HEALTH STATUS OUTCOMES: COMMUNITY/PRIMARY CARE
NUR 911 Sections 001
3 Credits
Tuesdays, 9:00 am – 11:50 pm
B500 W Fee Hall
Fall 2012

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.

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 aggregates vs. individuals.
2. Explore how health systems patterns of care (interventions) can influence 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 health status and well-being outcomes to determine quality of care.
6. Examine the cost of interventions to impact outcome(s).

Prerequisites: None

Co-requisites: None

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


Faculty: Bill Given
Professor
Dept of Family Medicine
Institute of Health Care Studies
965 Fee Road
A135 East Fee Hall
Tel: 517-353-8183
Cell: 517-281-4696
E-mail: givenc@msu.edu
Office Hours: Tuesdays, 2:00 to 3:00 pm.
Appointment times can be arranged.
Instruction:

a. Methodology: Your NUR911 course activities will include:
   a) classroom group seminar discussions, Please note meaning of SEMINAR as defined by Merriman Webster: a group of advanced STUDENTS studying under a professor with each doing original research and all exchanging results through reports and discussions 2a (1) : a course of STUDY pursued by a seminar (2) : an advanced or graduate course often featuring informality and discussion
   b) topic-specific student presentations, and
   c) out-of-class articles and assigned reading seminar evaluation activities. All assigned text and article readings are expected to be completed prior to the indicated class time. Each student is responsible for understanding both the assigned readings and all content discussed in class. Each student is expected to actively participate during in-class group activities and classroom seminar discussions. Refers to definition of seminar above. I have no intention of lecturing.

Instructor Communications: Messages and assignments are to be emailed to my MSU address. Keep a copy of all papers and drafts submitted. All papers must be submitted electronically.

b. Required Texts:
   • Institute of Medicine Care without Coverage: Too little too late. (2002). National Academy Press, Washington, D.C. (order directly)
   • Institute of Medicine Unequal Treatment

Optional:

c. Optional Texts: Other doctoral program texts from prior courses.
d. Required Resources, References, Supplies:
   ANGEL Help Line
   1.800.500.1554 (24 hrs, 7 days/week)
   517.355.2345 (24 hrs, 7 days/week)
   www.angel.msu.edu (ANGEL Help link in upper right corner)
   Always check with the ANGEL Help Line first!
   Articles available through PubMed, journal websites, the MSU library (both electronic and
   print collections, or from instructors).

Preparation for Class

**For Each Class:** Complete the assigned readings for the week and consider outcomes from population-based vs. patient level vs. provider and overall health system perspective.
If there are study guide questions please read and review them carefully think about how you will respond. If there are presentation or written assignments or manuscripts to retrieve please complete before class and be ready to present. Work from an outline to be sure your arguments are clear and rigorously framed. In all cases please consider the possible differences between patient and aggregate health outcomes in the topic area(s).
How do they differ at each level? What is the relationship between structure, process, and outcome at each level? Be prepared to discuss the assigned readings in terms of your developing dissertation/research program area.

Evaluation:

**Evaluation Course Activities**

1. **Seminar Discussions and Presentations**

   Students will be expected to read and be responsible for all seminars.
   I expect full participation in a vigorous and rigorously argued and defended interchange at each session. I expect you to challenge the seminar leaders. THIS INTERCHANGE is ESSENTIAL for your development as a scientist and a scholar. Respectful argument and disagreement is an acquired skill. You will make a 5 to 20 minute presentation on numerous occasions. You will make sure to explore how the topics might fit within your NSRA and dissertation.

**Assignments I & II**

I 50% of grade will be based on seminar participation/presentation/review and critique. This means carefully argued and defended critiques/presentations, i.e., presentations that are clear, succinct and defended All requests for articles and written critique must be turned in at beginning of class via email to my address.

II. 50% will be achieved by a paper which will be submitted and critiqued by the seminar leader. These portions of this paper will be tuned in at weeks 6, 8, 10, 12 and at week 14 where a 20-30-minute presentation will be made of the paper to be handed in week 15.

Components of the written exercise are as follows; and are the focus of your consecutive weeks 6-15 for review presentation and discussion and finally your paper
   ➢ Conceptual definitions Review and consider alternative means of conceptualizing the outcome of interest for your research—from a population based perspective.
Measurement qualities (e.g. reliability, validity, sensitivity and specificity) alternative measures should be presented for the conceptual approach. Here please consider how you would obtain data to inform the measures secondary data, derived indices aggregated from primary sources.

What are the structure and processes of care that will influence the health status outcome? How might the settings affect these relationships? Please think carefully about the alternatives to the outcome health states. Also you may want to consider proximal and distal health state outcomes in the model. We will spend time weeks 10 and 12 on this as it focuses on the heart of this course.

Differentiate how your model will fit within larger system contexts. And how, on balance your model is best suited for the context in which you are going to apply the conceptual and measurement model i.e., the structure process and outcome.

Clinical significance and policy significance: Why should people care?

Policy significance

Nursing relevance

II. Note that the topics for your Assignment I and II papers must be different than the topic for your Assignment II “Major Paper.”

b. 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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<tr>
<th>%</th>
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<tr>
<td>90 – 100%</td>
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<tr>
<td>85 – 89%</td>
<td>3.5</td>
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<tr>
<td>80 – 84%</td>
<td>3.0 (Minimum passing grade)</td>
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<td>≤ 79%</td>
<td>Not passing</td>
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c. Writing Requirements: Levels of evidence must be discussed and research articles used. Each student must write two summaries. Include a reference list of 5-6 references using APA format. (Different than the course reference list).

Two of each of the following assignments must be completed by each student:
1. Aggregate Health Determinants outside of the healthcare system – Week 3
2. Antecedents of Aggregate Health Outcomes – Week 3
3. System Level Factors: Provider Patterns of Care – Week 4
4. Nursing Care Outcome Studies – Week 4
5. Availability and Accessibility of Healthcare Services – Week 5
6. Affordability and Acceptability of Healthcare Services – Week 5
7. Safety and Content of Care-- Week 6
8. Patterns of Care and Variations in Practice - Week 6
9. Causes of Health Disparities- Week 7
10. Health Disparities- Effects on Health Outcomes- Week 7
11. Health Care Quality/Effectiveness Indicators – Week 8
12. Health Care Performance Indicators -- Week 8
13. Cost of Health Care, Healthcare Service Coverage- Week 9
14. Utilization of Different Types of Healthcare Services- Week 11

Criteria for evaluation (presentation plus written summary:
   a. Discussion of aggregate outcome/concept. (15 points)
   b. Differentiation between relevance to patient vs. system (15 points)
   c. Measurement properties/ Qualities (20 points)
   d. Support from the literature—5-6 research based articles (20 points)
   e. Discussion of relevance to nursing/ clinical significance (15 points)
   f. Policy significance (15 points)
   g. Clarity and succinctness of paper/presentation/APA format/grammar

SEE SYLLABUS FOR GRADING SHEET.
Late papers will not be accepted! All assigned papers will be turned in on the assigned day of class. Students must present their paper in class, and each student will present two sessions. It is imperative that these are presentations are made as scheduled in a timely fashion with the class schedule.

Assignment III
I. 50% of grade will be based on a major research paper. Generally around 25 pages (without bib or figures).

The focus of paper will be one outcome in the context of community-based primary care (not acute care) (should be a concept related to your outcome of interest but at the aggregate level). 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 (consider the Patrick, Wilson & Cleary, Mitchell, Aday or Chronic Care Models). The analysis should include:

A. Conceptual
   1) Define the concept (outcome for aggregate measurement of interest), as it will be used in this paper.
   2) What model can be used to describe relationships of the outcome to determinants and process of care?
   3) What is the relevance to the model of community-based primary care (include a review of research-based literature)?
   4) What are the implications of the outcome for community-based primary care nursing practice?

B. Operational/Methodological
   1) What is the operational definition used for this outcome? Please be specific and use research-based literature (research based articles).
   2) How does this outcome relate to clinical decisions?
   3) How does this outcome fit into the overall health care system? (To whom, for what? Be specific)
      Is the outcome appropriate to use across the continuum of care; why or why not?
   4) When and what are the methodological issues using this measure as a systems measure?
   5) Describe the use of the measure to determine the outcome in relation to:
a. Approach  
b. Source and type of data  
c. Timing  
d. Measurement including psychometric properties  
e. Consideration of use with vulnerable population  

6) Methods used to collect data in the system of care vs. community population focus.  
7) Given the results of the above, what are the implications for policy?  

Criteria for Grading:  
i. Conceptualization of the outcome (15 points)  
ii. Model discussion (15 points)  
iii. Relevance of Outcome to Nursing (10 points)  
iv. Relevance of outcome to community-based primary care (10 points)  
v. Methodology   
   (1) Operational definition supported with research literature (10 points)  
   (2) Measurement properties and challenges presented in research-based literature (15 points)  
vi. Relevance for system/policy—research based literature (15 points)  
vii. Strength of research based references and synthesis from the literature (10 points)  
viii. Minus points for APA format/clarity of writing/grammar  

SEE SYLLABUS FOR GRADING SHEET.  

- An outline and outcome definition is due by September 25 (Week 4)  
- A Draft of the paper is due by November 13 (Week 11)  

Due by December 4, 2012 – Late papers will not be accepted. All papers must be turned in electronically or in a carefully marked colored folder.  

- The final paper is due by December 4th. Earlier outline and drafts must also be turned in with the final paper to get a grade for the course.  
- 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
HEALTH STATUS OUTCOMES: COMMUNITY/PRIMARY CARE
NUR 911 Sections 001
3 Credits
Tuesdays, 9:00 am – 11:50 noon, 500A West Fee Hall
Fall 2012
Additional Course Information

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, 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.

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

Course Calendar:

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<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>I</td>
<td>09/04/12</td>
<td>HEALTH STATUS &amp; OUTCOMES FROM COMMUNITY-BASED CONTINUUM PERSPECTIVE</td>
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<td>Introduction to Course, Review of Syllabus</td>
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<td>Health Status/Health Outcomes from the community-based care continuum</td>
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<td>perspective (review models) – Patrick Model, Wilson/Cleary Model,</td>
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<td>Mitchell Model, Chronic Care Model.</td>
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<td>Define Health Status Outcome at aggregate level How are these measures</td>
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<td>different from individual measures? What do they tell us that the</td>
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<td>individual measures do not?</td>
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<td>II</td>
<td>09/11/12</td>
<td>CONTINUUM OF CARE</td>
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<td>Concept of the care continuum and nurse sensitive outcomes to be</td>
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<td>examined over time in a community-based care system (aggregate).</td>
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<td>III</td>
<td>09/18/12</td>
<td>HEALTH DETERMINANTS</td>
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<td>Aggregate Health determinants outside the healthcare system: A Focus on</td>
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<td>Health Disparities</td>
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<td>Antecedents of Aggregate Health Outcomes (Culture, Genetics, Personal,</td>
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<td>Family, Risks, Ecological, and Social Environment, Policies/ Regulations</td>
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<td>IV</td>
<td>09/25/12</td>
<td>FUNCTION, COMORBIDITY, MULTI-MORBIDITY AND FRAILTY</td>
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<td>System level factors: Provider Patterns of Care</td>
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<td>Nursing Care Outcomes Studies</td>
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<td>***Outline of Major Paper presented in class and handed in at end of Class</td>
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<td>V</td>
<td>10/02/12</td>
<td>FUNCTION, COMORBIDITY, MULTI-MORBIDITY AND FRAILTY</td>
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<td>(contd) Availability, Accessibility, Affordability, and Acceptability</td>
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<td>of Health Care Services</td>
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<td>MEASUREMENT CHALLENGES</td>
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<td>(Student Discussion)</td>
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<td>VI</td>
<td>10/9/12</td>
<td>SAFETY, ACCESS, AFFORDABILITY, ETC. Safety and Content of Care</td>
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<td>Patterns of care and variations in practice</td>
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<td>MEASUREMENT CHALLENGES</td>
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<td>(Student Presentation)</td>
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<td>VII</td>
<td>10/16/12</td>
<td>SAFETY AND CONTEXT OF CARE — ACCESS, AFFORDABILITY, AND AVAILABILITY (PERFORMANCE INDICATORS) Causes of Health Disparities Health Disparities: Effect on Health Outcomes (Student Discussion)</td>
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<td>VIII</td>
<td>10/23/12</td>
<td>COMPARATIVE EFFECTIVENESS AND COST EFFECTIVENESS Health Care Quality and Effectiveness Health Care Performance Indicators – Comparative Effectiveness Research MEASUREMENT CHALLENGES (Student discussion)</td>
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<td>IX</td>
<td>10/30/12</td>
<td>COMPARATIVE EFFECTIVENESS AND COST EFFECTIVENESS (contd) Cost of Health Care, Healthcare Service Coverage MEASUREMENT CHALLENGES</td>
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<td>X</td>
<td>11/6/12</td>
<td>COST AND UTILIZATION OF SERVICES Utilization of Different Types of Healthcare Services Cost Effectiveness of Health Care MEASUREMENT CHALLENGES <em><strong>DRAFT OF FINAL PAPER DUE IN CLASS</strong></em></td>
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<td>XII</td>
<td>11/20/12</td>
<td>HEALTH RELATED OUTCOMES AND QUALITY CARE INDICATORS Integrating the health-related quality-of-life outcome components into care. Exploring Large Data Sets</td>
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<td>XIII</td>
<td>11/27/12</td>
<td>USING LARGE DATABASES/ QUALITY/ CLINICAL/QUALITY OF LIFE Care Continuum Outcomes influencing Quality of Clinical Decisions – evidence based practice Care Continuum Outcomes influencing policy (performance measures, guidelines and regulations</td>
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<td>XIV</td>
<td>12/4/12</td>
<td>CARE CONTINUUM INFLUENCING CLINICAL DECISIONS AND POLICIES Using Large Databases/Quality/Clinical/Quality of Life Care Continuum Influencing Clinical Decisions and Policies <em><strong>MAJOR PAPER DUE IN CLASS</strong></em></td>
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<td>XV</td>
<td>12/11/12</td>
<td>Finals Week</td>
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<td>I 09/04/12</td>
<td>HEALTH STATUS &amp; OUTCOMES FROM COMMUNITY-BASED CONTINUUM PERSPECTIVE: OVERVIEW Chapters 1 and 2 of T. Kue Young Population Health Concepts and Methods 2nd Edition Oxford University Press 2005 (these two chapters are online)</td>
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<td>CONTINUUM OF CARE</td>
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21. Olshansky, J., Antonucci, T., Berkman, L., et al., Differences in life expectancy due to race and educational differences are widening and many may not catch up. *Health Affairs* 31:8 1803-1813. |


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**FUNCTION, COMORBIDITY, MULTI-MORBIDITY AND FRAILTY**


### SAFETY, ACCESS, AFFORDABILITY, ETC.


### VII

10/16/12

**SAFETY AND CONTEXT OF CARE- ACCESS, AFFORDABILITY, AND AVAILABILITY**

**PERFORMANCE INDICATORS**


### VIII & IX

10/23/12 and 10/30/12

**COMPARATIVE EFFECTIVENESS AND COST EFFECTIVENESS**


<table>
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<tr>
<th>COST AND UTILIZATION OF SERVICES</th>
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**HEALTH RELATED OUTCOMES AND QUALITY CARE INDICATORS**


**USING LARGE DATABASES /QUALITY/ CLINICAL/ QUALITY OF LIFE**


**CARE CONTINUUM INFLUENCING CLINICAL DECISIONS AND POLICIES**


Grade Sheet 911 Health Status Outcome
Mini Papers 1 and II (25% of grade)

Criteria

*1. Discussion of Aggregate Outcome/Concept (at least 5 citations) __________15pts

*2. Differentiate between relevance of Patient versus System Outcome __________15pts

*3. Measurement Properties/Qualities of Outcome for Aggregate (Population) __________20pts

*4. Support from the Research Literature 5-6 research-based articles __________20pts

*5. Discussion of relevance to nursing intervention/Clinical Significance __________15 pts

6. Policy Significance __________15 pts

7. Clarity and Succinctness of Presentation and Paper/APA format/Grammar

TOTAL __________

* Should reflect a synthesis of the literature
911 Final Paper Evaluation Form
50% of the grade

Conceptualization of the outcome with literature to support __________15 points

Model discussion showing relationship among concepts __________10 Points

Relevance of outcome to nursing __________15 Points

Relevance of outcome to community-based primary care __________10 Points

Methodology
   Operational Definition of Outcome
   (Research-based literature, relevance to clinical) __________15 Points

   Measurement Properties & Issues
   (Psychometrics approach, source of data, timing, use with vulnerable populations, data collection) __________15 Points

Relevance to System (over care continuum)/Policy __________10 Points

Strength of Research Base Literature __________10 Points

Minus points for format, clarity of writing, grammar, etc.) __________

TOTAL __________ /100 Points

All drafts must be turned in with final copy.