

Syllabus: PubH 6551
CONTEMPORARY PROBLEMS IN HEALTH CARE DELIVERY
Fall 2007: 2 credits
(or 1 credit without written paper)
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Introduction

This course is a seminar. Each person will participate in presentation, critique and discussion. The expectation: Each student will pursue topics at the boundary of knowledge, current issues and problems (for which no solutions are known); to search out key references on such problems; to provide each student with the opportunity to formulate and develop a topic of personal interest and to prepare the topic for verbal class presentation and the formal written paper (2 credits). Prerequisite: grad student, preferably with experience in the field, although all are welcome.

Outcome

The student will have developed a solution to one of the contemporary problems or a resolution to a current issue in the health field. Another benefit could be that this development will either form the basis for the thesis or it will have shown why the research question was either unanswerable in current form or of no interest to pursue.

Input/Process

1. The students will generate a list of the major contemporary problems or issues (substantively debatable points of controversy) in-the health field. (Any problem with a known solution is not a candidate).
2. The students will vote on the problems with the top choices serving as the topics for all article searches for the course. There is no intent for the weekly issues to be related (but similar ones will be scheduled in seriatim) nor is there any intent that a generic model will be used across the problems.
3. For each of the weeks, each student will select 3 articles (preferably original or yet-to-be-published papers) and write an abstract for each.
4. The 3 abstracts are to be typed on ONE page and a copy made for each student in the seminar.
5. One copy of the original article for those topics for which a paper will be written is to be brought to class to create a reference file for the student.
6. Each week, via round robin, students will do a key point review of the abstracts for the problem/issue of the week selected by the presenter.

7. During the 2-3 week idea-formulating period each student will choose a topic for the week and then serve as the lead presenter in class on her/his chosen topic. It is acceptable to find an outside commentator/panelist as well.

8. The students will be scheduled for formal presentations (one class period each or two if topics are related) including discussion throughout the rest of the term. The topic of the presentation ideally would be a specific one within the general ones first preferred by the class. It would be advantageous if similar topics were addressed in time proximity. The final two weeks are allocated to writing the paper. The written paper is the final course requirement (2 credits.)

9. The models used in the Four Forces are for ISP - Financing, Human Resources, Social Policy Making, and Organizing - are available on Vistaweb and will be discussed the first two or three day of the class. (Please print them out and bring them to class.)

10. The topic development is to include:

- a. A theory base from the literature and a logic construct (model).
- b. The deductive reasoning in formulating the problem or issue.
- c. A presentation of evidence, substance, reference, facts, etc., in a process that is logically "tight".
- d. A solution that is specific to the problem or is a resolution of the explicit issue but
- e. An inductively generalizable solution or resolution (specific solutions are by definition context bound). (e.g., if the "problem or issue" is on licensing of health professionals, "a posited solution" for dietitians would require the ability to generalize to other health professional groups.)

Output

1. Although the verbal presentation by each student on the topic of choice is an input, it is also an output. The verbal presentation is a "dry run" for the written paper (2 credits.) A hard copy outline for the verbal presentation is required. (For example, if you've done a power point, use a 6 slide printout for a handout to each student.

2. The written paper is the final output for two credits. It is to be on the same topic as the verbal presentation. It should include the same elements as the verbal one but the references will be more numerous, the bibliography completed (including the class-generated references as well as original material specific to the problem/issue), the deductive and inductive logic and the posited solution defensible without being on the defensive! Assumptions should be clear and justified in contemporary terms, the posited solution realistic (beginning with where we are now, not assuming away the current conditions) with the steps, stages and changes detailed by the means and methods proposed in the implementation to arrive at the issue resolution or problem solution. Generalizations must be included and show the assumptions that must be fulfilled and/or the limitations (conditionalities) for them to be made. The paper should be 10-15 double-spaced, typed pages long (excluding appendices).

Grading

The one credit option with no paper is graded only S/N. The expectation for the paper is at the B level. Papers of publishable quality along with an excellent verbal presentation can earn an A. It is hoped that no performance will be below that, but a C can be earned if there is marginal substance or gaps in the logic or any of the elements in the topic. Each student will participate in peer reviewing each verbal presentation. A format will be provided (see attached). Congruent with University ethical policy, the work presented must be the student's own (including reference citations, of course.). If it is misrepresented, the grade will automatically be an F (or N.)

Prior Topics

Some past topics (starting in 1964) and present contemporary problems and issues (key word phrases only given) include:

1. Impact of technology on service delivery
2. Town/Gown leadership in education/service
3. Outcomes for Ambulatory Care
4. Right to life/situational ethics in delivery
5. Institutionalization impacts and alternatives
6. Information technology
7. Manpower preparation retention
8. Effects of regulation on services
9. Patient and practitioner rights
10. Government regulation: quality, payments, etc.
11. Elderly service provision
12. Effectiveness of mental health services
13. Right to die/humanistic care
14. Prevention/wellness/holistic care trends
15. Not for profit vs. investor owned organizations in health
16. Sexism in service delivery
17. The nature of evidence acceptance, rejection
18. Integration of health into "human" services
19. Monopolies in education, delivery
20. Basis of costs, charges, reimbursement, payments
21. Equity, equalization and preferential treatment and access
22. Non-professional (and allied) health worker roles
23. Measurement and use of patient satisfaction
24. Continuing education in health-effect, mandates
25. Age specific service differentiation
26. Public Health vs. the health of the public
27. Cost Containment
28. Transplantation
29. Competition in Long Term Care
30. Competition in Public Health
31. Physician entry demand to MHA programs

32. Drug approval processes
33. DRG effects on L.O.S. and re-admissions
34. Executive obsolescence
35. Capital shortages in health care
36. Balance of power in health care decision-making
37. Prospective payment
38. Assessment of quality of care
39. Determinants of distribution of services
40. Providing health care for the poor
41. Right to accept/reject medical care
42. Allocation of limited resources: H. C. vs. others
43. Priorities in the provision of H. C. services
44. Payment for non-acute health services
45. Delivery of services under a competitive model
46. Impact of technology on seeker/server relationships
47. Educational leadership: Town/Gown controversies
48. Evaluating outcomes of care: ambulatory, inpatient
49. Right to life decisions on health service delivery
50. Patient/Practitioner ethics and rights
51. Effects of institutionalization/de-institutionalization
52. Regulations vs. competition: pros and cons
53. Evidence of prevention/wellness program effectiveness
54. Delivery to immigrant/refugee populations
55. Rights and values for service delivery
56. Advertising - boon or boondoggle
57. Provision of primary services
58. Chronic disease - premature morbidity/mortality
59. Medical technology - a choice/a fix?
60. Mandated health coverage
61. Uninsured and indigent
62. Whither - the allied health professions
63. Reforming health care delivery systems
64. Uncompensated care
65. Catastrophic insurance
66. Health outcome effectiveness
67. Physician/professional reimbursement (pay equity)
68. Access to insurance
69. Enrollment/ dis-enrollment Dilemmas
70. Entitlement Programs Prioritization
71. International Models of Delivery
72. Prioritization of Healthcare Delivery
73. Ethics of organ Transplantation
74. Rationing of Healthcare Services
75. Women's Health Care
76. Effects of Single Payers on care
77. LTC as Public Policy

78. Cost Containment Strategies
79. What does managed care mean?
80. Mental Health Reform and Financing
81. Managed Care or Managed Costs
82. Future of Academic Medicine
83. Alternative Medicine
84. Impact of technology on healthcare
85. Ethics and Patient's Rights
86. Mental Health Coverage
87. Marketing Drugs
88. False negatives in health screening
89. Not for profit vs. Investor owned delivery systems
90. Informed Consent: What does it mean
91. Is "gate keeping" a passing concept?
92. Population Obesity: A growing problem
93. Uncompensated Care
94. Insurance and infertility
95. Beyond 4 ethical principles
96. Healthcare Reform vs. Revolution
97. Nursing home staffing crisis
98. Efficiency of Generalist vs. Specialists Care models
99. Fatigue: A Medical Resident Crisis
100. Expert System: medical practice decision trees
101. Dealing with Anti-microbial Resistance
102. Infertility: Should Insurance Cover it?
103. Complementary Medicine
104. Providing services to the Elderly
105. Canadian vs. US Health Care
106. Production/Distribution of Aids drugs: Africa
107. Concierge Healthcare (Boutique/Niche)
108. The Effect of Choice in Health Insurance
109. Quick-Med: Urgent Care "under the deductible charge."
110. Obesity: Co-morbidity Costs
111. Quantifying Quality
112. The Role of the Leapfrog Group
113. Email Tele-medicine Dx & Tx
114. Pharmaceutical Medical errors
115. Medical Marijuana
116. Enterprise Liability
117. Rising Malpractice Premiums
118. Mental Health Care
119. Future Model(s) of Long Term Care
120. Staff Retention
121. Patient Safety and Quality of care.
122. Physicians: Supply, Demand, Shortage
123. Physician Compensation: Whose Problem is it?

124. The Future of EMS (Emergency Medical Services) in US
125. Rural Health Care
126. Business Case for patient Safety
127. Future Healthcare Administrative Education
128. Underutilization of Central Fill Pharmacies
129. Re-importation of Drugs
130. CAM: Alternative Medicine
131. Solving the Flu Vaccine shortage
132. Breast Implants
133. Physician Assisted Suicide
134. Emergency Contraception
135. Disease Management
136. Shift Bidding...Nursing
137. Pay for Performance
138. Cost Effectiveness Analysis
139. An Ideal National Health Insurance
140. Racial and Ethnic Health Disparities
141. Nurse/Patient Staffing Ratios
142. NFP Hospitals
143. Prioritizing Factors that Contribute to Health Disparities

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