforts
- types of quality improvement strategies
- traditional measures of quality

- quality and health care disparities
- assessing health outcomes
- managing health outcomes
- quality of health care
- efforts to improve quality at the health care system level

#### *Reading*

Williams & Torrens – Chapter 14

Institute of Medicine <http://iom.edu/reports.asp> – To Err is Human: Building a Safer Health System

Institute of Medicine <http://iom.edu/reports.asp> – Crossing the Quality Chasm: A New Health System for 21<sup>st</sup> Century  
Thousands of Lives Saved (Electronic reserved reading)

Preventing Bloodstream Infections (Electronic reserved reading)

### December 5 – Class #13

#### *Student Learning Outcomes*

1. Describe the influence of health policy on health services and systems
2. Examine ethical issues in the organization, financing, and delivery of health care

#### *Class Content*

- organizational form of U.S. health care and its relation to health policy
- types of health policy and how they are made
- how individual health professionals can participate in the development and implementation of health policy
- ethical issues in developing resources
- ethical issues in economic support
- ethical issues in organization of services
- ethical issues in management of health services
- ethical issues in delivery of care
- ethical issues in assuring quality of care

#### *Reading*

Williams & Torrens – Chapter 13, 15

Long time coming: Why health care reform finally passed (Electronic reserved reading)

### December 12 – Class #14

#### *Student Learning Outcomes*

1. Explain possible future developments of health services and systems

#### *Class Content*

- Guest speaker: Mr. Andy Anderson, retired CEO of Moses Taylor Hospital ?????? ask
- future of health status, services, and systems
- course wrap-up
- exam preparation

#### *Due*

Final report on a community's health status, services, and systems

#### *Reading*

Williams & Torrens – Chapter 16

### December (TBA) – Final exam





### VIII. SUPPLEMENTARY (OPTIONAL) READING

Bielaszka-DuVernay, C. (March 2011). Vermont's Blueprint For Medical Homes, Community Health Teams, and Better Health At Lower Cost. Health Affairs, Vol. 30(3), p. 383-386.

Bodenheimer, T., Chen, E., & Bennett, H.D. (2009). Confronting the growing burden of chronic disease: Can the U.S. health care workforce do the job? Health Affairs, 28(1), 64-74.

Buntin, M.B., Jain, S.H., Blumenthal, D. (2010). Health Information Technology: Laying the Infrastructure for National Health Reform. Health Affairs, 29(2), 1214-1219.

Crean, K.W., (2010). Accelerating Innovation in Information and Communication Technology for Health. Health Affairs, 29(2), 278-283.

Feder, J.L. (March 2011). Restructuring Care In a Federally Qualified Health Center to Better Meet Patients' Needs. Health Affairs, Vol. 30(3), p. 419-421.

Glied, S.A. & Frank, R.G. (2009). Better but not best: Recent trends in the well-being of the mentally ill. Health Affairs, 28(3), 637-648.

Grumbach, K. & Mendoza, R. (2008). Disparities in human resources: Addressing the lack of diversity in the health professions. Health Affairs, 27(2), 413-422.

Kurtzman, E.T., O'Leary, D., Sheingold, B.H., Devers, K.J., Dawson, E.M. & Johnson, J.E. (February 2011). Performance-Based Payment Incentives Increase Burden and Blame For Hospital Nurses, Health Affairs, Vol. 30(2), p. 211-218.

Meyer, H. (March 2011). A New Care Paradigm Slashes Hospital Use and Nursing Home Stays for the Elderly and the Physically and Mentally Disabled. Health Affairs, Vol. 30(3), p. 412-415.

Milstein, B., Homer, J., Briss, P., Burton, D. & Pechacek, T. (May 2011). Why Behavioral and Environmental Interventions are Needed to Improve Health at Lower Cost. Health Affairs, Vol. 30(5), pp. 823-832.

Pryor, D., Hendrich, A., Henkel, R.J., Beckmann, J.K. & Tersigni, A.R. (April 2011). The Quality 'Journey' at Ascension Health. Health Affairs, Vol. 30(4), p. 604-611.

Schoen, C., Davis, K. & Collins, S.R. (2008). Building blocks for reform: achieving universal coverage with private and public group health insurance. Health Affairs, 27(3), 646-657.

Share, D.A., Campbell, D.A., Birkmeyer, N., Prager, R.L., Gurm, H.S., Moscucci, M., Udow-Phillips, M. & Birkmeyer, J.D. (April 2011). How a Regional Collaborative of Hospitals and Physicians in Michigan Cut Costs and Improved the Quality of Care. Health Affairs, Vol. 30(4), pp. 636-645.

Spatz, I.D. (2010). Health Reform Accelerates Changes in the Pharmaceutical Industry. Health Affairs, 29(7), 1331-6.

Tolbert Kimbro, R., Bzostek, S., Goldman, N. & Rodriguez, German. (2008). Race, ethnicity, and the education gradient in health. Health Affairs, 27(2), 361-372.

Weil, A. & Scheppach, R. (2010). New Roles for States in Health Reform Implementation. Health Affairs, 29(6), 1178-1182.

Wynia, M.K., Torres, G.W. & Lemieux, J. (February 2011). Many Physicians Are Willing To Use Patients' Electronic Personal Health Records, But Doctors Differ By Location, Gender and Practice. Health Affairs, Vol. 30(2), p. 266-273.

Zhou, Y.Y., Kanter, M.H., Wang, J.J. & Garrido, T. (2010). Improved Quality at Kaiser Permanente Through E-Mail Between Physicians and Patients. Health Affairs, 29(7), 1370-1375.

## Comprehensive Written Report of a Community's Health Status, Services, and Systems

Working with a team of 3-4 students, you are to apply what you learn in this course to analyze and report the health status, health services, and health systems of an actual community/area. *In HAD519, you should develop a conceptual framework that you could then use to analyze any community's health status, services, and systems during your career. This report should demonstrate your ability to use your framework -- and the concepts, principles, models, and content of HAD519 -- to study and understand the real world (i.e., your chosen community).* This project will help you achieve the course objectives. You may review work-in-progress with the instructor for preliminary feedback to improve your learning and performance. Your report should be suitable for graduate school and for health care executives in the community.

Suggestion: choose a country, state, province, or a very large city for which there will be sufficient data/information. Write *concisely* and use lists, bullet points, and terse reporting. Use headings and subheadings to organize your report. Along with the content below, include title page, table of contents, APA-style references list, and appendices (e.g., charts, graphs).

- A. Introduce the report by telling the reader the purpose, importance, and a quick overview *of the report*
- B. List/describe your community's population, health status, risk factors, access to care
- C. List/describe your community's health financing, managed care, health insurance, expenditures
- D. List/describe your community's public health services, ambulatory health services, hospital services, long term care services, and mental health services
- E. List/describe your community's health technology and health workforce
- F. List/describe your community's health public policy, health care quality, and health ethical issues
- G. Conclude by making recommendations for your community's health status, services, and systems

*A partial report (title page, table of contents, sections A, B, and C) is due no later than Oct.10. It will be graded and returned. The complete report is due no later than Dec. 5. Submit the returned partial draft with your final report.*

*The CHSSS report will be graded. Each team member will evaluate each member's contributions to the report using the rubric on the next page. Based on the ratings, a member's individual grade might be more or less than the report grade.*

Names:

Date:

Community:

<u>Criteria</u>	<u>Points</u>	<u>Comments / Suggestions</u>
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A. introduction (5 points)

B. population, etc. (15)

C. financing, etc. (10)

D. services, etc. (20)

E. technology, etc. (10)

F. policy, etc. (10)

G. recommendations (5)

Other (appendices, etc.) (5)

Info literacy, references (5)

Use of HAD 519 (10)

Writing (5)

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Total (100 points)

**Peer Assessment Collaboration Rubric for CHSSS Report (Adapted from Intel® Teach Program)**

	<b>Level 4</b>	<b>Level 3</b>	<b>Level 2</b>	<b>Level 1</b>
<b>Participation</b>	Group member participated fully and was always on task.	Group member participated most of the time and was on task most of the time.	Group member participated but wasted time regularly or was rarely on task.	Group member did not participate, wasted time, or worked on unrelated material.
<b>Leadership</b>	Group member led in an appropriate way when needed by helping group stay on track, encouraging group participation, posing solutions to problems, having positive attitude.	Group member sometimes assumed leadership in an appropriate way.	Group member usually allowed others to assume leadership or often dominated the group.	Group member did not assume leadership or assumed it in a nonproductive manner.
<b>Listening</b>	Group member listened carefully to others' ideas.	Group member usually listened to others' ideas.	Group member sometimes did not listen to others' ideas.	Group member did not listen to others and often interrupted them.
<b>Feedback</b>	Group member offered detailed, helpful feedback when appropriate.	Group member offered some constructive feedback when appropriate.	Group member occasionally offered useful feedback, but sometimes comments were inappropriate or not useful.	Group member did not offer constructive or useful feedback.
<b>Cooperation</b>	Group member treated others respectfully and shared the workload fairly.	Group member usually treated others respectfully and shared the workload fairly.	Group member sometimes treated others disrespectfully or did not share the workload fairly.	Group member often treated others disrespectfully or did not share the workload fairly.
<b>Time Management</b>	Group member completed assigned tasks on time.	Group member usually completed assigned tasks on time and did not hold up progress on the projects because of incomplete work.	Group member often did not complete assigned tasks on time, and held up completion of project work.	Group member did not complete most of the assigned tasks on time and often forced group to make last-minute changes and adjustments to accommodate missing work.

Rate each group member (including you) for each of the 6 team skills. Write each member's name and then write the level (4, 3, 2, or 1) from the rubric that best fits each group member's participation for each of the 6 collaboration skills.

Group Member Name	Participation Rating	Leadership Rating	Listening Rating	Feedback Rating	Cooperation Rating	Time Rating