Michigan State University College of Nursing

NUR 911
Health Status Outcomes for Community-Based Primary Care
Fall 2006

Instructors:
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Messages and assignments may be left at Dr. Given’s faculty office B515C West Fee Hall in a well-marked envelope. Always keep a copy.

Course Description (3 credits; 3-0):
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.

Course Objectives:

I. To examine how determinants outside the healthcare system relate to the structure and process of care.
II. To examine the long and short term measurement of health status and well-being outcomes for aggregates (populations) as compared to individuals.
III. To explore how patterns of care (process of care) within the health care system can influence access health status and health outcomes.
IV. To analyze how individual and aggregate data can be used within the community based primary care system (health care system) to examine patient outcomes.
V. To consider how systems of care can use health status and well-being outcomes to determine quality of care and design approaches for improvement.
VI. To examine the cost of care as an outcome measure.

VII. To examine current measures used in primary health care system to assess aggregate outcomes.

Course Calendar:

_This course meets on Mondays from 9:10-12:00 in 423 West Fee Hall_

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<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>I</td>
<td>8/28</td>
<td>Introduction&lt;br&gt;Health Status/Health Outcomes from the community-based care continuum perspective (review models) – Patrick Model, Mitchell Model, Chronic Disease Model. Define Health Status Outcome</td>
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<td>9/4</td>
<td>Labor Day No Class</td>
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<tr>
<td>II &amp; III</td>
<td>9/11</td>
<td>Concept of the care continuum and outcomes to be examined over time in a community-based care system.</td>
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<td>III</td>
<td>9/11</td>
<td>Determinants outside the health system (Disparities)&lt;br&gt;Culture, Genetics, Personal, Family, Ecological, and Social Environment&lt;br&gt;Politics and Policies/Regulations (Student Responsible)</td>
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<td>IV &amp; V</td>
<td>9/25</td>
<td>System level components (To Err is Human Chapter 1,5,6,7)&lt;br&gt;Organizational Arrangements/Structure/Resources/Payment Mechanisms&lt;br&gt;Providers and provider process&lt;br&gt;Nursing Studies (Student Responsible) ***Outline of Major Paper Due</td>
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<td>VI</td>
<td>10/2</td>
<td>Context of Health Care&lt;br&gt;Factors involved:&lt;br&gt;Availability&lt;br&gt;Accessibility&lt;br&gt;Affordability&lt;br&gt;Acceptability use of service&lt;br&gt;Safety (To Err is Human Chapter 1,2,5,7, Appendix D)&lt;br&gt;Patterns of care and variations in practice (Student Responsible)</td>
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<td>VII</td>
<td>No Class</td>
<td>10/9 &amp; 10/16</td>
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<td>VIII</td>
<td>10/23</td>
<td>Health Care Quality and Effectiveness. (Crossing the Quality Chasm, Chapter 1 &amp; 7) Performance Measurement (Chapters 1,2,3,4, Appendix G)&lt;br&gt;Quality, effectiveness&lt;br&gt;Performance indicators&lt;br&gt;Measurement issues (Student Responsible) P4P on CMS Website.</td>
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<tr>
<td>X &amp; XI</td>
<td>10/30</td>
<td>Crossing the Quality Chasm: Cost of care outcomes. Chapter 8 Utilization of Services. ***Draft of Paper Due</td>
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<td>XI</td>
<td>11/6</td>
<td>Individual health-related outcomes at aggregate level across community-based care continuum&lt;br&gt;Function/QOL/satisfaction&lt;br&gt;Wellness: Self-care/prevention behaviors</td>
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### Social health
- Function/disability
- Equality of access
- Survival/mortality
- Measurement issues of system level vs. individual outcomes

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<th>XIII</th>
<th>11/13</th>
<th>Integrating the health-related quality-of-life outcome components into care. Large Data Sets. (Student responsible)</th>
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<td>XIV &amp; XV</td>
<td>11/20 &amp; 11/27</td>
<td>Care continuum outcomes influencing quality of clinical decisions—evidence based (Crossing the Quality Chasm) Care Continuum -----outcomes influencing policy (performance measures and guidelines) and regulations (To Err Is Human).</td>
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***Major Paper Due***

(This course assumes organization/system/provider level models in relation to primary care (e.g. Johnson, Maas, & Moorhead, 2000; Patrick, 1997 & 2000, and Mitchell) have been discussed in NUR 901 and some basic content, e.g., sensitivity, specificity, have been covered in NUR 910. Students wishing to take this course without NUR 901 or NUR 910 may need to do some selected independent reading prior to enrolling in the course.

**Preparation for Class**

**Each Class:** Consider outcomes from population-based vs. patient level vs. provider and overall health system perspective. Consider aggregate outcomes. How do they differ at each level? What is the relationship between structure, process, and outcome at each level?

**Week 1:** Review the health-related quality-of-life model related to the health care system and delivery of care. Why is health status at an aggregate level important? When is it used and why?

9/11: How do outcomes differ if they are community based—across the care continuum? Prevention, promotion, treatment, end-of-life? Who is responsible for the care during transitions? How are they measured? How should they be measured? What is the quality of Health Care determined in the U.S.?

9/11: Why are external variables (i.e. determinants outside the health care system) important? Which ones are relevant and when? How can we change these outcomes? How/when do you measure these variables? How does disparity play out? Regulations and Policies.

9/25: System level structural components influencing outcomes have to be considered. How do organizational arrangements, resources, financial arrangements, payment mechanisms, providers and practice patterns influence outcomes of care? How do guidelines affect outcomes? What do we know about transitions across the continuum of care? Why or how would guidelines relate to the structure/process of care? Discuss the importance of examining practice patterns and why discrepancy or uniformity in practice is desired.

10/2: Context of care-Access-Variations in practice. How does this affect the outcomes?

10/23: Quality and effectiveness—what is the value of quality improvement? Rise of performance indicators? How are they linked to cost?

10/30: Consider the different approaches to measuring cost of care and cost effectiveness. When do you use each?
11/6: What kind of databases are needed to do continuum of care evaluation for community samples. When are databases and data sets useful? How are they used and what is their value? Find a database related to your topic of interest for class discussion.

11/13, 11/20, 11/27: Relate findings from a community-based research study – how could that be translated to policy and at what level? Tracking across the continuum, of care. Select a condition you are interested in and discuss what outcomes you would track at each phase of the care continuum.

Evaluation
Seminar Discussions and Presentations

Students will be expected to read and be responsible for all seminars. You will each present in two seminars. Take the component of the model being discussed that week and apply to your topic of interest. How is the topic of interest impacted by components of the model? How does the model impact the outcome of interest?

Assignment 1
I. 50% of grade will be based on two reviews, class participation and discussion of selected outcomes/topics for classes II to XIII with 5-6 page written summaries turned in the day of class including:
Components of the discussion and summary should include:
- conceptual definition
- measurement qualities (e.g. reliability, validity, sensitivity and specificity) aggregate and individual.
- application across the community–based primary care continuum
- differentiate how this is applicable to the individual vs. the system or the practice
- clinical significance
- policy significance
- nursing relevance

Levels of evidence must be discussed and research articles used. Each student must write two summaries. Include a reference list of 5-6 reference using APA format. (Different than the course reference list).

One each of the following to be completed by student:
- Determinants – week 2
- Provide Patterns – week 4
- Payment Mechanisms -- Week 4
- Safety-- Week 6
- Access – week 7
- Performance Indicators-- week 7
- Utilization of Services – Week 10
- Cost – week 11
- Value and Use of Large Data Set -- week 13

Criteria for evaluation (presentation plus hand in):
  a. Discussion of outcome/ concept
  b. Clarity and succinctness
  c. Differentiation between relevance to patient vs. system
  d. Measurement properties/ Qualities
  e. Support from the literature—4-6 research based articles
f. Discussion of relevance to nursing/ Clinical Significance

Late papers will not be accepted! To be turned in on day of class. Students must present paper to the class, each student will present two sessions. It is imperative that these are presented as scheduled in a timely fashion with the class schedule.

Assignment II
II. 50% of grade will be based on a major research paper. Expectation 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 or Chronic Care Model). 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 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 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:
   1) Approach
   2) Source and type of data
   3) Timing
   4) Measurement including psychometric properties
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
II. Model discussion
III. Relevance to the model (Nursing)
IV. Methodology
   a) Measurement properties presented
   b) Operational definition supported with research literature
   c) Measurement issues related to model discussed—research based literature
   d) Relevance for system/organization—research based literature.
V. Clarity of writing
VI. Strength of research based references and synthesis of the literature
An outline and outcome definition is due by October 2\textsuperscript{nd}
A Draft of the paper is due by October 30\textsuperscript{th}

Due by November 27\textsuperscript{th}, 2006 – Late papers will not be accepted.

- The final paper is due by November 27\textsuperscript{th}. Outline and draft must be turned in with the final paper to get a grade for the course
- APA format must be followed or the paper will be returned without scoring

Required Texts:


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<th>Week</th>
<th>Article or Chapter</th>
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<tr>
<td>I</td>
<td><strong>Health Status from Community Perspective:</strong></td>
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16. “To Err is Human” Box 2.1 and 2.2.
Continuum of Care

### Determinants Outside the Health Care System (Individual, Family, Environment)

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### IV & V

**System Level (Payment, Provider)**

18. Poor Nutritional Status on Admission Predicts Poor Outcomes After Stroke, Observational Data From the FOOD Trial. (2003). Stroke is available at
Community – Context of Care: Access, Affordability, & Availability (Performance Indicators)


Health Care Effectiveness, Performance, Quality Utilization


Cost and Utilization


| XIII |
|---|---|
| **Care Continuum Outcomes –Using Large Databases/Quality/Clinical** |
### Care Continuum Outcomes Influencing Policies

3. Community-level indicators for understanding health and human services issues: A compendium of selected indicator systems and resource organizations.