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### PAH 574: Health Systems Organization

**Winter 2013**

**Class Meetings**: Wednesday, 4:00 – 6:30 p.m.

Location: University Center Bldg (UCB) 345

**Professor**: Neal Wallace, Ph.D.

Professor of Public Administration

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**Office Hours**: Tuesday & Wednesday 11:00am – 12:00 p.m.

Other times by appointment.

## Course Description

This course is designed to introduce graduate students in the Oregon MPH Program to basic concepts and issues in the organization, financing, and delivery of health services. This course focuses on systemic aspects of health services, and the specialized systems that have been developed to produce, deliver, and finance health services that address the needs of individuals and populations. Students will examine the inter-relationships of system structures, subsystems, and processes, as well as their interactions with the larger social, cultural, economic and political environments in which they exist. The emphasis is on using different conceptual models for understanding the current health system, its strengths, and areas for improvement. As a result of this course, students will develop an increased understanding of the organization of health services delivery systems in modern societies: how such systems are and can be organized, financed and managed; how health care resources are and can be produced; how health services are and can be provided, paid for, accessed, and consumed; and how various system configurations can and do affect the outputs and outcomes of those systems. The focus is on the United States, with international comparisons used to illustrate similarities and differences.

**Prerequisites**

There are no formal prerequisites for this course. This is a core course for all tracks of the Oregon MPH Program. Students not already admitted into the Oregon MPH Program must have the permission of the instructor (please discuss this at the first class session).

**Course Learning Competencies**

As a result of active participation in this course, students should be able to:

* Apply concepts of systems thinking to analysis of health services, broadly defined to include consideration public health vs. medical care; health and other social systems; and United States and international comparisons. (Program Competency #8)
* Identify, describe and differentiate among elements which characterize the organization, financing and delivery of health services (including health services workforce). (Program Competency #2)
* Analyze and articulate major issues in health services and systems, and propose strategies for addressing or resolving them, including consideration of the multiple health systems stakeholders and their roles, as well as model systems such as described by the Institute of Medicine. (Program Competencies #8, 9 & 10)
* Apply ethical principles in analyzing health systems, with consideration of cultural diversity. (Program Competencies #1, 3 & 7)

At the conclusion of the course, students will be asked to determine the extent to which they have accomplished each of these competencies in their own learning.

**Competencies for Master’s Program Graduates**

Students in the MPA, MPA:HA, EMPA and MPH:HMP programs will master the following competencies by graduation, as evident through their demonstrated ability to:

1. Articulate and exemplify the ethics, values, responsibilities, obligations and social roles of a member of the public service profession.
2. Identify and apply relevant theories and frameworks (such as economic, financial, legal, organizational, political, social, and ethical) to the practice of public service leadership, management and policy.
3. Respond to and engage collaboratively with diverse local and global cultures and communities to address challenges in the public interest.
4. Identify and engage with the key elements of the public policy process.
5. Employ appropriate qualitative and quantitative techniques to investigate, monitor and manage human, fiscal, technological, information, physical, and other resource use.
6. Create and manage systems and processes to assess and improve organizational performance.
7. Conceptualize, analyze, and develop creative and collaborative solutions to challenges in public policy, leadership and management.
8. Assess challenges and explore solutions to advance cross-sectoral and inter-jurisdictional cooperation in public programs and services.
9. Demonstrate verbal and written communication skills as a professional and through interpersonal interactions in groups and in society. Think critically and self-reflectively about emerging issues concerning public service management and policy.

**Required Textbooks**

There are two required textbooks, both available in the PSU bookstore.

* Shi, Leiyu and Singh, Douglas A. 2012. Delivering Health Care in America: A Systems Approach*.* Fifth Edition. Sudbury, MA: Jones and Bartlett Publishers, Inc. ISBN: 1-4496-2650-5.
* Lewis, Stephen. 2006. Race Against Time. Second Edition. Toronto: House of Anansi Press. ISBN: 0-88784-753-6.

Other readings are available from websites or online; information is included at the end of the syllabus. Please bring textbooks and other readings to class when assigned. Electronic versions of the readings may be accessed on a laptop or other reading device during class.

**Methods of Evaluation**

There will be multiple methods of evaluation of the students, the course and the professor.

Evaluation of students: The requirements for this course include both individual and group efforts:

 Group presentation on Race Against Time 15 %

 Individual written assignments 45 %

 Group health system analysis 30 %

Class participation 10 %

Evaluation of course and professor: I welcome your direct feedback on the class, and will conduct brief evaluations periodically during the course to invite your input. On the basis of your comments, we will make "mid-course corrections" as necessary to ensure that the class meets your needs and is responsive to your suggestions, while still fulfilling the course objectives. Final evaluations will be conducted during the last class session.

**Description of Major Assignments**

**1. Group Presentation (15%)**

The class will be divided into six groups at the first class session. Each group will be assigned one chapter from Lewis’ book Race Against Time. Your tasks are to read the material, identify key concepts, apply theoretical assumptions from class, and develop an analysis that responds to the content of the chapter and presents observations, challenges and questions which reflect the context of our course discussions. Guidelines for the presentation will be distributed at the first class. The schedule of presentations is shown in the course schedule below.

Each group will present this material to the class in a 10-minute presentation, and will then facilitate a 10 minute discussion. Prepare and distribute to the class a 1-2 page handout that summarizes your presentation on the chapter. Groups should prepare a PowerPoint presentation; this should be emailed to the professor by **5:00 pm of the evening prior** to your presentation. All members of each group are expected to be active participants in the presentation, and will receive the same grade. You will be assessed on the quality of your group presentation (content, professional delivery, group coordination) including your application of course content in your analysis of the Lewis chapter.

**2. Individual Written Assignments (45%)**

***Paper #1: Improving Health Services Delivery: The Triple Aim (20% of overall grade)***

The Triple Aim for improving the United States health care system, as articulated by the Institute for Healthcare Improvement, requires simultaneous pursuit of three goals: improving the experience of care/service of the individual, improving the health of populations, and reducing the per capita costs of health services. Select one aspect of the Triple Aim and analyze it, articulating key issues identified in the literature as essential for improving health services delivery and important to you and the work that you do or intend to do. Your analysis should have immediate relevance for Oregon, or for any other state that is more familiar to you. Frame your discussion using the *Six Aims* health system evaluation criteria defined by the Institute of Medicine. Specific elements of the Triple Aim that you might address include:

* Experience of care/service to the individual – issues include access to services; client satisfaction; professional competence; quality/safety; and regulation/certification/accreditation.
* Health of populations – issues include social/environmental determinants of health; primary care delivery; utilization of specialty services relative to primary care; use of alternative providers; and, population-based measures of health improvement.
* Costs of health services – issues include private health insurance coverage; government financing programs; waste and excess spending; economic principles of moral hazard/agency/third party liability; and, government financing/taxation.

This is an independently written and researched paper. Your paper may be no more than 6 pages in length and should be double-spaced, with normal one-inch margins and 12 point font. The paper should be **carefully** proofread for spelling and grammar. References beyond class materials must be used, and should include at least six different citations drawn primarily (if not exclusively) from peer-reviewed journals, reputable grey literature research reports/manuscripts, or original (i.e., government documents or reports) sources. References must be cited in the text of the paper, listed in a reference list at the end, and presented in an accepted reference format (such as APA). The reference list page(s) are additional to the six page limit.

Papers are **DUE** at the beginning of class on **May 1st (Session 5);** graded papers will be returnedon **May 8th. (**Late papers will receive a reduced score.)

***Paper #2: Designing Oregon’s Health System for the Future (25%)***

Use your knowledge about health systems to design a new way of organizing and delivering some aspect of health services to a specific population group in Oregon. Select a specific population group based on race/ethnicity, gender, age, geography (urban/rural), ability/disability, health status, etc. (see Chapter 11 of Shi and Singh). Briefly describe the selected population group, and then design a health services delivery system that would *improve upon current practice*. Explicitly use the Institute of Medicine criteria for future health systems (the six aims/ten rules) in planning your new approach, as well as the current initiatives of the Oregon Health Authority. Draw upon class discussions and the insights you have developed. This is your chance to design an innovation to improve upon the current delivery of health services in Oregon. This paper should go beyond simply saying what *should* be done, to address *how* and *why* the changes you propose would be an improvement, and noting the potential barriers to those changes. You may wish to consider what can be learned from current reform efforts in other states, such as Massachusetts, Vermont and Colorado. Also check the various “think tank” publications that are published and available online through the Commonwealth Fund, Kaiser Family Foundation, Robert Wood Johnson Foundation, Institute for Healthcare Improvement, National Academy for State Health Policy, and others. Your paper may be no more than 8 pages in length, and should incorporate at least ten substantive references (beyond class readings). Papers are **DUE May 29th;** and will be returned **June 5th.**

**Written work will be graded on the basis of:**

1. Thoroughness of the effort: Does the product provide a well-grounded basis for the conclusions? Are matters of (all-but-commonly-known) fact documented?
2. Logic: Do conclusions follow from the evidence?
3. Clarity of expression: Is the purpose of the analysis readily apparent? Is the meaning of the written product easy to fathom, or lost in clauses? Is it grammatically correct?
4. Accuracy: Are statements factual? Is the literature summarized correctly? Is it documented?
5. Organization: Is the essay ordered so that it is easy to follow? Is there a clearly stated thesis? Is the product presented in a readable format with appropriate use of headings, formatting, etc.?

Assignments are due at the beginning of class on the dates listed unless otherwise indicated; late papers will be penalized.

**3. Group Health System Analysis (30%)**

Students will express their preferences to conduct an analysis and comparison of health systems, both international and domestic. In each case the topic is posed as a model to be considered in contrast to the current “system” of health services in the United States that is available to most individuals. The topics are based upon an article or resource as listed below; if there is an article, you should use it as the basis for your analysis and go beyond it with additional research. You should provide a comprehensive bibliography with your final analysis. The topics are:

3. Group Health System Analysis (30%)

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1. **System-wide public health interventions:** For example, refer to J.K. Andrus, A.A. Crouch, et al., “Immunization and the Millennium Development Goals: Progress and Challenges in Latin America and the Caribbean.” Health Affairs 27 (March-April 2008): 487-493.
2. **Federal/provincial (state) responsibilities for *financing and organization of health services* and relevance to primary care delivery*:*** For example, refer to Barbara Starfield “Reinventing Primary Care: Lessons from Canada for the United States.” Health Affairs 29 (May 2010): 1030-1036. Also refer to Health Canada: <http://www.hc-sc.gc.ca/index-eng.php>; see reports of the Commission on the Future of Health Care in Canada (Romanow Commission): <http://www.hc-sc.gc.ca/hcs-sss/com/fed/romanow/documents-eng.php>
3. **Use of *clinical and/or health information technologies* to support health services in developing countries:** refer to J.G. Kahn et al, “’Mobile’ Health Needs and Opportunities in Developing Countries.” Health Affairs 29 (February 2010): 252-258.
4. **Redesign of primary care:** example of Spain; refer to J. Borkan et al. “Renewing Primary Care: Lessons Learned from the Spanish Health Care System.” Health Affairs 29 (August 2010): 1432-1441.
5. **United States – *Veterans Health Administration*** (VHA website: www1.va.gov/health) Refer to: D. Atkins et al, “The Veterans Affairs Experience…” Health Affairs 29(10) (Oct 2010): 1906-1912; and to C. Byrne et al, “The Value from Investments in Health Technology at the US Department of Veterans Affairs.” Health Affairs 29(4), (Apr 2010): 629-638.
6. **Food systems: US food safety policy and lessons for/from developing countries:** see for example Olson in Health Affairs 30 (May 2011, 915-923) as well the current work of the Stephen Lewis Foundation on East Africa food security.
7. **Workforce planning and development:** New Zealand and Australia have been recent leaders in this area; Brazil for use of Community Health Workers, Ethiopia and other African nations have been dealing with out-migration of health workers.
8. **Designing a system for the *continuum of long-term care services and related workforce*:** Multiple articles in January 2010 issue of Health Affairs including Smith and Feng (29-34); Kaye et al. (11-21); Konetzka and Werner (74-80); Doty et al. (49-56); Stevenson and Grabowski (35-43); Stone and Harahan (109-115); Campbell et al. (87-95)
9. **Systems of health insurance/finance:** Examples of Central and Eastern Europe and the Netherlands. Refer to H.R. Waters, J. Hobart, et al., “Health Insurance Coverage in Central and Eastern Europe: Trends and Challenges.” Health Affairs 27 (March-April 2008): 478-486. Also W.P.M.M. van de Ven and F.T. Schut, “Universal Mandatory Health Insurance in the Netherlands: A Model for the United States?” Health Affairs 27 (May-June 2008): 771-781.

Students will express their preferences during the first class. Group assignments will be announced in the second class session, and will reflect individual preferences as well as individual backgrounds and academic emphasis. Each group will use a systems perspective to report on the health system of their assigned country; compare policies and practices across multiple perspectives including the United States; and, suggest system redesign ideas for the U.S. on the relevant issues in your topical area. The intent is to better understand the organization and delivery of services in the U.S. through comparisons. Use the seven health system evaluation criteria (appended to the syllabus) to evaluate processes in the other system/s.

Poster presentations will be made in the final class session on **June 5th.** Guidelines will be discussed in class. Time will be allocated for all members of the class to look at all of the posters. A representative of each group will then make a 5 minute oral report to the rest of the class (no actual presentation of the entire poster will be made by the group). These presentations will be followed by general class discussion and synthesis of key themes. Prepare a handout of the slides use in your poster and an outline of the key points/findings (bring sufficient copies for all members of the class). Grades will be allocated as follows: 15% documentation (for the professor *only:* copies of slides, detailed presentation outline, and relevant reference materials, up to a total of 15 double-sided pages); 10% poster presentation; 5% peer evaluation. All group members receive the same grade for the documentation and poster presentation.

**4. Class Participation (10 %)**

Students are expected to complete reading assignments prior to class, attend all class sessions, and to *participate actively* in class discussions. The proportion of course grade allocated to class participation will reflect your level of participation and demonstrated learning. If you must miss a class or have an unavoidable situation that will delay the submission of an assignment, you must contact the professor in advance of the class session/deadline. With sufficient justification and notification, arrangements can be made to accommodate the situation in a way that is fair to all other students in the class. Assignments will not be accepted via fax or email without prior arrangement and approval.

**Expectations**

A course syllabus can be considered as a contract between the professor and the students. This syllabus includes all expectations for performance in the class and deadlines for assignments. If you have questions about any of these expectations, I encourage you to discuss them with me sooner rather than later. Any changes in the course requirements or schedule will be communicated in class.

Students are welcome to use laptops in class for accessing electronic copies of readings and for taking notes. Any student found to be using their laptop, cell phone or other personal technologies for accessing email, Internet resources (not related to class), Facebook, text messages, or other activities will have the technology restricted during class, and will immediately lose points for class participation. Students who are on-call or in personal situations that may require them to be interrupted during class should advise the professor in advance.

Student Code of Conduct: In a graduate level course, students are clearly expected to do their own work, as stated by PSU policy. Plagiarism and other forms of academic dishonesty will result in the grade of zero for the work involved and may, if in the judgment of the instructor that the particular case warrants it, result in the grade of “F” for the course and/or referral to the University for further action. To learn your rights and responsibilities as a member of the Portland State Community, please review the Student Code of Conduct that describes behavior for which a student may be subject to disciplinary action, which may be accessed at: (http://www.pdx.edu/dos/codeofconduct).

Accommodation for Disabilities: If you have a disability and are in need of academic accommodations, please notify me immediately to arrange needed supports. As a PSU student, you should register with the Disability Resource Center. Any accommodation needs will be confidential.

**Course Schedule**

The following is the anticipated schedule of class topics, readings, and assignments. All readings are from the required textbooks or from sources available at a website (see p. 9) and should be completed before the class for which they are assigned. Detailed citations follow. Any updated syllabus or other course material can be found at https://web.pdx.edu/~nwallace/HSO.

**Session 1, April 3rd**

Course overview and review of syllabus and assignments

Conceptualizing health systems

Indicate preferences for projects

Groups assigned for Lewis presentation

Readings:

* Shi & Singh, Chapter 1
* World Health Report 2000, Chapter 1 “Why Do Health Systems Matter?” <http://www.who.int/whr/2000/en/index.html>
* Review Oregon Health Information website: [www.oregonhealthinfo.com](http://www.oregonhealthinfo.com)

**Session 2, April 10th**

So what is health?: Conceptualizations of health and health care

Needs, wants, demands and determinants for/of health care

Health systems foundations – past, present and future

**Due: Groups assigned for systems project**

Readings:

* Shi & Singh, Chapters 2, 3
* Institute of Medicine. “Crossing the Quality Chasm: A New Health System for the 21st Century.” Sections of Chapter 2 (six aims) and Chapter 3 (ten rules). 2001.

<http://www.nap.edu/catalog/10027.html#toc>

* D.M. Berwick. “A User’s Manual for the IOM’s “Quality Chasm” Report.” Health Affairs 21 (May/June 2002): 80-90.
* H.K. Koh, G. Graham and S.A. Glied. “Reducing Racial and Ethnic Disparities: The Action Plan from the Department of Health and Human Services.” Health Affairs 30 (October 2011): 1822-1829.
* R.W. Bostic, R.L.J. Thornton, E.C. Rudd and M.J. Sterntha. “Health In All Policies: The Role of the US Department of Housing and Urban Development and Present and Future Challenges.” Health Affairs 31 (September 2012): 2130-2137.
* M. Arcaya and X. de Souza Briggs. “Despite Obstacles, Considerable Potential Exists for More Robust Federal Policy on Community Development and Health.” Health Affairs 30 (November 2011): 2064-2071.
* S.H. Woolf and P. Braveman. “Where Health Disparities Begin: The Role of Social and Economic Determinants and Why Current Policies May Make Matters Worse.” Health Affairs 30 (October 2011): 1852-1859.

**Session 3, April 17th**

Health system goals and measurement

Comparisons of US to other health systems

**DUE:** Lewis Presentation, Group 1

Readings:

* Shi & Singh, Chapter 12
* Lewis, Chapter 1
* D.M. Berwick, T.W. Nolan and J. Whittington. “The Triple Aim: Care, Health, and Cost.” Health Affairs 27 (May/June 2008): 759-769.
* Christopher J.L. Murray1 & Julio Frenk, A framework for assessing the performance of health systems, Bulletin of the World Health Organization, 2000, 78 (6):717-731. Available at: <http://www.scielosp.org/pdf/bwho/v78n6/v78n6a04.pdf> (Note piece on intrinsic and instrumental outcomes).
* Chapter 2 World Health Organization, *The World Health Report 2000.* [**http://www.who.int/whr/2000/en/report.html**](http://www.who.int/whr/2000/en/report.html)
* David B Evans, Ajay Tandon, Christopher J L Murray, Jeremy A Lauer, Comparative efficiency of national health systems: cross national econometric analysis, BMJ,2001, 23(11):307-310.
* Nolte E, McKee M. Measuring the health of nations: analysis of mortality amenable to
* health care. *BMJ* 2003; 327: 1129-1133.
* J. Coyne and P. Hilsenrath. “The World Health Report 2000: Can Health Care Systems Be Compared Using a Single Measure of Performance?” *American Journal of Public Health* (92)1, 2002.
* V. Navarro. The World Health Report 2000: Can health care systems be compared using a single measure of performance?” *American Journal of Public Health* (92)1, 2002.
* Blendon, R., Kim M., and J. Benson. 2001. The Public Versus the World Health Organization on Health System Performance. Health Affairs. 20(3).
* P. Hussey, G. Anderson, et. al. “How Does the Quality of Care Compare in Five Countries?” *Health Affairs* (23)3, 2004.
* R. Blendon, S. Schoen et. al. Physicians’ Views on Quality of Care: A Five-Country Comparison. *Health Affairs* (20) 3, 2001
* E. Nolte and C.M. McKee. “In Amenable Mortality -- Deaths Avoidable through Health Care -- Progress in the US Lags That of Three European Countries.” Health Affairs 31 (September 2012): 2114-2122.

**Session 4, April 24th**

Financing health care systems

Concepts and consequences of insurance

Insurance/Financing structure as a system characteristic: How does the PPACA fit with other developed countries’ health system structures

**DUE:** Lewis Presentation, Group 2

**Readings:**

* Shi & Singh, Chapters 6
* Lewis, Chapter 2
* N. Lameire, P. Joffe1 and M. Wiedemann, Healthcare systems — an international review: an overview,Nephrol Dial Transplant (1999) 14 [Suppl 6]: 3-9. (note Beveridge/Bismarck model distinction)
* World Health Report 2010 –Focus on Key Concepts at beginning of each chapter <http://www.who.int/whr/2010/en/index.html>
* World Health Report 2000, (Skim) Chapter 5: “Who Pays Health Systems?” <http://www.who.int/whr/2000/en/index.html>
* Leu R, Rutten F, Brouwer W, et al. The Swiss and Dutch Health Insurance Systems: Universal Coverage and Regulated Competitive Insurance Markets. The Commonwealth Fund. Publication 1220. 2009. Available at [www.commonwealthfund.org](http://www.commonwealthfund.org).
* Lewis M. Informal Payments and the financing of healthcare in developing and transition countries: Informal payments to providers are often an implicit form of insurance against future healthcare needs. Health Affairs, 2007, 26(4):984-997.
* Gerard F. Anderson, Uwe E. Reinhardt, Peter S. Hussey, and Varduhi Petrosyan. It’s The Prices, Stupid: Why The United States Is So Different From Other Countries**,** Health Aff *May 2003 22:389-105.*
* V. Rodwin, “The Health Care System under French National Health Insurance: Lessons for Health Reform in the United States,” AJPH (January, 2003)
* Xu, K., D. B. Evans, et al. 2007. "Protecting Households from Catastrophic Health Spending." Health Affairs **26**: 972‐983.
* Deolalikar, A. et al (2008). “Financing Health Improvements in India.” *Health Affairs* 27(4): 978-990 (July/August 2008).
* Schoen C, Osburn R, Squires D, et al. How Health Insurance Design Affects Access To Care And Costs, By Income, In Eleven Countries, Health Aff, December 2010, 29(12):2323-2334.
* Watch podcast: “Understanding the Health Insurance Exchanges: One-Stop Shopping for Affordable Coverage” at http://www.commonwealthfund.org/Multimedia-Center/Podcasts.aspx?omnicid=20
* S. Altman. “The Lessons of Medicare's Prospective Payment System Show that the Bundled Payment Program Faces Challenges.” Health Affairs 31 (September 2012): 1923-1930.
* R. Mechanic and D. Zinner. “Many Large Medical Groups Will Need To Acquire New Skills And Tools To Be Ready For Payment Reform.” Health Affairs 31 (September 2012): 1984-1992.
* P. Markovich. “A Global Budget Pilot Project among Provider Partners and Blue Shield of California Led to Savings in First Two Years.” Health Affairs 31 (September 2012): 1969-1976.
* P. Ketsche, E.K. Adams, S. Wallace, et al. “Lower-Income Families Pay a Higher Share of Income toward National Health Care Spending than Higher-Income Families Do.” Health Affairs 30 (September 2011): 1637-1646.

**Session 5, May 1st**

Primary Care transformation in Oregon

*Guest: Nicole Merrithew, MPH, Director, Patient Centered Primary Care Home Program, Office for Oregon Health Policy and Research* (invited)

**DUE: Paper #1**

Readings**:**

* Shi & Singh, Chapters 7, 9
* Review Oregon’s “Patient-Centered Primary Care Home (PCPCH) Program” <http://www.oregon.gov/oha/OHPR/Pages/healthreform/pcpch/index.aspx>
* Review sites describing health reform in Oregon at <http://www.oregon.gov/OHA/>
* Oregon Health Authority. “Oregon’s Action Plan for Health.” Salem, OR: Department of Human Services, 2010. *Read at least pages 1-25.* Download “Full Report” at: http://www.oregon.gov/OHA/action-plan/index.shtml
* R. Grant and D. Greene. “The Health Care Home Model: Primary Health Care Meeting Public Health Goals.” American Journal of Public Health 102 (June 2012): 1096-1103.
* M. Harbrecht and L.M. Latts. “Colorado's Patient-Centered Medical Home Pilot Met Numerous Obstacles, Yet Saw Results Such As Reduced Hospital Admissions.” Health Affairs 31 (September 2012): 2010-2017.
* U.B. Patel, C. Rathjen and E. Rubin. “Horizon's Patient-Centered Medical Home Program Shows Practices Need Much More Than Payment Changes To Transform.” Health Affairs 31 (September 2012): 2018-2027.
* World Health Report 2008, Chapter 3: “Primary Care: Putting People First” and Chapter 4: “Public Policies for the Public’s Health” <http://www.who.int/whr/2008/chapter4/en/index.html>
* M.W. Friedberg, P.S. Hussey and E.C. Schneider. “Primary Care: A Critical Review of the Evidence on Quality and Costs of Health Care.” Health Affairs 29 (May 2010): 766-772.
* C.M. Kilo and J.H. Wasson. “Practice Redesign and the Patient-Centered Medical Home: History, Promises, and Challenges.” Health Affairs 29 (May 2010): 773-778.
* R.M. Weinick, R.M. Burns and A. Mehrotra. “Many Emergency Department Visits Could Be Managed at Urgent Care Centers and Retail Clinics.” Health Affairs 29 (September 2010): 1630-1636.
* A. Mehrotra and J.R. Lave. “Visits To Retail Clinics Grew Fourfold From 2007 To 2009, Although Their Share Of Overall Outpatient Visits Remains Low.” Health Affairs 31 (September 2012): 2123-2129.

**Session 6, May 8th**

Organizing the organizations delivering health services

Health care transformation in Oregon

**DUE:** Lewis Presentation, Group 3

**RETURN:** Paper #1

Readings**:**

* Shi & Singh, Chapters 8, 10, 11 (review 9 again)
* Lewis, Chapter 3
* CMMS video on ACOs at <http://innovation.cms.gov/initiatives/aco/>
* Fisher, Elliot, et al. Fostering Accountable Health Care: Moving Forward in Medicare. Health Affairs. 28(2): 2009. 219-231.
* Accountable Care Organizations in Wikipedia at http://en.wikipedia.org/wiki/Accountable\_care\_organization.
* M.D. Naylor, L.H. Aiken, E.T. Kurtzman, et al. “The Importance of Transitional Care in Achieving Health Reform.” Health Affairs 30 (April 2011): 746-754.
* M. McClellan, A.N. McKethan, et al. “A National Strategy to Put Accountable Care into Practice.” Health Affairs 29 (May 2010): 982-990.
* Coordinated Care Organizations in Oregon at https://cco.health.oregon.gov/Pages/Home.aspx.
* Regional Coordinated Care Organizations in Colorado at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1233759745246.

**Session 7, May 15th**

Health workforce and professions

New health workforce needs for new delivery settings

*Guest: Lizzie Fussell, -Coordinator, Oregon Community Health Worker Association (ORCHWA)*

**DUE:** Lewis Presentation, Group 4

Readings**:**

* Shi & Singh, Chapter 4
* Lewis, Chapter 4
* A. Garson et al. “A New Corps of Trained Grand-Aides Has the Potential to Extend Reach of Primary Care Workforce and Save Money.” Health Affairs 31 (May 2012): 1016-1021.
* H.C. Felix, G.P. Mays, M.K. Stewart, et al. “Medicaid Savings Resulted When Community Health Workers Matched Those with Needs to Home and Community Care.” Health Affairs 30 (July 2011): 1366-1374.
* J.M. Pohl, C. Hanson, J.A. Newland and L. Cronenwett. “Unleashing Nurse Practitioners' Potential to Deliver Primary Care and Lead Teams.” Health Affairs 29 (May 2010): 900-905.
* R.S. Hooker, J.F. Cawley and W. Leinweber. “Career Flexibility of Physician Assistants and the Potential for More Primary Care.” Health Affairs 29 (May 2010): 880-886.
* M. Smith, D.W. Bates, T. Bodenheimer and P.D. Cleary. “Why Pharmacists Belong in the Medical Home.” Health Affairs 29 (May 2010): 906-913.
* K. Nelson, M. Pitaro, A. Tzellas and A. Lum. “Transforming the Role of Medical Assistants in Chronic Disease Management.” Health Affairs 29 (May 2010): 963-965.
* F. Mullan et al. “The Medical Education Partnership Initiative: PEPFAR's Effort to Boost Health Worker Education to Strengthen Health Systems.” Health Affairs 31 (July 2012): 1561-1572.
* World Health Report 2006, Chapter 3: “Preparing the Health Workforce.” <http://www.who.int/whr/2006/en/index.html>

**Session 8, May 22nd**

Technology, facilities, knowledge and research

Health information technology

*Guest: TBD*

**DUE:** Lewis Presentation, Group 5

Readings**:**

* Shi & Singh, Chapter 5
* Lewis, Chapter 5
* M.B. Buntin, M.F. Burke, M.C. Hoaglin and D. Blumenthal. “The Benefits of Health Information Technology: A Review of the Recent Literature Shows Predominantly Positive Results.” Health Affairs 30 (March 2011): 464-471.
* C. Williams, F. Mostashari, et al. “From the Office of the National Coordinator: The Strategy for Advancing the Exchange of Health Information.” Health Affairs 31 (March 2012): 527-536.
* C.M. Byrne, L.M. Mercincavage, et al. “The Value from Investments in Health Information Technology at the U.S. Department of Veterans Affairs.” Health Affairs 29 (April 2010): 629-638.
* J.F. Crilly, R.H. Keefe and F. Volpe. “Use of Electronic Technologies to Promote Community and Personal Health for Individuals Unconnected to Health Care Systems.” American Journal of Public Health 101 (July 2011): 1163-1167.
* S.S. Jones, P. Heaton, M.W. Friedberg and E.C. Schneider. “Today’s ‘Meaningful Use’ Standard for Medication Orders by Hospitals May Save Few Lives; Later Stages May Do More.” Health Affairs 30 (October 2011): 2005-2012.
* A.R. Hinman and D.A. Ross. “Immunization Registries Can Be Building Blocks for National Health Information Systems.” Health Affairs 29 (April 2010): 676-682.

**Session 9, May 29th**

Managing/improving health system performance and outcomes

Access, quality and satisfaction

Racial and ethnic disparities in health

Strategies for the future

**DUE:** Lewis Presentation, Group 6

**DUE:** Paper #2

Readings**:**

* Shi & Singh, Chapter 14
* Lewis, Afterword
* 2011 National Healthcare Disparities Report: <http://www.ahrq.gov/qual/qrdr11.htm>. Read at least the key themes and highlights (download as PDF).
* World Health Report 2010, Chapter 4 “More Health for the Money” and Chapter 5 “An Agenda for Action.” <http://www.who.int/whr/2010/en/index.html>
* L.E. Felland, P.B. Ginsburg and G.M. Kishbauch. “Improving Health Care Access for Low-Income People: Lessons from Ascension Health’s Community Collaboratives.” Health Affairs 30 (July 2011): 1290-1298.
* World Health Report 2000, Chapter 6: “How Is the Public Interest Protected?” <http://www.who.int/whr/2000/en/index.html>
* M.A. Hall, W. Hwang and A.S. Jones. “Model Safety-Net Programs Could Care for the Uninsured At One-Half the Cost of Medicaid or Private Insurance.” Health Affairs 30 (September 2011): 1698-1707.
* N. Sekhri, R. Feachem and A. Ni. “Public-Private Integrated Partnerships Demonstrate the Potential to Improve Health Care Access, Quality and Efficiency.” Health Affairs 30 (August 2011): 1498-1507.
* P.A. Honoré, D. Wright, D.M. Berwick, C.M. Clancy, et al. “Creating a Framework for Getting Quality into the Public Health System.” Health Affairs 30 (April 2011): 737-745.
* C.C. Blackmore, R.S. Mecklenburg and G.S. Kaplan. “At Virginia Mason, Collaboration Among Providers, Employers, And Health Plans To Transform Care Cut Costs And Improved Quality.” Health Affairs 30 (September 2011): 1680-1687.
* Commonwealth Fund Commission on a High Performance Health System. “The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way.” February 2009. (Read at least the Executive Summary.) <http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2009/Feb/The-Path-to-a-High-Performance-US-Health-System.aspx>

**Session 10, June 5th**

Health systems comparisons

Future directions for the US health services “system”

Course evaluation

**DUE**: Poster Presentations: Group system analysis and documentation

**RETURN:** Paper #2