

Syllabus Module 228 – Major C “Managing for quality”

N°228	Managing for quality
Coordinator	Sandra B. Greene, DrPH Professor of the Practice, Health Policy and Management University of North Carolina at Chapel Hill, USA SandraB_Greene@unc.edu +1 919-672-4540 Skype: Sandra.greene5
Dates	21-25 January, 2019
Credits/ECTS	3 ECTS
Duration or Course Format	5 days of 6 hours = 30 hours
Location	EHESP 20 Avenue George Sand 93210 LA PLAINE ST DENIS
Description	How do we measure the health of a population? And how do we measure the quality of care the population received? There are numerous ways to measure the inputs that a country invests in health, how health care services are used, and what the outcomes of those investments are. While health policy analysts are limited by the data that they have for these measures, this module will explore data that are available to manage global public health, and what the measures mean. Principles of teamwork for improving patient safety and quality of care will be taught.
Prerequisites	Introduction to basic epidemiology principles of population health
Course learning objectives	Students who successfully complete this course will be able to: <ol style="list-style-type: none"> 1. Understand the importance of childhood immunization rates, how to find this information for a country, and what it means. 2. What other measures of population health are tracked, and what do they mean 3. How do we measure the use of health care services. 4. What are patient reported outcome measures 5. What are ambulatory surgery sensitive conditions, and what do these rates tell us about the health care system. 6. What health care expenditure measures are available and what do they mean. 7. Understand models of teamwork that are effective in improving patient safety and quality of care
Structure (details of sessions title/speaker/date /duration)	<p>Details of the sessions:</p> <p><i>Session 1:</i> Data Driven Decision Making: what do childhood immunization rates tell us about health care system quality? Commonly used measures of population health will be defined and discussed, with an emphasis on childhood immunization rates. WHO data will be used for group exercises to understand these measures in the context of selected countries, and what they tell us about the country's health care system.</p> <p><i>Session 2:</i> Data driven decision making: measuring the use of health care services. The power of population health measures will be explored.</p> <p><i>Session 3:</i> Data driven decision making: measuring health care utilization. Common measure of health care utilization will be explored, along with how they are calculated, and what they mean.</p> <p><i>Session 4:</i> Data driven decision making: what utilization measures, including patient reported outcome measures, tell us about quality of care.</p> <p><i>Session 5:</i> Measuring the costs of health care systems: What do we spend, and what do we get for what we spend? This session will consider the ways that a country can measure how much it spends on health care, with a focus on 6 measures that are commonly available. Policy implications for different choices in how money is spent in the health care system will be the focus of consideration.</p> <p><i>Session 6:</i> Measuring quality in French hospitals</p> <p><i>Session 7,8:</i> From theory to practice: Applying policy and management principles in global public health.</p> <p><i>Session 9-10:</i> Managing and measuring teamwork quality</p>
Resources	<p>Books</p> <p>Essential Service: Childhood Immunizations: The Story of Fatima's Children. http://www.who.int/management/programme/immunization/usigdataimmunization.pdf</p> <p>Laxminarayan, R. and Ganguly NK. India's Vaccine Deficit: Why More Than Half of Indian Children Are Not Fully Immunized, and What Can – and Should – Be Done. <i>Health Affairs</i>. 30:6, June 2011.</p>

	<p>Macinko, J., et al. Major Expansion of Primary Care in Brazil Linked to Decline in Unnecessary Hospitalization. <i>Health Affairs</i>. 29:12, December 2010. Pp.2149-2160.</p> <p>Strong Government Influence Over the Israeli Health Care System Has Led To Low Rates of Spending Growth. <i>Health Affairs</i> 30:9, September 2011</p> <p>Klein, J.D. and Dietz, W. Childhood Obesity : The New Tobacco. <i>Health Affairs</i> 29 :3, March 2010. Pp.388-392.</p> <p>Optional: Why Behavioral and Environmental Interventions are Needed to Improve Health at Lower Cost. <i>Health Affairs</i> 30:5, May 2011</p> <p>Optional: "Explaining High Health Care Spending in the United States: An International Comparison of Supply, Utilization, Prices and Quality." <i>The Commonwealth Fund Issues in International Health Policy</i>, May 2012</p>
Course requirement	<p>Students are expected to attend all lectures and seminars. Class attendance will be checked accordingly. Students are expected to read and analyse selected papers for the group work before the courses.</p>
Grading and assessment	<p>Class assessment: 40% grade Final assignment: 60% grade</p> <p>Note also that students will complete a questionnaire that assesses their own and their teammates' contributions to group work. All team members will receive the same grade except if it is clear that a student has not participated effectively (attended and contributed to meetings; made timely, helpful contributions; been constructive, etc.). In that case, the student's grade will be lowered accordingly.</p>
Course policy	<p>Attendance & punctuality Regular and punctual class attendance is a prerequisite for receiving credit in a course. Students are expected to attend each class. Attendance will be taken at each class. The obligations of attendance and punctuality cover every aspect of the course: - lectures, conferences, group projects, assessments, examinations, as described in EHESP Academic Regulations http://mph.ehesp.fr EHESP Academic Regulation Article. 3). If students are not able to make it to class, they are required to send an email to the instructor and to the MPH program coordinating team explaining their absence prior to the scheduled class date. All supporting documents are provided to the end-of-year panel.</p> <p>Students who miss class are responsible for content. Any student who misses a class has the responsibility for obtaining copies of notes, handouts and assignments. If additional assistance is still necessary, an appointment should be scheduled with the instructor. Class time is not to be used to go over material with students who have missed class.</p> <p>Lateness: Students who are more than 10 minutes late may be denied access to a class. Repeated late arrivals may be counted as absences (See http://mph.ehesp.fr EHESP Academic Regulation Article. 3 Attendance & Punctuality)</p> <p>Maximum absences authorized & penalty otherwise Above 20% of absences will be designated a fail for a given class. The students will be entitled to be reassessed in any failed component(s). If they undertake a reassessment or they retake a module this means that they cannot normally obtain more than the minimum pass mark (i.e. 10 out of 20)</p> <p>Exceptional circumstances Absence from any examination or test, or late submission of assignments due to illness, psychological problems, or exceptional personal reasons must be justified; otherwise, students will be penalized, as above mentioned. Students must directly notify their professor or the MPH academic secretariat before the exam or before the assignment deadline. Before accepting the student's justification, the professor or the MPH academic secretariat has the right to request either a certificate from the attending physician or from a psychologist, or from any other relevant person (See http://mph.ehesp.fr EHESP Academic Regulation Article 4 Examinations).</p> <p>Courtesy: <u>All cell phones/pages MUST be turned off during class time.</u> Students are required to conduct themselves according to professional standards, eating during class time is not permitted during class time, such as course or group work.</p>
Valuing diversity	<p>Diversity enriches learning. It requires an atmosphere of inclusion and tolerance, which oftentimes challenges our own closely-held ideas, as well as our personal comfort zones. The results, however, create a sense of community and promote excellence in the learning environment. This class will follow principles of inclusion, respect, tolerance, and acceptance that support the values of diversity. Diversity includes consideration of: (1) life experiences, including type, variety, uniqueness, duration, personal values, political viewpoints, and intensity; and (2) factors related to "diversity of presence," including, among others, age, economic circumstances, ethnic identification, family educational attainment, disability, gender, geographic origin, maturity, race, religion, sexual orientation and social position.</p>
Course evaluation	<p>EHESP requests that you complete a course evaluation at the end of the school year. Your responses will be anonymous, with feedback provided in the aggregate. Open-ended comments will be shared with instructors, but not identified with individual students. Your participation in course evaluation is an expectation, since providing constructive feedback is a professional obligation. Feedback is critical, moreover, to improving the quality of our courses, as well as for instructor</p>

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Session 1 – 4	Data driven decision making : measuring population health and the use of health care services to understand quality
Speakers	Sandra B. Greene, DrPH Professor of the Practice, Department of Health Policy and Management Gillings School of Global Public Health University of North Carolina at Chapel Hill, USA
Session Outline	<p>Details of the sessions</p> <p><i>Session 1:</i> Data driven decision making: Measuring population health. Commonly used measures of population health will be defined and discussed, with an emphasis on childhood immunization rates. WHO data will be used for group exercises to understand these measures in the context of selected countries, and what they tell us about the country's health care system.</p> <p><i>Session 2:</i> Data driven decision making: the power of population health measures. This session will focus on population health measures that are available for most countries, and what they tell us about the quality of the health care system.</p> <p><i>Session 3:</i> Data driven decision making: measuring the use of health care services. The use of hospitals will be the focus of this session, understanding measures of hospital use and measures of inpatient quality.</p> <p><i>Session 4:</i> Data driven decision making: how to measure quality with utilization data. This session demonstrates the use of HCUPnet to measure quality in hospital settings.</p>
Learning Objectives	<p><i>At the end of the session, the students should be able to:</i></p> <ul style="list-style-type: none"> - Understand the importance of childhood immunization rates, how to find this information for a country, and what it means. - What other measures of population health are tracked, and what do they mean with respect to quality and access - How do we measure the use of health care services and what does it tell us about quality - What are ambulatory surgery sensitive conditions, and what do these rates tell us about the health care system
Duration	2 days of 6 hours = 12 hours
Training methods	The sessions in this module will consist of limited didactic lectures, and generous time for group discussion. These sessions will also incorporate team based learning. There will be student teams, and each will represent a different country. Using on-line data, a series of exercises will be done to look at health care measures and how they change over over time. EXCEL will be used to calculate statistics and graph comparisons.
Readings	<p>Essential Service: Childhood Immunizations: The Story of Fatima's Children. http://www.who.int/management/programme/immunization/usiqdataimmunization.pdf</p> <p>Laxminarayan, R. and Ganguly NK. India's Vaccine Deficit: Why More Than Half of Indian Children Are Not Fully Immunized, and What Can – and Should – Be Done. <i>Health Affairs</i>. 30:6, June 2011.</p> <p>Macinko, J., et al. Major Expansion of Primary Care in Brazil Linked to Decline in Unnecessary Hospitalization. <i>Health Affairs</i>. 29:12, December 2010. Pp.2149-2160.</p>

Session 5	Measuring the cost of health care systems: What do we spend and what are the health outcomes?
Speakers	Sandra B. Greene, DrPH Professor of the Practice and Interim Chair, Department of Health Policy and Management Gillings School of Global Public Health University of North Carolina at Chapel Hill, USA
Session Outline	<i>Session 5:</i> Measuring the costs of health care systems: What do we spend, and what do we get for what we spend? This session will consider the ways that a country can measure how much it spends on health care, with a focus on 6 measures that are commonly available. Policy implications for different choices in how money is spent in the health care system will be the focus of consideration.
Learning Objectives	<p><i>At the end of the session, the students should be able to:</i></p> <ul style="list-style-type: none"> - Understand how a country's health care expenditures can be measured - How do country expenditures relate to measures of health outcomes - How are expenditures increasing <p>what can countries do to slow the growth in expenditures</p>
Duration	3 Hours
Training methods	The sessions in this module will incorporate a combination of interactive class discussions and team based learning. There will be student teams, and each will represent a different country. Using on-line data from WHO, EXCEL exercises will be done to look at recent expenditure measures, expenditure measures over time, recent outcome measures and outcome measures over time. In group discussions we will consider what these data comparisons mean, the policy choices made in different countries and their implications.
Reading	Strong Government Influence Over the Israeli Health Care System Has Led To Low Rates of Spending Growth. <i>Health Affairs</i> 30:9, September 2011

	Optional: Why Behavioral and Environmental Interventions are Needed to Improve Health at Lower Cost. Health Affairs 30:5, May 2011
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Session 6	Payment for quality in French Hospitals: Design, evaluation, and issues related to implementation
Speakers	Anne Girault, PhD Student MOS – Management of healthcare organizations
Session Outline	Introducing value-based healthcare and payments Using the French pay-for-performance program as a case study, presenting design features, evaluation and issues related to implementation
Learning Objectives	At the end of the session, the students should be able to: <ul style="list-style-type: none"> - Understand how value-based healthcare can transform health care systems - Assess the issues relating to the development of pay-for-performance programs
Duration	3 hours
Training methods	Lecture
Reading	Burns LR, Pauly M V. Transformation of the Health Care Industry: Curb Your Enthusiasm? Milbank Q. 2018;96:57–109.

Session 7-8	Theory to practice : Applying policy and management principles in global public health
Speakers	Dr. Suzanne Babich Associate Dean of Global Health and Professor Department of Health Policy and Management Richard M. Fairbanks School of Public Health Indiana University-Purdue University Indianapolis, USA
Session Outline	Session 1: From problem identification to solution, how can public health practitioners understand the mechanism needed to produce effective and sustainable change? How can principles of implementation science be used to improve healthcare quality? Session 2: Students will participate in class exercises aimed at strengthening their understanding of key concepts in implementation science.
Learning Objectives	At the end of the session, the students should be able to: <ul style="list-style-type: none"> - Understand key concepts in implementation science for quality and process improvement - Discuss applications of quality and process improvement in practice settings - Apply concepts in implementation science to case studies in global health
Duration	6 hours
Training methods	The sessions will be a combination of didactic learning, interactive discussion and team based exercises.
Reading	Implementation Science: A Brief Overview and a Look Ahead Terje Ogden and Dean L. Fixsen Additional Resource: Implementation Research: A Synthesis of the Literature by Fixen et al. https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf

Session 9 & 10	Managing & measuring teamwork quality
Speakers	Odessa Dariel Paula Cristofalo EHESP
Session Outline	<p>Part 1</p> <ul style="list-style-type: none"> • What is quality & how is it traditionally measured? • Teamwork & patient care as a measure of quality • Donabedian’s SPO model • What is Teamwork (TW): Teamwork as a process • Teamwork frameworks and models • Measuring TW <p>Part 2</p>

	<ul style="list-style-type: none"> • Practical exercises in TW • Measuring TW
Learning Objectives	<p><i>At the end of the session, the students should be able to:</i></p> <ul style="list-style-type: none"> - recognize the value of teamwork for patient quality care - able to identify teamwork models and frameworks - consider and measure teamwork quality indicators
Duration	6 hours
Training methods	Lecture, group work
Reading	<p>Donabedian A. (2005) {1996}. Evaluating the quality of medical care. Millbank Foundation Fund. 83, 4; 691-729.</p> <p>Valentine M, Nembhard I, Edmondson A. (2015) Measuring teamwork in health care settings: a review of survey instruments. Med Care, , 53(4), 2015 : 16-30</p>