Health Status Outcomes for Community-Based Primary Care
NUR 911
Mondays, 9:10-12:00
500A West Fee Hall
Fall, 2007

Course Description (3 credits; 3-0):

MSU Catalog: “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.”

This course focuses on the measurement of health status and health outcomes for diverse populations across the life span. Particular emphasis is placed on the multiple determinants of health and the (partial) contribution of the health care system to population health. Factors such as population diversity in economic and social status as well as behaviors, access to health care, structural features of the health care system and health care organizations, and provider practice patterns are examined in terms of their impacts on health outcomes. Measurement and evaluation issues related to health status and health outcomes from a health care system perspective will be explored.

Course Objectives:

To examine how determinants outside the healthcare system relate to the structure and process of care.

1. To examine the long and short term measurement of health status and well-being outcomes for aggregates (populations) as compared to individuals.
2. To explore how patterns of care (process of care) within the health care system can influence access health status and health outcomes.
3. To analyze how individual and aggregate data can be used within the community based primary care system (health care system) to examine patient outcomes.
4. To consider how systems of care can use health status and well-being outcomes to determine quality of care and design approaches for improvement.
5. To examine the cost of care as an outcome measure.
6. To examine current measures used in primary health care system to assess aggregate outcomes.

Faculty:

Manfred Stommel, Ph.D.
Associate Professor
W-149 Owen Graduate Center
Telephone: 355-5123
Fax: 353-9553
E-mail: stommel@msu.edu
Textbooks:


Readings:


Mitchell, P.H., & Lang, N.M. (2004). Framing the problem of measuring and improving healthcare quality: Has the health outcomes model been useful? *Medical Care, 42*, 2 (suppl.), II-4-10.


**Instructional method:**

Seminar discussion (major emphasis!), student presentations, some lecture.

**Methods of evaluation:**

1. **Term Paper (50%)**:

   Identify a health status outcome of your choice that can be influenced/improved through community-based primary care (not acute care). Discuss biological, social, economic and behavioral factors that affect this outcome and show how the health care system can contribute to improving this outcome at the system and the population level. Based on one of the models discussed in class, assess the importance of the process of care to achieve the desired outcome. The analysis should include:

   1) A conceptual and operational definition of the outcome (based on relevant research literature);
   2) The relevance and sensitivity of the outcome as a measure population health and health system performance;
   3) Evaluation of data sources and measurement issues for the outcome;
   3) A description of the model can be used to elucidate the relationships of the determinants (including health system features and processes of care) to this outcome;
   4) An assessment of the relevance to the model to community-based primary care (include a review of research-based literature);
   5) A discussion of the implications of the outcome for nursing practice.
The term paper is due on the last day of class (12/3/2007).

2. Three in-class presentations on assigned topics (30%):

Critical reports on empirical research studies with a population/health system focus, which relate to the following three topics: disparities in chronic disease outcomes, disparities in access to care and treatment, nursing’s contribution to health outcomes;

Studies proposed for evaluation and critical review must be announce two weeks prior to class presentation.

3. Participation in Class Discussions (20%):

Course Calendar:

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
<th>Reading/Assignment/Activity</th>
</tr>
</thead>
</table>
| 1    | 8/27  | Health Status and Health Outcomes:  
- Health status and health outcome measures as indicators of treatment “success”  
- Models linking medical and health care to health outcomes  
- Levels for interventions: individual patients, communities & public aggregates, provider organizations | Jefford et al. (2003);  
Landon, Wilson & Cleary (1998);  
Mitchell, Ferketch & Jennings (1998);  
Patrick (1997);  
Patrick & Chang (2000);  
| 2    | 9/10  | Factors Influencing Population Health:  
- Biological risk factors  
- Social & economic risk factors  
- Behavioral risk factors  
- Social conditions as “fundamental” causes  
- Access to the health care system  
- Quality of available care | Bodenheimer & Grumbach (2005), Chapters  
Link & Phelan (1995);  
Marmot (2004), Chapters 1-2; |
| 3    | 9/17  | Health Disparities I:  
- Identification and operational definitions of relevant social groups for disparity research  
- Health status and health outcomes across social groupings: race/ethnicity; gender, socio-economic classes | Hayward et al. (2000);  
Marmot (2004), chapters 3-4;  
Patrick et al. (2006);  
U.S. Census Bureau (2007);  
Assignment: Report on selected research studies by students: disparities in chronic disease outcomes |
<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
<th>Reading/Assignment/Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>9/24</td>
<td>Health Disparities II:</td>
<td>Mitchell &amp; Schlesinger (2005); Smith et al. (2001);</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The importance of social structure, culture and individual behavior for health disparities</td>
<td>Assignment: Report on selected research studies by students: disparities in treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Disparities in the provision of health care</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>10/8</td>
<td>Quality Indicators for Health Status and Health Outcome Measurements - Review of Psychometric Criteria:</td>
<td>Fowler et al. (1994); Lohr et al. (1996); Norman et al. (2007); Stommel &amp; Wills (2004), Chapters 13-14;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Validity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reliability &amp; reproducibility</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sensitivity &amp; specificity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Responsiveness to treatments and changed conditions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Effect sizes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Burden</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cultural acceptability &amp; appropriateness</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>10/15</td>
<td>Uses of Health System Performance Measures:</td>
<td>Bodenheimer &amp; Grumbach (2005), Chapters 4-5; Institute of Medicine (2006), Chapters 1-4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Public Health Policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Quality Improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Payment Incentives</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>10/22</td>
<td>Data Sources for Population Health and Health System Performance I:</td>
<td>Stommel &amp; Wills (2004), Chapters 15-17;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Appropriate data sources for health status and health outcome measures</td>
<td>Assignment: Report on selected studies and data sources by students</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vital statistics, population registries, other public records</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Longitudinal vs. cross-sectional measurement of health status and health outcomes</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>10/29</td>
<td>Data Sources for Population Health and Health System Performance II:</td>
<td>Stommel &amp; Wills (2004), Chapter 11; NCHS 2007;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Population-based surveys: The CDC/NCHS data collection systems</td>
<td>Assignment: Report on selected studies and data sources by students</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provider data bases (HMOs, hospitals, individual providers, professional organizations)</td>
<td></td>
</tr>
<tr>
<td>Week</td>
<td>Date</td>
<td>Topic</td>
<td>Reading/Assignment/Activity</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>--------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 9    | 11/5   | Health Care Quality and Effectiveness I:   | • Provider organizations: internal structures and resources<br>• Cooperation & competition among health care professions<br>• The effects of payment mechanisms on the performance and quality of services<br>• The role of practice guidelines<br>  
Bodenheimer & Grumbach (2005), Chapters 5-7; Donabedian (1988); IOM (2006) |
| 10   | 11/12  | Health Care Quality and Effectiveness II:  | • Structure, process and outcomes<br>• Institutional Performance vs. outcome measures<br>• Effectiveness of care<br>  
Bodenheimer & Grumbach (2005), Chapter 12; Donabedian (1988); IOM (2006) |
| 11   | 11/19  | Health Care Quality and Effectiveness III: | • Health Care Professions<br>• The roles and contributions of Nursing in hospital care<br>• The roles and contributions of Nursing in community-based primary care<br>• The roles and contributions of Nursing to public health<br>  
Bodenheimer & Grumbach, Chapters 17; U.S. DHHS, 2007;<br>Assignment: Report on selected research studies by students: Nursing's contribution to health outcomes |
| 12   | 11/26  | Health Care Quality and Costs I:           | • The concept of opportunity costs<br>• Effectiveness vs. efficiency<br>• Types of cost analyses: cost-effectiveness analysis; cost-utility analysis; cost benefit analysis;<br>  
Bodenheimer & Grumbach, Chapters 8-9; Stomme et al. (1998); Tucker et al. (1998); IOM (2006), Appendix H |
| 13   | 12/3   | Health Care Quality and Costs I:           | • Costs to providers, insurance plans, or society<br>• Trade-offs between quality and costs<br>  
Bodenheimer & Grumbach, Chapters 8, 12; |