



Boston University School of Public Health

PM755: Health Care Delivery Systems: Issues and Innovations

Spring 2018

4 Credits

Thursdays, 2:00-4:45pm, EB-43, Instructional Building (basement)

Instructor information

Christine Gunn

cgunn@bu.edu

617-414-1993

Office hours: Available by appointment

Teaching assistants

Allyson Richmond

allysonr@bu.edu

Maisha Billah

mbillah@bu.edu

Course description

This hands-on course is designed to introduce students to the complex organizational and delivery aspects of many levels of health care--primary care, mental health, long term care and hospital-based care. Students are introduced to concepts such as the Chronic Care Model, Patient Centered Medical Home, patient-centered care, care coordination, team-based care (teamlets), the Institute of Medicine's six aims for improvement and the IOM's 10 Rules for Redesign, evidence-based evaluation, dissemination and implementation science frameworks. Students select a health care problem/policy of their choice to research and plausibly solve. This will involve students' examining the barriers and facilitators to achieving quality health care as described in this policy, and conducting field-based interviews with experts in this area to learn more about their perspectives on this health care problem. Using the Chronic Care Model, students will develop a new policy that meets the IOM's Six Aims for Improvement. Then, using the Consolidated Framework for Implementation Research, students will discuss the steps needed to bring their new policy into action. Written and group work, peer review, a professional presentation, and a final policy brief compose the graded assignments during this course.

The course is guided by the following aims:

- To deepen students' understanding of the complexity, dynamism, and relational nature of health care delivery. Through discussion of pertinent literature from the integrated fields of health policy, health services research, public health and medicine, students will acquire an understanding of health care delivery today.
- To provide students with practical knowledge regarding the shape of health care delivery and the evidence-base for what currently works and why.
- To enable students to disentangle controversial issues surrounding the issues of cost, coverage, appropriateness and quality in health care.

- To familiarize students with the infrastructure of health care in the United States. Students will be introduced to the many systems in and through which adults and children receive care: primary care, long-term care, mental health care, and hospital care. Experts from the field will be invited as guest speakers to explain the organization and financing of these services and to identify crucial barriers to the availability and utilization of services.
- To recognize the role that informal caregivers receive in US health care and to discuss the implications of this.
- To increase students' sensitivity to and heighten their knowledge regarding cultural and ethnic factors that impact utilization of health care services.

This course is designed to complement other courses in the SPH and HPM curriculum that focus more broadly on the regulation, planning, organization and financing of health care.

Course learning objectives

By the end of the course, students will meet these six objectives:

1. Define key topics in the field, such as patient-centered care, quality of care, cultural competence, Patient-Centered Medical Home, Chronic Care Model, health information technology, Accountable Care Organizations, racial and ethnic disparities in care.
2. Recognize the range of barriers and challenges facing US health care providers in delivering accessible, safe, effective, coordinated, quality care.
3. Integrate concepts learned and information acquired in the course through case study analysis.
4. Formulate arguments advocating for improved health care delivery in response to new research findings, legislative initiatives, or current events.
5. Independently analyze a health care delivery problem that has resulted in missed opportunities for creating accessible, coordinated, cost-effective, and quality care
6. Employ a number of discrete skills needed for describing and analyzing the shape of health care delivery. These skills include but are not limited to:
 - a. Article exposition, including speaking and facilitating skills;
 - b. Identifying an appropriate healthcare problem to independently study;
 - c. Identifying appropriate resources and sources to study the problem;
 - d. Critical thinking to go beyond what is known to think about what needs to be known;
 - e. Networking skills needed to identify key informants in the field;
 - f. Skills to effectively and efficiently present results, arguments and ideas to tackle a particular health care problem.

Learning resources

Required online resources:

The reader for this course is electronic and all readings are available by clicking on the links while logged into the BU system. If you are not on the BU system, you may need to go through the library to access full articles.

Blackboard: <http://learn.bu.edu>

The webpage will be used for regular communication among students and faculty, including announcements and exchange of information. It also will be a source of internet links (see External Links on the navigation bar) and other resources relevant to course topics – such as recently published articles

(see Course Documents). All students will be expected to check the web page and email regularly.

Optional online resources:

1. Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Committee on Quality Health Care in America. Washington, DC: National Academy Press, 2001.
 - <http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20%20report%20brief.pdf>
2. McDonald KM, Sundaram V, Bravata DM, Lewis R, Lin N, Kraft S, McKinnon M, Paguntalan H, Owens DK. Care Coordination. Vol 7 of: Shojania KG, McDonald KM, Wachter RM, Owens DK, editors. *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Technical Review 9* (Prepared by the Stanford University-UCSF Evidence-based Practice Center under contract 290-02-0017). AHRQ Publication No. 04(07)-0051-7. Rockville, MD: Agency for Healthcare Research and Quality. June 2007.
 - <http://www.ahrq.gov/research/findings/evidence-based-reports/ggap1tp.html>
3. US Burden of Disease Collaborators. The State of US Health, 1990-2010: Burden of Diseases, Injuries and Risk Factors. JAMA. 2013; 310 (6):591-608.
 - <http://jama.jamanetwork.com.ezproxy.bu.edu/article.aspx?articleid=1710486>
4. <http://www.healthdata.org/united-states>

Course Format

The course is taught in seminar format through discussion, lecture, and case-based learning. Guest presenters will share their expertise, practice-based knowledge, and perspectives with the class.

Graded Assessments

Please refer to the *Assessment Guidelines* section of the syllabus for more detailed information about the assessments.

Assignment	Description	Due Date	Percent of Grade
Active participation (case study, article expositions, working in groups, asking questions)	See Class Participation		10%
Assignment 1: Identifying a health care problem and sources for study	See Appendix A	February 1 st	5%
Assignment 2: Developing an outline for policy brief and field questions	See Appendix B	February 15 th	10%
Midterm Exam	See Midterm	March 1 st	10%
Assignment 3: Two field-based interviews and written field notes	See Appendix C	March 29 th	20%
Assignment 4: Presentation of field-based interviews	See Appendix D	April 12 th	20%
Assignment 5: Policy brief based on research and field investigation	See Appendix E	April 26 th	25%

Course policies and student expectations

Assignment submission and presentation policy: Each student will identify a health care problem or policy issue that will serve as the basis for assignments 1-5 throughout the semester. Two points that need to be clarified up-front:

- Working on a deadline is a professional skill. **I will not be able to grant extensions on any assignments.**
- All written work should reflect careful conceptual organization and demonstrate attention to presentation style, grammar, and the correct use of citations and citation format.

All assignments must be uploaded to Blackboard **PRIOR** to the start of class.

Technology in the classroom: You are welcome to use your laptop to take notes, and to search relevant websites pertaining to topics we are discussing, which can be shared with the group. ***However, accessing non-class related material, responding to and writing emails or composing instant messages during class time is prohibited.***

Attendance policy: A lot of learning takes place during this class. It is expected that your final presentation and policy brief will be drawing on topics learned in this class. Without discussion between you, your classmates and the professor/TA, it is unlikely that you will have gained enough knowledge to be able to articulate your innovations appropriately. **Therefore, it is expected that every student will attend every class.** If, due to extenuating circumstances you cannot make **one** class, please email Dr. Gunn, Allyson or Maisha in advance of the class starting time.

Participation policy: Active participation is just that—students are actively involved in all parts of the course—attentively listening, providing thoughtful feedback, asking pertinent questions, participating in all groups in which they are assigned (small, informal or larger, formal for case study), completing self-reflection and peer-reflection feedback, article expositions). For **article expositions**, 3-4 students will be assigned the same article (decided on the first day of class) from the course reading list and will take the lead in presenting this article to the rest of the class. Students will summarize the scientific evidence or policy issues presented in the article, and will then lead a discussion around this article. The article exposition should take 10 minutes or less, with a 5 minute discussion period facilitated by the student. **All students are expected to participate, whether they are leading the discussion or are participants in the discussion.**

*A case study on cultural competency will take place on **April 19, 2016** and all students are expected to participate fully in their group's work. Each class session throughout the course will include some element of student group work, and again, it is expected that each student will contribute fully during these group sessions. Active participation throughout the course contributes up to 10 points of the student's final grade*

Boston University School of Public Health: Standards of Academic Honesty

Students in the School of Public Health are expected to adhere to the highest standards of academic honesty. Academic honesty is essential for students to attain the competencies the School expects of its graduates and to enable the faculty to adequately assess student performance. Any action by a student that subverts these goals seriously undermines the integrity of the educational programs of the School.

Academic misconduct is any intentional act or omission by a student which misrepresents his or her academic achievements, or any attempt to misrepresent his or her academic achievements. The following

acts constitute academic misconduct. This is not an exhaustive list.

- *Cheating on examinations:* The use or attempted use of any unauthorized books, notes or other materials in order to enhance the student’s performance in the examination, copying or attempting to copy from another student’s examination, permitting another student to copy from an examination or otherwise assisting another student during an examination, or any other violation of the examination’s stated or commonly understood ground rules.
- *Plagiarism:* Any representation of the work of another as one’s own constitutes plagiarism. This includes copying or substantially restating the work of another person without the use of quotation marks or other indication that the words of another have been copied, the use of any written or oral work from which the student has obtained ideas or data without citing the source, or collaborating with another person in an academic endeavor without acknowledging that person’s contribution.
- *Submitting the same work in more than one course without the consent of all the instructors*
- *Misrepresentation or falsification of data*
- *Allowing another student to represent your work as his or her own*
- *Violating the rules of an examination or assignment*

A student who is found guilty of academic misconduct may be subject to disciplinary action, up to and including dismissal from the School. For more details, please review the [full policy](#).

Be sure to complete the [plagiarism tutorial](#) and review [tips for avoiding academic dishonesty](#).

Course Schedule

Session	Date	Topic	Assignments Due
1	Jan 18	Overview, IOM improvement aims	
2	Jan 25	Evaluating Quality and Evidence	(AE)*
3	Feb 1	Primary Care	<u>Assignment 1: Identifying a health care problem and sources for study</u> (AE)*
4	Feb 8	Chronic Care Model and Care Coordination	(AE)*
5	Feb 15	System Re-Design and Costs of Care (Part 1)	<u>Assignment 2: Developing an outline for policy brief and field questions</u>
6	Feb 22	System Re-Design and Costs of Care (Part 2)	(AE)*
7	Mar 1	Midterm Exam	In class exam

NO CLASS MARCH 8: SPRING BREAK			
8	Mar 15	Health Information Technology	(AE)*
9	Mar 22	Implementation Science	(AE)*
10	Mar 29	Patient Safety and Quality of Care	<u>Assignment 3: Two field-based interviews and written field notes</u> (AE)*
11	Apr 5	Population Health & Health Disparities	(AE)*
12	Apr 12	Project Presentations and Feedback	<u>Assignment 4: Presentation of field-based interviews</u>
13	Apr 19	Providing culturally competent care: <i>Case Study on CLAS Standards</i>	(AE)*
	Apr 26	NO CLASS	<u>Assignment 5: Policy brief based on research and field investigation</u>
14	May 3	Sustainability and spread	(AE)* CLAS Case Group Presentations

Session outline

* articles for exposition are indicated by an asterisk below

Learning Objectives	Readings (* articles for exposition are indicated by an asterisk below)	Class Notes	Assignments Due
Session 1: January 18 – Overview and IOM Improvement Aims			
<ul style="list-style-type: none"> ▪ To begin to critically evaluate the US health care system ▪ To start discussions on how the US health care system should be transformed 	<ul style="list-style-type: none"> ▪ IOM Report: <u>Crossing the Quality Chasm</u> (2001), REPORT BRIEF ONLY. ▪ Brooks R, Vaiana, M. <u>Using the Knowledge Base of Health Services Research to Redefine Health Care Systems</u>. J Gen Intern Med 30(10):1547–56. ▪ Schneider et al. <u>Mirror, Mirror 2017. Commonwealth Fund.</u> ▪ Schneider EC and David Squires. <u>From Last to First – Could the US Health Care System Become the Best in the World? NEJM. 2017.</u> 		Pre-class quiz

Learning Objectives	Readings (* articles for exposition are indicated by an asterisk below)	Class Notes	Assignments Due
Session 2: January 25 – Evaluating Health Care Quality and Evidence			
<ul style="list-style-type: none"> ▪ To understand the rationale for theory-driven health care improvements ▪ To build knowledge of different evaluation frameworks ▪ To put an evaluation framework to use on a particular health care problem 	<ul style="list-style-type: none"> ▪ Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999; 48 (No-RR-11). ▪ Campbell SM, Roland MO, Buetow SA. Defining quality of care. Social Science and Medicine. 2000; 51: 1611-1625. ▪ Glasgow RE, McKay HG, Piette JD, Reynolds KD. The RE-AIM framework for evaluating interventions: what can it tell us about approaches to chronic illness management? Patient Education and Counseling. 2001; 44:119-127. ▪ *Beck DA, Richard H, Tu JV, Pilote L. Administrative data feedback for effective cardiac treatment. AFFECT, a cluster randomized trial. JAMA 2005; 294 (3):309-317 	Article exposition (AE)*	Email project idea by January 25 th at 2pm
Session 3: February 1 – Primary Care			
<ul style="list-style-type: none"> ▪ To develop a working knowledge of what constitutes a patient-centered medical home ▪ To understand the components of patient-centeredness ▪ To develop our thinking about a conceptual model of chronic care delivery ▪ To discuss evidence for and against the use of patient-centered medical home and its effectiveness in treating patients with chronic health problems 	<ul style="list-style-type: none"> ▪ Bodenheimer and Grumbach. How Health Care is Organized - Primary, Secondary and Tertiary Care. Chapter 5 in Understanding Health Policy: A Clinical Approach. 7th edition. ▪ Stange KC, Nutting PA, Miller WL et al. Defining and measuring the patient centered medical home. Journal of General Internal Medicine. 2010; 25 (6):601-612. ▪ *Rosland AM, Nelson K, Sun H, Dolan ED, Maynard C, Bryson C, Stark R, Shear JM, Kerr E, Fihn SD, Schectman G. The patient-centered medical home in the Veterans Health Administration. American Journal of Managed Care. 2013; 19 (7): e263-72. ▪ *Maeng DD, Khan N, Tomcavage J, Graf TR, Davis DE, Steele GD. Reduced Acute Inpatient Care Was Largest Savings Component Of Geisinger Health System's Patient-Centered Medical Home. Health Affairs. 2015; 34 (4). (2015):636-644. 	Article exposition (AE)*	Assignment 1 due
Session 4: February 8 – Care Coordination and the Chronic Care Model			
<ul style="list-style-type: none"> ▪ To define care coordination ▪ To examine effectiveness of various care coordination models ▪ To discuss how improving care coordination can address the quality of care gap ▪ To develop our thinking about a conceptual 	<ul style="list-style-type: none"> ▪ *Weinberg DB, Gittel JH, Lusenhop RW, Kautz CM, Wright J. Beyond our walls: impact of patient and provider coordination across the continuum on outcomes for surgical patients. Health Services Research. 2007; 42 (1): 7-23. ▪ *Hariharan J, Tarima S, Azam L, Meurer J. Chronic Care Model as a framework to improve diabetes care at an academic internal medicine faculty-resident practice. Journal of Ambulatory Care Management. 2014; 37 (1): 42-50 [article available on BB]. 	Article exposition (AE)*	

Learning Objectives	Readings (* articles for exposition are indicated by an asterisk below)	Class Notes	Assignments Due
<p>model of chronic care delivery</p> <p>To discuss evidence for and against the use of patient-centered medical home and its effectiveness in treating patients with chronic health problems</p>	<ul style="list-style-type: none"> ▪ Wagner EH, Austin BT, Davis C, Hindmarsh M, Schaefer J, Bononi A. Improving chronic illness care: translating evidence into action. <u>Health Affairs. 2001; 20:64-78.</u> ▪ Bodenheimer T. Coordinating care—a perilous journey through the health care system. <u>NEJM. 2008; 358: 10; 1064-1071.</u> ▪ Hong CS, Siegel AL, Ferris TG. Caring for High-Need, High-Cost Patients: What Makes for a Successful Care Management Program? <u>The Commonwealth Fund. Report 1764, vol. 19. August 2014. ISSUE BRIEF.</u> 		
Session 5: February 15 – System Re-design and Costs of Delivering Care (Part 1)			
<ul style="list-style-type: none"> ▪ To discuss alternative models of delivering health care and the impact on quality ▪ To evaluate accountable care organizations ▪ To discuss whether cost structures and patient-centeredness are competing or aligned factors in health care delivery ▪ To examine payment structures in patient centered medical homes 	<ul style="list-style-type: none"> ▪ David Seltz et al. <u>Addressing Price Variation in Massachusetts. Health Affairs Blog. May 12, 2016. Skim.</u> Rep. Sanchez and Sen. Welch. <u>Special Commission on Provider Price Variation Report. March 15, 2017.</u> ▪ Schulman KA and Richman BD. <u>Reassessing ACOs and Health Care Reform.</u> JAMA. 2016; 316(7): 707-708. ▪ Song Z, and Fisher ES. <u>The ACO Experiment in Infancy – Looking Back and Looking Forward.</u> JAMA. 2016; 316(7): 705-706. ▪ Priyanka Dayal McCluskey. <u>Panel Recommends Regulating Hospital Prices to Bring Down Costs.</u> Boston Globe. March 7, 2017. 	<p>Guest Speakers from the Health Policy Commission</p>	<p>Assignment 2 due</p>
Session 6: February 22 – System Re-design and Costs of Care (Part 2)			
<ul style="list-style-type: none"> ▪ To understand the definition of partnerships and why they are needed ▪ To evaluate accountable care organizations 	<ul style="list-style-type: none"> ▪ Kocher, R., & Chigurupati, A. (2016). <u>The Coming Battle over Shared Savings — Primary Care Physicians versus Specialists.</u> <i>New England Journal of Medicine</i>, 375(2), 104-106. ▪ *Urbanski KA, Mulsant BH, Novotna G, Ehtesham S, Rush BR. <u>Does the redesign of a psychiatric inpatient unit change the treatment process and outcomes?</u> <i>Psychiatric Services</i>. 2013; 64 (8): 804-807. ▪ *Shortell, S.M., Poon, B.Y., Ramsay, P.P. et al. <u>“A Multilevel Analysis of Patient Engagement and Patient-Reported Outcomes in Primary Care Practices of Accountable Care Organizations”.</u> <i>Journal of General Internal Medicine</i>. 2017. 32: 640. 	<p>Article expositions (AE)*</p>	

Learning Objectives	Readings (* articles for exposition are indicated by an asterisk below)	Class Notes	Assignments Due
Session 7: March 1 – In Class Midterm Exam			
MARCH 8TH NO CLASS DUE TO SPRING BREAK			
Session 8: March 15 – Health Information Technology			
<ul style="list-style-type: none"> ▪ To discuss the role of electronic medical records (EMR) in coordinating care ▪ To evaluate the evidence for its effectiveness in creating patient-centered care ▪ To examine the role of patient and physician in the use of EMR 	<ul style="list-style-type: none"> ▪ Office of the National Coordinator for HIT. Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap. 2015. EXECUTIVE SUMMARY ONLY. ▪ Kim J et al. Hospital Characteristics are Associated with Readiness to Attain Stage 2 Meaningful Use of Electronic Health Records. The Journal of Rural Health. 2017. 33(3): 275-283. ▪ *Adler-Milstein J and Ashish K. Jha. HITECH Act Drove Large Gains in Hospital Electronic Health Record Adoption. Health Affairs. 2016. 36(8):1416-1422. ▪ Adler-Milstein J et al. Crossing the Health IT Chasm: Considerations and Policy Recommendations to Overcome Current Challenges and enable Value-Based Care. Journal of the American Medical Informatics Association. 2017. 24(5):1036-1043. 	Article expositions (AE)*	
Session 9: March 22 – Implementation Science			
<ul style="list-style-type: none"> ▪ To provide a foundation of implementation science ▪ To learn the processes needed for new policies to be implemented in the field 	<ul style="list-style-type: none"> ▪ Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation Science. 2009; 4:50. ▪ *DeSisto CL, Estrich C, Kroelinger CD, Goodman DA, Pliska E, Mackie CN, Waddell LF, and Rankin KM. “Using a multi-state learning community as an implementation strategy for immediate postpartum long acting reversible contraception.” Implementation Science. 2017; 12: 138. 	<p>Students must bring a draft of their working policy innovation to this class</p> <p>Article expositions (AE)*</p>	
Session 10: March 29 – Patient Safety and Quality of Care			
<ul style="list-style-type: none"> ▪ To examine the role of providing safe medical care as part of delivering high quality care ▪ To discuss interventions to create a safe culture of delivering care ▪ To assess doctor-patient communication and patients’ perceptions of 	<ul style="list-style-type: none"> ▪ Donabedian A. The Quality of Care: How Can it be Assessed? JAMA. 1988. 260(12):1743-1748. PDF available on Blackboard. ▪ Duffy JR and Hoskins LM. The Quality-Caring Model: Blending Dual Paradigms. Advances in Nursing Science. 2003. 26(1):77-88. ▪ *Isaac T, Zaslavsky AM, Cleary PD, Landon BE. The relationship between patients’ perceptions of care and measures of hospital quality and safety. Health Services Research. 2010; 45 (4):1024-1040. 	Article expositions (AE)*	Assignment 3 Due

Learning Objectives	Readings (* articles for exposition are indicated by an asterisk below)	Class Notes	Assignments Due
care as salient aspects of patient safety	<ul style="list-style-type: none"> ▪ *Gallagher TH <i>et al.</i> Choosing Your Words Carefully: How Physicians Would Disclose Harmful Medical Errors to Patients. <u>JAMA. 166(15): 1585-1593.</u> ▪ Richardson WC <i>et al.</i> To Err is Human: Building a Safer Health System. <u>Institute of Medicine. November 1999.</u> 		
Session 11: April 5 – Population Health & Disparities			
<ul style="list-style-type: none"> ▪ To describe differential patterns of care between rural/urban and majority/minority populations ▪ To examine potential causes and solutions for disparities in health outcomes <p>To identify the challenges and opportunities health care systems face in improving population health and ameliorating the social determinants of health</p>	<ul style="list-style-type: none"> ▪ Kindig D and Greg Stoddart. What is Population Health? <u>American Journal of Public Health. 2003. 93(3):380-383.</u> ▪ Eggleston E and Jonathan Finkelstein. Finding the Role of Health Care in Population Health. <u>JAMA. 2014. 311(8):797-798.</u> ▪ Van Vleet A and Julia Paradise. The State Innovation Models (SIM) Program: An Overview. <u>Kaiser Family Foundation. December 9, 2014.</u> ▪ Connecticut Healthcare Innovation Plan. <u>Executive Summary. December 30, 2013.</u> ▪ *Bijou R. Hunt, Steve Whitman, Marc S. Hurlbert, Increasing Black:White disparities in breast cancer mortality in the 50 largest cities in the United States, <u>Cancer Epidemiology, Volume 38, Issue 2, April 2014, Pages 118-123, ISSN 1877-7821.</u> ▪ Partin MR, Burgess DJ. Reducing Health Disparities or Improving Minority Health? The End Determines the Means. <u>Journal of General Internal Medicine. 2012;27(8):887-889.</u> 	Article expositions (AE)*	
Session 12: April 12 – Student Presentations			
Presentations to small groups (video-recorded)			Assignment 4 Due
Session 13: April 19 – Providing Culturally Competent Care			
<ul style="list-style-type: none"> ▪ To define cultural competence and describe its place in delivering health care ▪ To consider the effects of not-so-culturally competent care on patients' health ▪ To explore ways in which health care can be more culturally competent 	<ul style="list-style-type: none"> ▪ Cooper LA and Powe NR. Disparities in Patient Experiences, Health Care Processes, and Outcomes: The Role of Patient-Provider Racial, Ethnic, and Language Concordance. <u>The Commonwealth Fund. 2004.</u> ▪ *Beach MC, Price EG, Gary TL, et al. Cultural competence: a systematic review of health care provider educational interventions. <u>Medical Care. 2005; 43 (4):356-373.</u> ▪ Brach C <i>et al.</i> Ten Attributes of Health Literate Health Care Organizations. <u>Institute of Medicine Discussion Paper. June 2012.</u> ▪ Reisner SL et al. Comprehensive Transgender Healthcare: The Gender Affirming Clinical and Public Health Model of Fenway Health. <u>Journal of Urban Health. 2015. 92(3): 584-592.</u> 	Article expositions (AE)*	

Learning Objectives	Readings (* articles for exposition are indicated by an asterisk below)	Class Notes	Assignments Due
	<ul style="list-style-type: none"> ▪ *Ernecoff NC, Curlin FA, Buddadhumaruk P, White DB. Health Care <u>Professionals' Responses to Religious or Spiritual Statements by Surrogate Decision Makers During Goals-of-Care Discussions</u>. JAMA Internal Medicine. 2015; 175(10): 1662-1669. 		
ASSIGNMENT 5: HEALTH POLICY BRIEF DUE BY 5PM ON APRIL 26TH			
Session 14: May 3 – Sustainability and Spread			
<ul style="list-style-type: none"> ▪ To define sustainability and spread and identify issues and challenges in this field ▪ To examine frameworks within sustainability and scale up/spread work 	<ul style="list-style-type: none"> ▪ *Goetz MB, Hoang T, Henry SR, Knapp H, Anaya HD, Gifford AL, Asch SM. <u>Evaluation of the sustainability of an intervention to increase HIV testing</u>. Journal of General Internal Medicine. 2009; 24 (12):1275-1280. ▪ Provonost PJ, Berenholz SM, Needham DM. <u>Translating evidence into practice</u>: a model for large scale knowledge translation. BMJ. 2008; 337:a1714. 	Article exposition s (AE)* CLAS Standards Presentations	Class Evaluations

Assessment Guidelines

Appendix A

Assignment 1: Identifying a health care problem and sources for research/study. Include 1-2 paragraphs describing this health care problem and why you think it is a problem. Include 5 references at this point, so that I know what you have some material in mind to draw from (5 points). Email **initial ideas** to Dr. Gunn, Allyson, and Maisha by **Thursday January 25th at 2pm**.

Due date: February 1st (no rubric; follow items 1-3 below).

The health care problem should be related to the objectives of this class, but does not necessarily need to be a topic that we will be focusing on in class. Students need to consider:

- 1) What evidence exists that a particular policy or program is ineffective in obtaining optimal health, health care, or management—and attach a paper they have found that describes this ineffectiveness (an intervention is ideal, however, any study design type will be accepted);
- 2) Which aim(s) of the IOM are not met; and
- 3) What Rules for Redesign might be needed to improve health/healthcare/health management.

For example, a student may choose to study palliative care and the lack of providers who are board-certified in this specialty, which results in inadequate opportunity for patients and their family to receive such services at the end of life and an increase in health care costs. Students must choose their topic carefully, **as topics may not change after February 1st**.

Please read the description of all assignments before submitting your final topic, so that you are aware of all steps required in each of the assignments.

Appendix B

Assignment 2: Developing an outline for the policy brief and field questions (10 points)

Due date: February 15, 2018 (see rubric).

This is the first step toward developing the policy brief that is Assignment 5. The policy brief is an action-oriented tool targeting policy practitioners. As such the brief must provide arguments based on what is actually happening in practice with a particular policy and propose recommendation that seem realistic to the target audience. More information on writing policy briefs will be distributed in class. The outline you submit **must** contain this information:

- a. Proposed title
- b. Context and importance of the problem
 - A clear ***statement of the problem or issue*** in focus.
 - A short ***overview of the root causes of the problem****
 - A clear statement of the ***policy implications of the problem**** that clearly establishes the current importance and policy relevance of the issue.
- c. Critique of current policy/policies
 - A short ***overview of the policy option(s)*** in focus
 - An argument illustrating ***why and how the current approach is failing* using the RE-AIM evaluation framework as a guide*** (discussed in detail Class 2).
- d. Potential sources of confusion and controversy that can be addressed in field-based investigation (Assignment 3)
- e. Sources consulted

While the policy brief will not be written in an academic style, you will need to make sure that your arguments are based on evidence.

*All policies that are ultimately proposed by students in their final policy brief (Assignment 5) will need to address the **IOM's Six Aims for Improvement: 1) Safe, 2) Effective, 3) Patient-Centered, 4) Timely, 5) Efficient, 6) Equitable**. The web links to the IOM's 2001 report, *Crossing the Quality Chasm*, can be found in the External Links section of the Blackboard page. When thinking about the problems with a policy and why a policy is failing, think about whether or not it is addressing all of these 6 aims for improvement. Similarly, developing your innovative policy solution throughout the course, keep in mind these 6 aims for improvement.

Based on this preliminary investigation of the health care problem you have chosen, you will also notice particular gaps in the field. You may also find that some aspects of this problem are confusing or controversial. Use these gaps and areas of confusion and controversy to develop questions that you will use in your field-based interviews that are part of Assignment 3. **Students are asked to submit the names/titles and contact information of two prospective stakeholder interviewees to me by the midterm.** Students are expected to do the initial legwork to identify their interviewees but may certainly seek the assistance from me if they are encountering challenges. (graded per rubric, distributed in advance). Interviewees can change after this point if needed but you must submit two names to me by the date.

Midterm Exam

Due date: March 1, 2018, completed during class

The midterm exam will provide Dr. Gunn with a better understanding of students' knowledge of the health care delivery concepts discussed in PM755 through class 6. Students will read a case about a health care delivery problem, and will then be asked to write a 2-3 page essay in response to a set of questions, describing how this health care delivery problem can be addressed using concepts, theories, frameworks and principles discussed in this class. More information on this will be discussed in class.

The midterm exam is worth 10 points.

Appendix C

Assignment 3: Conducting two field-based interviews and submitting written field notes (20 points)

Due date: March 29, 2018 (see rubric).

This assignment takes students into the field to expand their understanding of the health care issue they are investigating for their policy brief. Students are to conduct interviews with **two representatives** who have a stake in the problem and write up field notes from these interviews. A letter from me is available on Blackboard, describing this assignment. You should attach this letter to all emails you send to potential interviewees, to provide legitimacy to your request.

At least one interview should take place in person; the other interview may be conducted by phone. 'Stakeholders' include policymakers from state agencies, providers from community-based health care organizations or other clinical settings, advocates, researchers, and directors of intervention or prevention programs. Interviews may not be recorded because this would involve other necessary steps that we cannot address in this class. Field notes can be based on journalism or anthropology concepts—more information on this will be presented in class. (graded per rubric, distributed in advance).

Appendix D

Assignment 4: Presentation of field-based interviews (20 points)

Presentation date: April 12, 2018 (see rubric)

Using Powerpoint, students will succinctly present their health care problem/policy issue, the current knowledge, and information they have gleaned from their two field-based interviews. These presentations will be timed and can be no longer than 10 minutes (much like a conference presentation). Discussion and questions will take place for another 5 minutes. Students will be assigned to one of five presentation groups. Each group will meet in a separate classroom and you will be asked to present your work to a “member of a hospital or healthcare executive board”. All presentations will be videotaped by the BUSPH Office of Teaching, Learning and Technology for review by Dr. Gunn. If you are interested in uploading your presentation to your personal ePortfolio site, you are encouraged to discuss this with Dr. Gunn in advance.

We will discuss the elements of an effective presentation (graded per rubric, distributed in advance). As part of this assignment, **each student presenter will self-assess his/her presentation immediately following the presentation, and classmates will provide a peer assessment of the presentation.** Dr. Gunn will provide self-assessment forms prior to the presentation, and peer-assessment forms will be distributed at the beginning of the presentation class.

Appendix E

Assignment 5: Policy brief based on research and field investigation (25 points).

Due date: April 26, 2018 (see rubric).

The semester's work will culminate with each student submitting a **6 page, double-spaced** policy brief that outlines the rationale for choosing a particular policy alternative or course of action to address the student's chosen health care problem. A policy brief is commonly produced in response to a request directly from a decision-maker or within an organization that intends to advocate for the position detailed in the brief. The purpose of the policy brief is to convince the target audience of the urgency of the current problem and the need to adopt the preferred alternative or course of action outlined and therefore, serve as an impetus for action. More information on how to write policy briefs will be presented in class. (graded per rubric, distributed in advance).

BUSPH Academic Support Resources

There are many support resources available to BUSPH students, including [communication resources](#), a [writing guide](#), [academic support](#) and a [core course tutoring program](#). For more information, contact Mahogany Price at sphtutor@bu.edu.

Public Health Writing Program

The Public Health Writing Program is available to SPH degree candidates who would like to discuss planning a paper, organizing a paper, writing clearly, or other aspects of the writing process. The program is not an editing service and does not guarantee that the assistant will be knowledgeable about content of the paper.

For more information or to schedule an appointment, please visit the program's website: bu.edu/sph/writing. If you have any questions, please contact the Program Manager, Mahogany Price at sphwrite@bu.edu.

Presentation Skills Appointments

Presentation skill appointments are available to SPH degree candidates looking to practice presentations and receive feedback from a peer coach on slides, poster presentations, speech outlines, and/or oral communication skills!

For more information or to schedule an appointment, please visit the program's website: bu.edu/sph/present. If you have any questions, please contact the Program Manager, Mahogany Price at sphwrite@bu.edu.

BUSPH Writing Guide

BUSPH Writing Guide (bu.edu/sph/writing-guide). The Guide includes components like writing strategies, communicating data, word choice, writing as a team, resources for non-native English speakers, and finding and using resources. In addition, there are explanations of several specific types of public health writing, including literature reviews, policy memos, reflections, and critiques. This Guide is designed to be a starting point for students and save you from having to answer basic questions about style and formatting.

BUSPH Library Tutorials

Librarians from the BU Alumni Medical Library created [BUSPH library tutorials](#), for students in the School of Public Health. The first is a brief overview of library resources followed by guidance on advanced searches using including PubMed, Web of Science, POPLINE, Google, etc. On this site you will also find tutorials on Mendelay and Zotero, which are free citation management programs, as well as on properly citing sources and avoiding plagiarism.

If you would like to make an appointment to meet with a librarian in person to get personalized assistance with a search you can contact them directly by email (refquest@bu.edu), phone (617 638-4228), or stopping by the reference desk on the 12th floor of the med school (Building L).