**NURS 524**

**Conceptual Foundations for Care Systems Management**

**Autumn 2011**

**Day and Time:**

No in person classes; all course work is online

**Instructor:**

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**Office Hours:**

By appointment; either on the phone or in person

**Prerequisites:**

Graduate student status

**Credits:**

3

**Graduate student assistant**

None

**Course Description and Requirements for Conceptual Foundations for Care Systems**

#### **Course Overview:**

Clinical practice for healthcare professionals typically takes place within ‘systems’ of care: single organizations, institutions, agencies, and larger/ multi-organizational arrangements.  Additionally, clinical practice occurs within the context of legal, regulatory, market, consumer expectations, and payment ‘systems’ that define and shape the care clinicians provide and that patient populations receive.  This is also true for independent practitioners, who may be autonomously employed but practicing within the context of some sort of system.  Overall, clinical practice and systems of care drive the quality, effectiveness, and efficiency of healthcare delivery in the United States.  Yet, numerous reports from the government, public and private agencies, and various foundations suggest that our current healthcare delivery system is ‘broken,’ in particular the Institute of Medicine’s landmark publication, Crossing the Quality Chasm.  With public demands escalating for a new ‘healthcare system’ for the 21st Century, clinicians need to understand various care system concepts, enablers, and barriers in order to participate in effectively practicing, improving, and leading care systems in the future.

NURS 524 is a web-based course that examines the broad healthcare delivery system and systems of care that are included in it.  To appreciate the current system, this course begins with studying the evolution of organized healthcare in the United States; including the relationships between clinical practice (nurses, physicians, and allied healthcare professionals) and the systems of care that professionals are practicing in.  Care systems will be defined and described; and key system components will be studied.   Innovations in care system design will be evaluated, along with enablers and barriers to the adoption of these innovations.  A critical analysis of various types of care systems will round out this course.

All healthcare professionals need a fundamental understanding of systems and systems components.  This course is important for healthcare professionals and/or those in advanced practice that seek to function in both clinical and leadership roles; including management, administration, quality improvement, patient safety, informatics, research, and education.  While this course is the first of the care systems management core courses, it is open to all interested graduate students (both within and outside the School of Nursing.)

#### **Definition of Web-Based Course:**

Web-based means that this class does not meet in person; all class learning will be either through the internet or some sort of conversation/discussion with student colleagues for specific course projects.  Class material is delivered by video and audio stream lectures, power point files, on-line discussion boards, websites, etc.

This is a 3 hour credit course.  As is the case with an in-person class that typically requires 3 hours or work per credit hour, you can also expect approximately the same amount of independent work time for this three hour credit course.  Therefore, you should plan for 9 hours per week in total in order to meet course requirements.

#### **Course Objectives**

1. To critically evaluate the evolution of conceptual models of care systems management and their application to nursing and related health services fields.
2. To describe the evolution of the professions of nursing and medicine in relation to organized care systems
3. To critically evaluate the relationships between professional practice, organized systems of care, and the broader healthcare system
4. To analyze systems of care and models; both at the macro and micro levels.
5. To develop a personal philosophy and leadership framework for advanced practice and care systems management.

#### **Course Requirements and Expectations:**

Students are expected to complete assigned readings and view video-taped lectures on a weekly basis, to complete web-based discussion questions that are posted on the class discussion board, and to complete a mid-term and final project, to be described in separate documents.  This class does not have a final examination.

**Readings**.  The text for this course is Kovner, A.R. and Knickman, J.R. Editors (2008), Jonas and Kovner’s Healthcare Delivery in the United States, 9th Edition.   The Institute of Medicine’s Crossing the   
Quality Chasm will also be used as a reference.   In addition, a few other readings will be assigned during the quarter from independent journals, and will either be electronically reserved or easily accessible via public/UW websites.

**Lectures.**  Each week’s lectures are available in video-streamed format by clicking on relevant links within the course website.  Please email [tierweb@u.was hington.edu](mailto:tierweb@u.was%20hington.edu) if you have any trouble viewing the video-streamed lectures.

#### **Assignments:**

**Weekly assignments**.  Almost every week, you will have an instructor-generated question posted on the course discussion board that corresponds to the week’s readings and lecture.  Responses to these questions should be no more than 2 double spaced pages, and will not involve any additional research or preparation on your part.  This is a form of confirming your learning of the week’s material and needs to be posted by 11:59pm of each Sunday night during the quarter (the class is structured so that each ‘week’ begins on a Monday and ends on a Sunday).  If you have any difficulty with the Moodle discussion board, please email [tierweb@u.washington.edu](mailto:tierweb@u.washington.edu) for assistance.

**Midterm project**:

***Background***

You are learning about care systems; including components, internal drivers, and external drivers. You are also learning that tremendous variability exists in how care system components are designed, and that the degree of component alignment will impact the care system’s outcomes.

***Midterm project requirements***

You are to select one of the following care systems:

1. Group Health of Puget Sound
2. The U.S. Active Duty Military Health System for the State of Washington
3. Tenet Healthcare
4. The U.S. Indian Health Services

For the system that you select, you are to develop a scholarly paper that includes the following components

1. Description of the care system’s external drivers, internal drivers and components.
2. Analysis of how the care system is designed (its components) to effectively respond to its external and internal drivers.
3. Identification and brief discussion of five differences between your selected care system and GreenForest Health System.
4. Identification and brief discussion of one component of your care system that you believe strongly positions your care system to successfully achieve its mission/vision and strategic objectives.

***Midterm project instructions***

1. Your midterm project is to be a scholarly paper that follows a commonly accepted style; i.e., APA format.
2. This paper is to include headers according to the four requirements; and is not to exceed 16 pages; not including your optional introduction and conclusion, along with your required list of citations.
3. Resource citations to guide your analysis are to be from professional literature from 2000 forward.

***Grading criteria***

Grades will be assigned according to completion of requirements, depth of analysis in each requirement, clarity/readability.

Scholarly papers are to be submitted electronically to the instructor via the [fleischc@advisory.com](mailto:fleischc@advisory.com) address by the date/time noted in the course website homepage.

***Good luck with this assignment!***

**Final project**:

**Background**

GreenForest Health System (as is the case with *all* U.S. care systems) is faced with three new external drivers:

1. The newly released Institute of Medicine’s (IoM) report, entitled “The Future of Nursing”
2. The recently passed healthcare reform legislation; entitled the patient protection and affordability act
3. The (IT) meaningful use requirements included in the 2009 economic stimulus package

The senior executive team of GreenForest, led by its CEO, knows that GreenForest needs to achieve some different outcomes; including:

1. A 50% decrease in inpatient CHF readmissions at all GFHS hospitals within three years
2. Full achievement of (IT) stage one meaningful use requirements by 2013
3. Improved care management for chronically ill patients; with an initial focus being CHF

Therefore, the senior executive team has committed to modifying its strategic plan in response to these external drivers and to be best positioned to achieve the newly identified outcomes.

**Final project**

Your instructor is the CEO of GreenForest Health System. Using the five components of GreenForest Health System as a framework (structure, leadership/management, resources, workforce, and culture), each group is to develop a set of recommendations for inclusion in GreenForest’s strategic plan that includes the following:

1. The identification and discussion of four specific strategies that GreenForest could implement, including which component(s) your strategy is most related to.
2. For each of your four strategies, a discussion of which external driver it is responsive to, and why.
3. For each of your four strategies, a discussion of which result it is intended to effect, and why.
4. For each of your four strategies a discussion of any features within GreenForest that might function as a barrier to the strategies’ implementation, and why.

***For example****:One strategy that GreenForest could implement is the creation of a system Chief Nursing Officer role, that sits on GreenForest’s senior executive team. This strategy is fundamentally responsive to the IoM report. From a care system component perspective, it relates to leadership/ management. Given nursing’s direct role in contributing to decreased CHF readmissions and improved care for the chronically ill, a system CNO could serve to standardize all nursing efforts across the entire system in order to coordinate and leverage nursing’s potential in a consistent way. Barriers to this strategy could include the historical lack of senior nursing representation at the system executive team level, and therefore, reluctance to even ‘approve’ the creation of this type of position.*

*Of course, this is a “simplified” answer; your project’s response would need to be much more thorough, but this should give you an idea as to what is being expected of each group in terms of analysis. However, your answers should be substantiated by either course learning and/or professional literature. For example, ‘evidence’ exists in the nursing literature as to the direct relationship between a senior executive responsible for nursing that sits on the executive team and the care system’s ability to successfully leverage the expertise of nursing.*

**Final group project requirements**

1. The submission of one scholarly paper that includes all project requirements listed above. This paper should be in a recognized format; i.e., APA, and papers should ideally not exceed 20 papers, excluding any opening remarks, conclusions, or bibliography.
2. Group adherence to the group project guidelines posted on the 524 home page; this will include the submission of any group project support documents, noted in the guidelines. Note: group charter will be due on November 5th, and individual critique of group process will be due on December 14th.
3. Deadline for submission of the final paper will be Monday, December 13th; 5pm pacific time.

#### **Course Grading:**

1.  Instructor and/or student-led discussion board participation:       33.3%

2.  Mid-term project:                                                                        33.3%

3.  Final project:                                                                             33.3%

### NURS 524 Schedule

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| **Week** | **Topic** | **Assign. Due** |
| Week 1 | **Introduction, Course Overview, Initial Discussion re: Care Systems** |  |
| Week 2 | **The US Healthcare System: An Overview of Structure** |  |
| Week 3 | **The U.S. Healthcare System:  Structure And Strategy** |  |
| Week 4 | **Workforce:  The Evolution Of The Hospital And Healthcare Professions** |  |
| Week 5 | **Cross-Continuum Care Systems** |  |
| Week 6 | **Care Delivery Models in Care Systems** | Group project charter due to instructor |
| Week 7 | **Healthcare Reimbursement for Services: Impact on Care Systems** | ***(Individual) midterm projects due*** |
| Week 8 | **Emerging Structural Changes to the U.S. Care System** |  |
| Week 9 | **Comparing Care Systems: Nationally and Abroad** |  |
| Week 10 | **Care Management in Care Systems** |  |
| Week 11 | **The Impact of the Patient Protection and Affordability Act on Care Systems** | ***Final (group) projects due***  ***Individual critique of group project work due; submit electronically to instructor*** |

**Weekly Readings and Discussion Questions**

**Week 1:**

#### **Readings:**

1. Jonas and Kovner; Chapter 1
2. Crossing the Quality Chasm: Executive Summary and Chapter 1

**Discussion Board:**

If your last name begins with A-M; please identify the external and internal drivers of the GreenForest Health System, given that this system is in the State of Washington, and the year is 2010.

If your last name begins with N-Z; please identify the key elements of the five components of GreenForest Health System; as best as you can decipher from the case study provided (structure, leadership/management, workforce, resources, and culture).  If you cannot decipher a component, indicate that in your answer.

**Week 2**:

**Readings:**

1. Independent research re: EITHER the Mayo Clinic; Rochester, Minnesota; or the Cleveland Clinic, Cleveland, Ohio.

**Discussion Board:**

Investigate EITHER the Mayo Clinic, located in Rochester, Minnesota or the Cleveland Clinic; Cleveland, Ohio; and describe your selected Clinic's STRUCTURE: including whether it has affiliations, networks, and any type of integration. Please include any geographic features that are part of its structure.

**Week 3**

**Readings:**

1. **Jonas & Kovner, Chapter 8 & Chapter 9.**
2. **The Veterans Health Administration: An American Success Story? The Milbank Quarterly, Vol 85, No. 1 , 2007 (pp 5-35)**

**Discussion Board:**

**The Veterans Health Administration is an excellent example of a reformed healthcare system at the more 'macro level.' Identify the external drivers that prompted this system change, any structural changes that were made, as well as any type of integration.**

**Week 4**

**Readings:**

1. Jonas & Kovner, Chapter 7 and 12
2. Fox, RL and Abramson, K. "A Critical Examination of the U.S. Nursing Shortage: Contributing Factors, Public Policy Implications." Nursing Forum, Volume 44, Issue 4, pages 235-244, 2009.

**Discussion Board**

Your lectures and readings discuss the evolution of US hospitals and the professions, as well as professional education for medicine and nursing. This evolution has contributed to challenges that U.S. care systems presently have with demonstrating effective interdisciplinary teamwork, communication, and collaboration, as well as nurse recruitment/retention.

If your last name begins with A-M; answer this question: What features, processes, or structures within GreenForest Health System could be detrimental to the effectiveness of interdisciplinary teamwork, communication, and collaboration at Greenforest; specifically between nursing and medicine?

If your last name begins with N-z, answer this question: What features, processes or structures within Greenforest Health System could be detrimental to nurse recruitment/retention?

**Week 5**

**Readings:**

1. McClellan, M., McKethan, AN et al. " A national strategy to put accountable care into practice." Health Affairs, 29; no. 5 (2010), pp. 982-990

**Discussion Board:**

In your opinion, what is the BIGGEST difference between an "accountable care system," and our current care system of ambulatory, inpatient, and long-term care? Cite your learnings in your response.

**Week 6**

**Readings:**

1. Jonas and Kovner: Chapter 5
2. Jost, SG, Bonnell, M, et al. "Integrated Primary Nursing: A care delivery model for the 21st century." Nursing Administration Quarterly, volume 24 (3), July/September, 2010, pp. 208-216.

**Discussion Board:**

Briefly discuss your understanding of what a care delivery model includes, and how a nurse collective bargaining unit could EITHER enhance OR inhibit the redesign of a care delivery model for GreenForest Health System.

**Week 7**

#### **Readings:**

1. Jonas & Kovner, [Chapter 3](https://moodle.washington.edu/file.php/23017/Chapter_3.pdf).
2. Hazelwood, A. Improving quality of health care through pay-for-performance programs.  Health Care Manager, Volume 27(2), April/June 2008, pp. 104-112.  Access through UW online library website.
3. Guterman,S. and Drake, H.  "Developing innovative payment approaches; finding the right path to high performance.  The Commonwealth Fund, Issue Brief, June, 2010, pub. 1401, volume 87, pp. 1-14.

#### **Discussion Board:**

One of the financial models included in the healthcare reform legislation is called 'bundling", or 'episodic' reimbursement.  Briefly describe what this financial model is, and identify one care system component that will need to either adjust or change in order for the care system to be reimbursed by this strategy and why.

**Week 8**

#### **Readings:**

* 1. Lee, P. and Lansky, D.  Making space for disruption:  Putting patients at the center of health care.  Health Affairs, 27, no. 5 (2008), 1345-1348.M.
  2. Thorson, M., Brock, J., and Lynn, J.  "Grand Junction, Colorado:  How a community drew on its values to shape a superior health system."  Health Affairs. 29, no. 9 (2010), 1678-1686.

#### **Discussion Board:**

1. Identify and briefly discuss one learning from Grand Junction's care system redesign that could apply to the redesign of the GreenForest Health System in order for GreenForest to be more patient-centered.

**Week 9**

#### **Readings:**

1. Jonas and Kovner; Chapter 6

#### **Discussion Board:**

If you were the CEO of GreenForest Health System and you were interested in improving your care system's quality outcomes, which of the THREE healthcare systems discussed in your readings this week would you consider trying to replicate at GreenForest in order to improve your care system's healthcare quality and why? (select either the French, the Canadian, or the British System as described in your text)

**Week 10**

**Readings:**

No required readings this week

**Discussion Board:**

Based on your understanding of care/case management, identify two processes or infrastructure supports that will either need to be built or strengthened throughout GreenForest Health system, in order for a cross-continuum care management function to be effective.  Provide brief rationale for your choices.

**Week 11**

**Readings:**

No required readings this week

**Discussion Board:**

In this course, you have been exposed to the recently approved healthcare reform legislation, entitled the "Patient Protection and Affordability Act."  If the current legislation is not modified, it will expand coverage to approximately 31 million more Americans.  GreenForest Health System wishes to prepare for a 10% increase in inpatient volumes and a 20% increase in ambulatory volumes as a result of expanded consumer coverage for services.  In response to this significant EXTERNAL DRIVER, which of the FIVE GreenForest system components will need to change, and how?  Be specific and cite your course learnings as you defend your response.