**NURS 527 - Effective Management of Access and Utilization   
Within Care Systems**

**Summer 2010**

**Syllabus**

**Course Description**   
This course examines issues and problems related to access and utilization of health care services, the ways in those issues affect health care providers, and approaches and strategies that are either employed or under consideration to address these issues. Over 41 million people in the US lack health insurance. Even many people with insurance face barriers to access to health care services. Meanwhile, health care costs have resumed rising as efforts to control them through controlling utilization under managed care and related strategies have either stalled or failed. Additionally, there is fundamental tension between our current reimbursement system and the needs of various populations; including but not limited to the increasing elderly population, chronically ill, etc. These issues have significant (and differing) effects on consumers, health care organizations, clinicians, systems and communities. This course will address these issues both from a policy perspective and in terms of how they affect health care delivery, including how different parts of the health care system deal with their impact.  
 **Course Objectives**

1. Define basic terms and concepts relevant to health care access and utilization.

2. Understand basic concepts associated with healthcare insurance.

3. Explain the impact of the U.S. health care payment system on access to and utilization of health care services.

4. Describe the ways in which lack of access to health care services affects health care consumers, payers, clinicians, organizations, systems and communities.

5. Describe the ways in which underutilization and overutilization affect health care consumers, payers, clinicians, organizations, systems and communities.

6. Demonstrate knowledge of issues related to balancing access and utilization by applying it to operational case study scenarios.

**Course Requirements**

**Lecture Modules:** The course includes video-streamed modules; with several lecture segments in each "module." As close as possible, there will be one module per class week. Students are expected to watch each of the assigned lecture modules and complete the associated questions or exercises that will be posted on the discussion board.

**Short-answer Weekly Questions:** After each module, students will be asked to respond briefly to a question or problem that is reflected in the course outline and posted on the discussion board. These questions or problems constitute the class's weekly assignment; and will be due within the week that the module questions/problems are addressed. Specifically, each course week starts on the Monday of the week; so therefore, each discussion board assignment is DUE to be posted by the following Sunday night at midnight.  If for any reason a student needs some additional time completing an assignment (illness, competing priorities, etc), the student is responsible for emailing the instructor to indicate the need for more time to complete the assignment, and an extension will be granted.

Discussion board questions are to be answered with intelligible responses; meaning, use good grammar, paragraphs, etc.  No need however, to create a manuscript format however.  Ideal discussion board questions are answered with clear references to course learnings AND some demonstration of analysis; merely repeating what is included in the lectures or readings is insufficient for this learning mechanism.  Length of answers will vary depending upon the question/problem posed; but should NEVER exceed 2 pages; in fact, the briefer the better!  If students wish to embellish answers with additional resources, that’s fine; just footnote the additional source being used to defend your answer.

Students' discussion board answers will be transparent to all students; the instructor reserves the right to confirm the originality of each student's response.  Additionally, the instructor will provide transparent feedback to each student's response each week; grades will not be shared; however, qualitative comments will be provided to confirm with each student the overall level of response completeness.

Finally, at the end of each discussion board 'week,' the instructor will summarize key learnings from the discussion board question and POST that summary on the discussion board as well in order to reinforce the key points of the week; students are urged to review the instructor's summary comments as an additional learning strategy.

**Midterm and Final Project**

There will be a midterm and a final project for this class.   Details will be posted separately the second week of class.  These two projects will consist of scholarly papers and related research.  THERE IS NO FINAL TEST IN THIS CLASS.

**Overall Grade**

Evaluation will be by:  
Short-Answer Weekly Questions or   
Problems Answered on Discussion Board:.....33%   
Midterm Project............................................. 33%  
Final Project................................................... 34%

**Required Textbooks**

There are no required textbooks. Weekly reading assignments will be available on e-reserves.

**Midterm Project**

**Background**

Access and utilization in healthcare systems will be profoundly impacted by healthcare reform. The Patient Protection and Affordability Act, passed into law on March 21, 2010, includes a three-pronged approach to increase healthcare *insurance* coverage:

1. An individual mandate
2. Insurance coverage reforms
3. Employer option

**Midterm Project**

For your midterm project, you are to write a scholarly paper that includes the following:

1. A brief description of each of the three approaches included in the approved healthcare reform legislation.
2. An in-depth discussion of one of the three approaches that you believe has the potential of impacting the greatest increase in healthcare ACCESS. Include in your discussion your rationale for your choice, including: WHO will enjoy the greatest access and what TYPE of access will be affected.
3. For the approach you have selected to address #2 (above), identify one social, political, or cultural barrier to the approach being as effective in improving access *as envisioned* by the law.

**Paper Format**

1. This is to be a scholarly paper; using a standard format; ie, APA.
2. Paper length should be no more than 12 pages, excluding introduction, conclusion, and bibliography.
3. Use headings according to paper requirements

Your midterm project grade will be based on completeness of the requirements, degree of analysis, application of course learnings to analysis, and readability.

Good luck with this midterm project!

**Final Project**

**Background**

This quarter, you have studied the evolution of key market and industry drivers impacting effective access and utilization in care systems. Recent healthcare reform legislation has passed, which is changing our nation’s insurance and healthcare financing systems. As such, clinical resource utilization by providers will have to change in order for healthcare costs to be effectively managed and (ideally) for clinical outcomes to improve.

In your course materials, we have introduced the evolution of various financial models to reimburse providers for healthcare services rendered. Two particular financial models that you have been exposed to include:

1. Readmission penalties for select clinical conditions
2. Inpatient/episodic bundling

**Final Project Instructions**

For your final project, you are to select ONE OF THE TWO financial models listed above (either readmission penalties or bundling), and write a scholarly paper that addresses the following:

1. A brief description of the financial model that you have selected; specifically, how is it intended to work.
2. An analysis of how the financial model you have chosen COULD improve clinical resource utilization in our healthcare system; be specific with your analysis here.
3. Identification and analysis of any PROFESSIONAL/INDUSTRY barriers to the potential of your selected financial model achieving improved clinical resource utilization; again, be specific with your analysis here.
4. Discussion of the role nursing can/must play in order for the selected financial model you have chosen to achieve improved clinical resource utilization.

If you wish, you could think about this assignment from the standpoint of one clinical condition; for example, CHF (for readmissions) or CABG (for bundles); that is for you to decide, and its not essential that you structure your analysis that way.

**Paper Format**

1. This is to be a scholarly paper; using a standard format; ie, APA.
2. Paper length should be no more than 12 pages, excluding introduction, conclusion, and bibliography.
3. Use headings according to paper requirements

**Grading Criteria**

Your final grade will be contingent upon completeness of the paper according to the requirements, clarity/readability, and strength of the analysis that you provide.

Good luck with this final project, and I look forward to reading your analyses!

**WEEKLY READINGS AND DISCUSSION BOARD**

**WEEK 1**

**Reading assignment:**

      Long, Sharon.  On the Road to Universal Coverage:  Impact of Reform in

         Massechusetts at One Year.  Health Affairs, June, 2008.  pp 270-284.

**Discussion Board Assignment**

Briefly describe the approach that was used to create expanded access to healthcare services in the state of Massechusetts (for whom, what type, etc) and the core achievements of this program; thus far.

**WEEK 2:** Insurance concepts, Evolution of Private Coverage, and Medicare and Medicaid

**Readings:**

1. Davis, Karen, Schoen, Cathy, Schoenbaum, Stephan C. A 2020 vision for American Health Care. Archives of Internal Medicine, 160 (22), Dec.11, 2000, 3357-3362. (On E-Reserves)
2. Gilmer,Todd, Kronick, Richard. It's The Premiums, Stupid: Projections Of The Uninsured Through 2013. Health Affairs, April 5, 2005, W5-143-151. (On E-Reserves)
3. Davis, Karen, Schone, Cathy, Doty, Michelle, Tenney, Katie. Medicare Versus Private Insurance: Rhetoric and Reality. Health Affairs, October 9, 2002, W-311-324. (On E-Reserves)

**Question/Problem**:

In the online discussion board respond to the following:

Describe the basic features of the CURRENT U.S. Medicare and Medicaid program; contrast these programs to the key features of Private Insurance. Maximum length; 2 pages.

**WEEK 3 -** Access, Utilization, and Attempts at expanding access and controlling utilization; including reform

**Readings:**

1. Davis, Karen. Transformational Change: A Ten-Point Strategy to Achieve Better Health Care for All. 2004. (On E-Reserves)
2. Lambrew, Jeanne M., Podesta, John D., Shaw, Teresa L. Change In Challenging Times: A Plan For Extending And Improving Health Coverage. Health Affairs, March 23, 2005, W5-119-132. (On E-Reserves)
3. Schur, Claudia L., Berk, Marc L., Yegian, Jill M. Public Perceptions Of Cost Containment Strategies: Mixed Signals For Managed Care. Health Affairs, November 10, 2004. W4-516-525. (On E-Reserves)
4. Mays, Glen P., Claxton, Gary, White, Justin. Market Watch: Managed Care Rebound? Recent Changes In Health Plans' Cost Containment Strategies. Health Affairs, August 11, 2004, W4-427-436. (On E-Reserves)

**Question/Problem:**

In the online discussion board respond to the following:  
You are learning terminology differences related to the concepts of access and utilization. The differences have potentially significant impact, therefore, need to be understood thoroughly. For example, there is a difference between the term "access to primary care services" and the term "universal healthcare coverage including primary care."  
Explain the differences between these two terms (also called concepts), and provide ***YOUR*** theory as to which of the two ***SHOULD*** have a greater likelihood to positively impact effective healthcare resource utilization; and ***WHY***.

**WEEK 4 -** Access, Utilization, and Attempts at expanding access and controlling utilization; including reform

**Readings:**

1. Health Policy Brief; May 20, 2010; Health Reform's Changes in Medicare; accessed via [www.healthaffairs.org](http://www.healthaffairs.org)

**Question/Problem:**

In the online discussion board respond to the following:  
The Patient Protection and Affordability Act of 2010 (healthcare reform legislation passed on March 21, 2010) includes several changes to Medicare as we know it. Identify the key Medicare changes, and whether you believe the changes will improve EITHER access or utilization.  Provide brief rationale....

**WEEK 5 -** Health Care Costs

**Readings:**

1. Thorpe, Kenneth E., Florence, Curtis S., Joski, Peter. Which Medical Conditions Account For The Rise In Health Care Spending? Health Affairs, August 25, 2004, W4-437-445. (On E-Reserves)
2. Ginsburg, P.B. Election 2004: Controlling Health Care Costs. New England Journal of Medicine, 351, Oct 14, 2004, 1591-1593. (On E-Reserves)

**Question/Problem:**

In the online discussion board respond to the following:

You are learning that higher costs does not necessarily produce better outcomes, and that cost DISPARITIES or differences for similar care services with the same outcomes exist;  nationally, by state, and locally. Based on your readings thus far, identify three possible reasons for this cost disparity, and any strategies for closing the cost disparity gap. Note the operative focus here is cost DISPARITY,, not overall higher costs....

**WEEK 6 -** Disparities in Access and Utilization; the Healthcare Safety Net, and Safety Net Trends

**Readings:**

**1.  Berk, M.  Schur, CL, Change, DI, Knight, EK, Kleinman, LC.  Americans' views about the adequacy of health care for children and the elderly.  Health Affairs, September 14th, 2004, W4-446-454.**

**2.  Mark, TL, Coffey, RM, Vandivort-Warren, R, Hendrick, J, King, EC.  US spending for mental health and substance abuse treatment, 1991-2001.  Health Affiars, March 29, 2005, W5-133-142.**

**Question/Problem:**

In the online discussion board respond to the following:  
You are learning about safety nets for various populations to expand access/utilization.

If your last name starts with A-M; discuss what a safety net is and WHY the illegal immigrant population should be INCLUDED as part of a reformed system.

If your last name starts with N-Z; discuss what a safety net is and WHY the illegal immigrant population should be EXCLUDED as part of a reformed system.

IN BOTH CASES, PROVIDE RATIONALE ACCORDING TO WHAT YOU ARE LEARNING IN THIS COURSE; GET BEYOND YOUR EMOTIONAL REACTION TO THIS QUESTION!!!!!! (BECAUSE I AM SURE IT WILL ELLICIT AN EMOTIONAL RESPONSE EITHER WAY........)

**WEEK 7 -** The role of the Consumer(Patient) in Access and Utilization

**Readings:**

**1.  Schmidt, H.  Personal responsibility for health-developments under the German healthcare reform.  2007  European Journal of Health Law, 14 (2007), 241-250.**

**2.  Steinbrook, E.  Imposing personal responsibility for health.  New England Journal of Medicine. 2006 355(8), 753-756.**

**Question/Problem:**

In the online discussion board respond to the following:  
'Patient self-management' is an emerging theme in healthcare. For those students whose LAST names start with a-l please describe what patient self management is and discuss the rationale for why patient self-management could positively impact effective resource utilization and overall, national healthcare spending. For those students whose last names start with m-z, please take the counter position by describing what patient self management is, but providing rationale for why patient self management could negatively impact effective resource utilization and overall, national healthcare spending.  
  
There is no right or wrong answer here; this is about analyzing what you believe could happen; based on your understanding of access, resource utilization, and various contributors to overall healthcare spending. It might be easier for you to answer this question if you put yourself personally in the shoes of a patient.

**WEEK 8 -** Paying for Performance:  Impact on Access/Utilization

**Readings:**

1. Wynia, MK.  The risk of rewards in healthcare.  How pay for performance could threaten or bolster medical professionalism.  Journal of General Internal Medicine.  2009 24(7), pp 884.887.
2. Kurtzman, E, and Buerhaus, P.  New medicare payment rules, danger or opportunity for nursing.  American Journal of Nursing, 2009, vol. 108(6), pp 30-35.
3. Danberg, C. et al.  Taking stock of pay for performance:  a candid assessment from the front lines.  Health Affairs, 2009, 28(2), pp 517-525.

**Question/Problem:**

Paying for healthcare performance demonstrates a tectonic shift in how clinicians and organizations will be reimbursed for services rendered. Articulate your perspective as to whether OR NOT the various pay for performance approaches will significantly impact consumer ACCESS to healthcare services.  Take a definitive position one way or the other, and defend your position, based on course learnings.

**WEEK 9** - No Lecture and discussion board question this week**.**