







"Coordinating Care in a Fragmented System"

Sample of Course Syllabus 2014

Course Description:

Dramatic changes are occurring in the health care arena today as exciting innovations and new models of care emerge. One of the changes that is fast becoming a critical driver for health care provider organizations is population health management. This new model of care will require that nurses and other health care personnel acquire the knowledge and skills necessary to move from an episodic orientation to a population health model. This course is designed around three essential elements in population health management: managing high risk patients, managing chronic illnesses and managing transitions in care. Skills required to achieve these goals include but are not limited to coaching, empowerment, motivating behavior change, advocacy, and adult learning principles. Legal and ethical issues will be discussed, and the course will culminate with a discussion of future models and the role of nurses and other health personnel in creating new roles for the future.

Course Objectives:

At the end of this course the student will be able to:

- 1. Describe the transformation in health care delivery from episodic care to population health management and the impact on patient care
- 2. Identify new roles for nurses and other health care personnel in population health management
- 3. Analyze interventions specific for high risk patients in population health management
- 4. Analyze interventions specific for chronically ill patients in population health management
- 5. Discuss issues related to patient transitions to home care
- 6. Propose strategies for managing clinical outcomes in a diverse population

- 7. Analyze legal and ethical issues related to population health management
- 8. Describe emerging trends in population health management and future roles for nurses and other health care personnel

Outline of Course:

Lesson 1: From Episodic Care to Population Health Management – An Overview

Lesson Outline:

- Introduction to Course, Course Format, and Expectations
 - Logistics
 - o Review Assignments/Syllabus
 - Blackboard
- Health Care Payment and Reimbursement Structures
 - o Insurance/Payment Types
 - o Reimbursement Model Changes
- Drivers of Change in Care Delivery Models
- Population Health Management
 - Definition
 - o Goals
 - Components
 - Determinants of Health
- New Models of Population Health Management
- Principles of Adult Learning to Support Health Education
- Assessing Health Literacy Levels
- Cultural Competence

Lesson 2: Improving the Patient Experience of Care and Care Quality

Lesson Outline:

- The Evolution of Quality Measurement
 - Hospital Inpatient
 - Patient Satisfaction

- Evolving Measures
 Continuous Quality Improvement

 Rapid Cycle Improvement
 Lean
 Six Sigma
 Process Improvement Tools
 - Using Data to Analyze a Patient Panel
 - o Subpopulation Identification and Description
 - o Predictive Analytics and Risk Stratification
 - Application of Quality and Data Skills

Lesson 3: Knowledge and Skills for Transitioning to Population Health Management

Lesson Outline

- Advocacy A Voice for Change
- Coaching and Empowering Patients
- Motivational Interviewing
 - o Concepts
 - Practice
- Changing Health Behaviors
 - Stages of Change Model
 - Model Concepts
 - Application
 - o Health Belief Model Values and Beliefs about Health

Lesson 4: Interventions to Improve Health and Quality of Life for Populations

Lesson Outline

- Distinguishing Chronic Disease from Chronic Illness
- Managing Populations

- Identifying Gaps in Care
 - o Evidence-Based Guidelines
 - Decision Support Tools
 - o Domains in Gaps of Care
- Implementing Interventions for At-Risk and High-Risk Patients
 - o Chronic Disease Management
 - o High-Risk Case Management
- Care Planning Process
- Unique Situation of Older Populations with Chronic Conditions
 - o Co-Morbid Conditions
 - Polypharmacy
 - Social and Family Support
 - Needs
 - Benefits

Lesson 5: Transitions of Care

Lesson Outline

- Facilitating the Transition
 - o Medication Reconciliation
 - Connecting Patient to Follow Up Care
 - o Communications to Care Providers
 - Home Health
 - o Telemedicine
- Community Resources
 - Identification
 - Access
 - Matching

Lesson 6:

Case Study and Practice

Case studies and activities will be used to help practice and enhance the skills discussed in the online portion of the course.

- Moving to and Improving Team-Based Care
 - o Patient-Centered Care
 - o Interprofessional Competencies
- Practical Approaches to Building Effective Teams
- New Roles for Nurses
- Creating Our Own Future

Lesson 7: What Will the Future Bring—What Will We Bring to the Future?

Lesson Outline

- Legal and Ethical Issues
 - o Non-Adherence/Non-Compliance
- Evolving Models of Care
- Approaches and Obstacles: Education, Practice, and Leadership
- Supplement: Upstream Care Delivery