NUR 911: HEALTH STATUS OUTCOMES: COMMUNITY/PRIMARY CARE
3 Credits
Tuesdays, 9:00 – 11:50 am and
Friday, Sep. 11, 9:00 – 11:50 am
C288 Life Sciences
Fall 2015

Catalog Course Description: Measurement of health status outcomes for populations across the life span within the community based primary care systems. Measurement and evaluation issues related to the costs of intervention to impact outcomes.

Additional Course Description: This course focuses on the measurement of health status and health outcomes for diverse populations across the life span within community based primary care systems provider (CBPCS). The continuum of care as it relates to CBPCS will be the organizing perspective. Factors such as practice patterns, social determination and organization structure that may impact outcomes will be discussed, from a systems perspective, processes of provider care and system structure population perspective (poverty, age) will be considered. Measurement and evaluation issues related to health status and health outcomes from a health care system perspective will be explored.

Course Objectives: At the end of this course, students will:
1. Examine the long and short term measurement of health status and well-being outcomes for population health vs. individuals.
2. Explore how health systems patterns of care (interventions) can influence population health status outcomes.
3. Analyze how aggregate data are used within the community based primary health care system.
4. Examine current aggregate measures used in primary care to assess outcomes.
5. Consider how systems of care can use population health to guide care strategies and to assess impacts on health status and well-being outcomes to determine quality of care delivered to populations.
6. Examine the cost of interventions to impact population health outcome(s).

Additional Course Objectives: To examine how determinants outside the healthcare system relate to aggregate health outcomes of care.

Prerequisites: None

Professional Standards & Guidelines: The curriculum is guided by the following documents:

Faculty: Manfred Stommel, Professor
College of Nursing
C-350 Life Sciences (Bott) Bldg.
Tel: 517-355-5123; Cell: 248-808-0507
E-mail: stommel@msu.edu (preferred mode of contact)
Office Hours: Tuesdays, noon – 2:00 p.m. or by appointment.

Instruction:

This course is a seminar that relies to a substantial degree on in-class argument and debate. Activities will include:

a) Topic-specific presentations by students and the instructor limited to no more than ½ of class time;
b) Weekly readings of assigned monographs and articles; all assigned texts and article readings are expected to be completed prior to the indicated class time; given the substantial volume of some of the selected monographs, specific selections will be announced in the seminar in advance.

Required Texts:

No required text; all articles and monographs are available on the Internet or through the MSU library.


Evaluation:

1. Seminar Discussions

Students will be expected to read and be responsible for the literature and for their weekly contributions to the discussions (starting Friday, September 11)—25%

2. Seminar Presentations

Each student is required to make three short (15-20 minutes maximum) in-class presentations on a topic of their choice that fits with the assigned topic of the respective week. (Assignments will usually be made 3 weeks in advance). Presentations should be succinct: state the problem, cite relevant literature on empirical evidence related to the problem, argue for research that addresses gaps in the literature, present different value positions, if the problem involves a policy dispute.—60%

3. Course Paper

The focus of the paper will be on a population/community health outcome of interest and discuss ways to study how to make improvements in this outcome. The outcome must be examined from a system, community or population perspective (not the individual). The determinants and process of care to achieve the desired outcome should be included and discussed in the context of models appropriate to health system outcomes.

The analysis should include:

Conceptual
1) Define the concept/outcome as it will be used in this paper.
2) Define/describe the population group to which the outcome is relevant.
3) What model can be used to describe relationships of the outcome to determinants and process of care?
4) What is the relevance to the model of community-based primary care (include a review of research-based literature)?

5) What are the implications of the outcome for community-based primary care nursing practice?

Operational/Methodological

1) What is the operational definition used for this outcome? Please be specific and use research-based literature to evaluate measurement properties of outcome measure (based on research articles).

2) How does this outcome relate to clinical decisions?

3) How does this outcome fit into the overall health care system? (Are there equity considerations?) Is the outcome appropriate to use across the continuum of care; why or why not?

4) Methods used to collect data in the system of care vs. community population focus; discuss, to what extent appropriate sources of process and outcomes data are already available or if new data collection is required.

5) Given the results of the above, what are the implications for policy?

Course Grade Requirements

1) As one of the required doctoral courses, a 3.0 grade must be attained in this course.

2) A student who fails or does not receive at least a 3.0 grade in this course must repeat this course before taking comprehensives and completing the doctoral program. After meeting with their course chair the student is to meet with his/her Major Professor and guidance committee to determine a remediation plan to repeat the course. Repeating the course and obtaining an acceptable grade is required. This course may be repeated only once. There will be no opportunities for “extra credit” in this course.

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<td>80 – 84%</td>
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➢ The final paper is due by December 8, 2015.
➢ APA 6th format must be followed or the paper will be returned without scoring

University & College Policies:

The College of Nursing expects that students will demonstrate professional behavior in all situations. Specific expectations for clinical and other professional venues can be found in the appropriate handbook. You are responsible for reviewing and acting in accordance with the policies and procedures found in the following sources, including the following topics: Professionalism, Academic Integrity, Accommodations for Students with Disabilities, Disruptive Behavior, Attendance, Compliance, and Progression.

- CON Student handbook http://nursing.msu.edu/handbooks.asp
- Information for Current Students—including Rights, Responsibilities and Regulations for Students http://www.msu.edu/current/index.html
• Academic Programs http://www.reg.msu.edu/UCC/AcademicPrograms.asp

Bibliography:


Health, United States 2012. [Link to 2012 edition of the Health, United States report]

Health related quality of Life. [Link to Healthypeople.gov]


National Center for Health Statistics. NCHS Brief 83: Health and Access to Care Among Employed and Unemployed Adults. [Link to NCHS Brief 83]

National Center for Health Statistics. Surveys and Data Collection Systems. [Link to Surveys and Data Collection Systems]


Philadelphia College of Physicians. 20 questions about vaccination. [Link to 20 questions about vaccination]

Phillips C. (2009). What is a QALY? [Link to What is a QALY?]

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5
PRAMS: http://www.cdc.gov/prams/

PROMIS: http://www.cdc.gov/nchs/surveys.htm


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<th>Week</th>
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<td>• Health Concepts</td>
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<td>• Measures and Indicators of Individual and Population Health</td>
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<td><strong>Description of US Population Health:</strong></td>
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<td><strong>Description of US Population Health:</strong></td>
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<td>• Health Status of US Population:</td>
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<td>• Social conditions as “fundamental” causes</td>
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<td>• Access to the health care system</td>
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| 4    | 9/29  | **Health Disparities I:**  
• Definitions of Health Disparities  
• Disparities with respect to which outcomes?  
• Identification and operational definitions of relevant social groups for disparity research  
  Health status and health outcomes across social groupings: race/ethnicity; gender, socio-economic classes | KM Anderson: How Far Have We Come in Reducing Health Disparities? (2012);  
AHRQ: National Healthcare Disparities Report (2014);  
CDC Health Disparities and Inequalities Report — United States (2013); |
| 5    | 10/6  | **Health Disparities II:**  
• The importance of social structure, culture and individual behavior for health disparities  
• Disparities in the provision of health care  
• Role of insurance in access to health care  
• Role of access to primary care | Patrick et al. Reducing oral health disparities: A focus on social and cultural determinants. (2006);  
Sommers et al.: Changes in Self-reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act (2015);  
Selected studies by students |
| 6    | 10/13 | **Methodological Issues in the Measurement of Health Status and Health Outcomes I:**  
• Self-report vs. observational (clinical) indicators  
• Validity, Reliability & reproducibility, Sensitivity & specificity  
• Responsiveness to treatments and changed conditions  
• Clinically meaningful effect sizes  
• Burden  
• Cultural acceptability & appropriateness  
• Measurements across the life span  
• QALYs, SF-36, SF-12, EQD-5, HRQoL | Phillips: What is a QALY (2009);  
Weinstein et al: QALYs: the basics (2009);  
Health related quality of Life [http://www.healthypeople.gov/2020](http://www.healthypeople.gov/2020);  
Rand Corp: SF-12 [http://www.rand.org/health/surveys_tools/mos/mos_core_12item.html](http://www.rand.org/health/surveys_tools/mos/mos_core_12item.html); |
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| 7    | 10/20| Methodological Issues in the Measurement of Health Status and Health Outcomes II:  
- Appropriate data sources for health status and health outcome measures  
- Vital statistics, population registries, other public records,  
- Provider data bases (HMOs, hospitals, individual providers, professional organizations),  
- Longitudinal vs. cross-sectional measurement of health status and health outcomes  
- Population-based surveys: The CDC/NCHS data collection systems  
| AHRQ: National Quality Measures (2015);  
Tran et al: Longitudinal and cross sectional assessments…(2015);  
National Center for Health Statistics: Surveys and Data Collection Systems  
[http://www.cdc.gov/nchs/surveys.htm](http://www.cdc.gov/nchs/surveys.htm)  
PRAMS:  
PROMIS:  
[http://www.cdc.gov/nchs/surveys.htm](http://www.cdc.gov/nchs/surveys.htm) | |
| 8    | 10/27| Health Care Quality and Effectiveness I:  
- Structure, process and outcomes  
- What would an ideal health care system look like?  
- Performance vs. outcome measures  
- Effectiveness of care  
- Health status and health outcome measures as indicators of treatment “success”  
- Models linking medical and health care to health outcomes  
- Levels for interventions: individual patients, communities & public aggregates, provider organizations  
| Donabedian: The quality of care. (1988);  
Friedberg-et al: Primary Care: A critical review of the evidence on quality and costs of health care. (2010);  
Jefford et al. Outcomes research: what is it and why does it matter? (2003);  
Review Of The Evidence On Quality And Costs Of Health Care (2010);  
| 9    | 11/3 | Health Care Quality and Effectiveness II:  
- Effectiveness of population-wide cancer screening  
- Public health programs and population health  
- screening and primary care  
| Brethauer & Hoff: Comparative effectiveness research in cancer screening programs (2012);  
Gøtzsche & Jørgensen: Screening for breast cancer with mammography (Review) (2013-updated);  
NCI: Cancer Screening Overview--for health professionals (2015);  
WHO: Country Cancer Profiles:  
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<tr>
<td>10</td>
<td>11/10</td>
<td>Health Care Quality and Effectiveness III:</td>
<td>Philadelphia College of Physicians: 20 questions about vaccination; Weinberg &amp; Szylagyi: Vaccine Epidemiology: Efficacy, effectiveness, and the translational research roadmap (2010);</td>
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<td>11/17</td>
<td>Health Care Quality and Effectiveness IV:</td>
<td>Am J of Preventive Care, June 2012 issue; IOM: Primary Care and Public Health: Exploring Integration to Improve Population Health (2012); Michigan Primary Care Consortium: Primary care in crisis (2010);</td>
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<td>Effectiveness of primary care</td>
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<td>primary care and health-related behaviors: examples of obesity, oral health, depression</td>
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<td>Costs to providers, insurance plans, or society</td>
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