



BROWARD COMMUNITY COLLEGE COURSE OUTLINE

LAST REVIEW: 2005-2006
(i.e. 2003-2004)

NEXT REVIEW: 2010-2011
(i.e. 2008-2009)

STATUS: A
(A, I, D)

COURSE TITLE: Healthcare Delivery Systems

COMMON COURSE NUMBER: HIM 1224

CREDIT HOURS: 3

CONTACT HOUR BREAKDOWN
(per 16 week term)

CLOCK HOURS:
(Voc. Course ONLY)

Lecture: **48**

Lab: **0**

Clinic: **0**

Other: **0**

PREREQUISITE(S): BSC 1085, BSC 1085L

COREQUISITE(S): HIM 1000, HIM 1436

PRE/COREQUISITE(S):

COURSE DESCRIPTION: *(750 characters, maximum)*

This course is an introduction to the historical development, current structure, operation, financing, and future directions of the major components of the U.S. health care delivery system. A population perspective is used. Upon completion, students should be able to identify the major components, issues and trends in the US healthcare delivery system.

UNIT TITLES

1. Overview of Health Care: A Population Perspective
2. Benchmark Developments in U.S. Health Care
3. Hospitals: Origin, Organization, and Performance
4. Ambulatory Care
5. Medical Education and the Changing Practice of Medicine
6. Health Care Personnel
7. Financing Health Care
8. Managed Care
9. Long Term
10. Mental Health Services
11. Public Health and the Role of Government in Health Care
12. Research: How Health Care Advances
13. The Future of Health Care



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UNITS

Unit 1: Overview of Healthcare: A Population Perspective

General Outcome:

1.00 The students should be familiar with major issues facing healthcare in the United States.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 1.01 Identify persistent problems of unacceptable increases in costs, inexplicable variations in performance, and limited access for significant numbers of Americans.
- 1.02 Describe the evolution of the health care industry from its historic charitable and social orientation to one which is entrepreneurial and fiercely competitive.
- 1.03 Describe the effect of the failure of effective governmental reforms which prompted the private sector to promote market-oriented changes, competition, and managed care.
- 1.04 Discuss the privileged relationship between patient and physician that once was sacred in health care is now subject to scrutiny by insurers, payers, managers, and quality assurers.
- 1.05 Discuss the value of patients retaining their responsibility to participate in decisions about their health care.
- 1.06 Compare and contrast the focus of American health care on curative medicine with strategies of preventive medicine.
- 1.07 Identify the major stakeholders in the health care system, their values, roles, and degrees of influence in shaping the existing system.
- 1.08 Compare and contrast the positive and negative effects of health care technology on health care costs, effectiveness, and risk to patients.
- 1.09 Discuss current and future issues of concern are: the aging of the US population; the problem of significant numbers of uninsured Americans; the variable quality of health care; conflicts of interest among providers; and the ethical issues that arise with new advances in medicine.
- 1.10 Define key words.
- 1.11. Locate and navigate online resources.



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Unit 2: Benchmark Developments in U.S. Health Care

General Outcome:

2.00 The students should be familiar with landmark developments in U.S. health care.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 2.01 Identify how legislative, organizational, and professional developments changed the US health care system from a one-to-one professional service to a huge, complex, corporation-dominated industry.
- 2.02 Describe the historical resistance of organized medicine battled against third party health insurance.
- 2.03 Describe how sickness insurance was the beginning of programs of social insurance against the risks of income interruption by accident, sickness, or disability.
- 2.04 Discuss early efforts to provide health insurance in the U.S.; both voluntary and compulsory.
- 2.05 Explain why the 1935 Social Security Act was the most significant social initiative related to health care in U.S. history.
- 2.06 Define the "Creative Federalism" programs of the Johnson era and describe their impact.
- 2.07 Identify the 1973 Health Maintenance Organization Act, describe the features of HMOs and how they were expected to control costs.
- 2.08 Identify initiatives to control government expenditures on health care including the Prospective Payment System (PPS) for hospitals.
- 2.09 Identify the major accomplishments in the prevention and cure of diseases during the 20th Century, particularly infectious diseases.
- 2.10 Discuss the cost and ethical dilemmas associated with medical and technological advances.
- 2.11 Discuss how medical education and physician workforce policies have influenced the size and structure of the US health care industry.
- 2.12 Describe the reasons for the increase in specialization in medical practice and the implications of the resulting oversupply of specialists and undersupply of primary care physicians.
- 2.13 Identify the 1973 Health Maintenance Organization Act, describe the features of HMOs and how they were expected to control costs.
- 2.14 Identify initiatives to control government expenditures on health care including the Prospective Payment System (PPS) for hospitals.
- 2.15 Identify the major accomplishments in the prevention and cure of diseases during the 20th Century, particularly infectious diseases.
- 2.16 Discuss the cost and ethical dilemmas associated with medical and technological advances.
- 2.17 Discuss how medical education and physician workforce policies have influenced the size and structure of the US health care industry.
- 2.18 Describe the reasons for the increase in specialization in medical practice and the implications of the resulting oversupply of specialists and undersupply of primary care physicians.



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Unit 3: Hospitals: Origins, Organization, and Performance

General Outcome:

3.00 The students should be able to describe the history and development of hospital care as well as its current structure and future trends.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 3.01 Describe the evolutionary role of the hospital as the hub of the health care system
- 3.02 Describe how hospitals shaped provider / patient relationships
- 3.03 Describe the structure and organization of hospitals
- 3.04 Describe the rights and responsibilities of both patients and providers.
- 3.05 Describe the change from retrospective to prospective reimbursement systems.
- 3.06 Describe the discharge planning process
- 3.07 Identify the forces that shaped the hospital industry with particular emphasis on the inflationary effects of hospitalization insurance and Medicare and Medicaid
- 3.08 Describe the influence of academic medical centers in promoting specialized clinical practice, high-technology patient care and research, and the lack of academic leadership in correcting health care system deficiencies.
- 3.09 Describe the economic benefits to hospitals of establishing units for subacute care
- 3.10 Identify the landmark studies of quality of care that revealed the failure of in-house retrospective incremental quality improvement
- 3.11 Describe the responsibility of governing boards for the quality of care and the move to incremental quality improvement
- 3.12 Describe how hospitals responded to the dual effects of high technology advanced and burgeoning managed care.
- 3.13 Identify the predicted changes that hospitals will have to make to reposition themselves to function effectively in the future
- 3.14 Define key words.
- 3.15 Locate and navigate online resources.



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Unit 4: Ambulatory Care

General Outcome:

4.00 The students should be able to describe the history and development of ambulatory care as well as its current structure and future trends.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 4.01 Describe the implications for hospitals, physicians, and consumers related to declining hospitalization and the shift to ambulatory care.
- 4.02 Describe the contribution of advanced diagnostic and surgical technology, cost reduction initiatives, and consumer preferences to the expansion of ambulatory services.
- 4.03 Describes the evolution of physician practice from solo private practice to group practice, managed care, and physicians as employees.
- 4.04 Identify the diversity of auspices, organization structures and variety of ambulatory services.
- 4.05 Describe the impact of the proliferation of ambulatory surgery on in-patient hospitalization, hospital revenue, and quality of care.
- 4.06 Describe how emergency departments have become sophisticated specialty care centers and community "safety nets" for the medically indigent.
- 4.07 Describe the history of public health department sponsored ambulatory treatment and primary preventive health services as well as recent trends toward privatization.
- 4.08 Describe the importance of federally-supported community health centers in medically under-served urban and rural communities.
- 4.09 Define key words
- 4.10 Locate and navigate online resources.



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Unit 5: Medical Education and the Changing Practice of Medicine

General Outcome:

5.00 The students should be able to describe the history and development of medical education as well as its current structure and future trends.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 5.01 Describe the historical development of medical education from colonial times to the present.
- 5.02 Identify the Flexner Report and the reformation of American medical schools.
- 5.03 Describe the evolution of the academic medical center: the medical school-university teaching complex.
- 5.04 Describe the development of specialty medical education and training programs; the development and functions of specialty credentialing societies and boards.
- 5.05 Describe the scope, diversity, and organization of medical specialties.
- 5.06 Describe the origins and impact of geographic maldistribution of physicians and disproportion in supply of medical generalists and specialists.
- 5.07 Describe medical education's skewed emphasis on curative rather than preventive care.
- 5.08 Describe the impact of evolving market forces on the relationships between physicians and hospitals and scrutiny of medical care costs, quality and outcomes.
- 5.09 Compare and contrast the contributions of academic medical centers with their costs.
- 5.10 Describe the impact of the Balanced Budget Act of 1997 on teaching hospitals and the implications for graduate medical education.
- 5.11 Identify new ethical issues reflected in practice dilemmas faced by physicians working in the rapidly changing health care environment.
- 5.12 Define key words.
- 5.13 Locate and navigate online resources.



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Unit 6: Health Care Personnel

General Outcome:

6.00 The students should be able to describe the occupations and professions that constitute the health care workforce and the settings in which they work as well as its current structure and future trends.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 6.01 Describe the broad array of health care occupations and professions that constitute the health care workforce and the settings in which they work.
- 6.02 Describe the licensure, certification, registration, and other credentialing systems designed to protect the public from incompetent or unethical practitioners.
- 6.03 Describe the education, functions, and supply of physicians, nurses, nurse practitioners, dentists, pharmacists, podiatrists, chiropractors, optometrists, health care administrators, and various allied health practitioners.
- 6.04 Describe the growing interest in and professional acceptance of alternative therapies.
- 6.05 Describe the influence of health care reforms on the health care workforce.
- 6.06 Identify the current health care workforce policy issues as defined by the Association of Academic Health Centers.
- 6.07 Identify the trends that will spur the employment of health professionals and the locations in which they will be employed.
- 6.08 Describe the ebb and flow of the number of personnel and mix of skills requires with the discovery and application of new service modalities and institutional adjustments to financial pressures.
- 6.09 Define key words.
- 6.10 Locate and navigate online resources.



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Unit 7: Financing Health Care

General Outcome:

7.00 The students should be able to describe the evolution of health care payment sources as well as its current structure and future trends.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 7.01 Describe the evolution of health care payment sources from out-of-pocket expenditures and charitable resources to a complex multiplicity of personal, private third party, and government sources.
- 7.02 Describe the factors influencing the historical growth of health care costs; magnitude of health care cost growth compared with growth in the general economy.
- 7.03 Describe evolution of government support of health care; impact on the development of the US hospital industry and health care delivery system.
- 7.04 Describe the development of private health insurance, impact on costs and access to services.
- 7.05 Describe the history of cost control efforts: legislation and regulation; the development of prospective payment, impact on hospitals, consumers.
- 7.06 Describe the impact of the Balanced Budget Act of 1997 (the BBA) including the introduction of risk sharing with the private sector.
- 7.07 Describe how the Balanced Budget Act of 1997 lifted regulations to enable states to enact mandated Medicaid managed care enrollment and encourages flexibility of state resources to expand coverage.
- 7.08 Describe the repercussions for the health care industry from the BBA of 1997 in congressional actions to restore Medicare and other budget cuts and to delay implementation of numerous changes in reimbursement methodologies for hospitals, ambulatory, and long-term care services.
- 7.09 Define key words.
- 7.10 Locate and navigate online resources.



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Unit 8: Managed Care

General Outcome:

8.00 The students should be able to describe the emergence and evolution of managed care as well as its current structure and future trends.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 8.01 Describe the emergence of managed care concepts and the HMO movement; the population perspective; implications for physicians, hospitals and consumers.
- 8.02 Describe evolving forms of managed care organizations and diversification of products.
- 8.03 Describe the effects of pre-payment and financial risk sharing on physician and consumer behaviors.
- 8.04 Identify measurements of the quality and accessibility of managed care services.
- 8.05 Identify initiatives to promote Medicare and Medicaid managed care enrollment.
- 8.06 Describe the continuing development of market-driven health care financing reforms and their impact on the organization of the U.S. health care delivery industry; formation of hospital, physician, and other provider group networks.
- 8.07 Describe the increase in managed care premiums due to cyclical shifts in the insurance underwriting cycle, increasing prescription drug costs, shareholders' demands for higher profits, and increasing consumer demands for choice among providers.
- 8.08 Define key words.
- 8.09 Locate and navigate online resources.



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Unit 9: Long Term Care

General Outcome:

9.00 The students should be able to describe the evolution of long-term care as well as its current structure and future trends.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 9.01 Describe the variety of long-term care consumers including all age groups from infancy to senior citizens.
- 9.02 Describe the ideal delivery of long-term care services should be characterized by comprehensiveness, flexibility and coordination of services along a continuum reflecting continuously changing medical, social, personal, and financial needs.
- 9.03 Describe the expanding population of chronically ill elderly is increasing demand for long-term care services and concern about its costs to individuals, families, insurers, and government.
- 9.04 Describe the evolution from the pre-World War II period when almost all long-term care was provided either by families at home or by community charities through the social reforms leading to today's delivery system.
- 9.05 Describe the impact of government funding available through Medicare and Medicaid in 1966 and the proliferation of nursing homes and other types of congregate care facilities.
- 9.06 Describe how the professional and regulatory reforms in the long-term care and nursing home industries during the 1970s followed widespread reports of severe inadequacies in care quality and humanitarian abuses.
- 9.07 Describe how hospice care and the provision of palliative services to the terminally ill at home and in institutions, has become a major component of the long-term care continuum.
- 9.08 Describe the need for expansion of accessible respite care services and other assistance to those maintaining the disabled or frail at home.
- 9.09 Describe how cost and quality concerns in Medicare-funded home health care services are prompting major CMS (Centers for Medicare & Medicaid Services) initiatives to thwart abuses by suppliers and clients.
- 9.10 Describe how the financing long-term care services entails primarily personal resources and Medicaid in preference to long-term care insurance.
- 9.11 Describe innovative long-term care services such as "aging-in-place" and life care communities are attempting to provide a seamless continuum of services with flexibility to adapt to changing life needs.
- 9.12 Define key words.
- 9.13 Locate and navigate online resources.



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Unit 10: Mental Health Services

General Outcome:

10.00 The students should be able to describe the evolution of mental health services as well as its current structure and future trends.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 10.01 Describe the adequacy of available mental health services in terms of quantity, type and access to meet population needs and future expectations under the emerging influence of managed care.
- 10.02 Describe mental health treatment from colonial times through the 1960s as primarily conducted in state and county operated institutions.
- 10.03 Describe how the 1955 Congressional Commission on Mental Health and Illness, new developments in pharmacologic, psychological and psychosocial treatments, and federal financial assistance spurred development of community-based outpatient facilities and deinstitutionalization of a large proportion of previously institutionalized individuals.
- 10.04 Identify the assumptions underlying deinstitutionalization proved erroneous; community-based services proved inadequate and inappropriate to the needs of the severely mentally ill and disabled population.
- 10.05 Describe how national mental health resource allocation policies regarding support of inpatient and outpatient treatments have shifted periodically based upon conventional wisdom, cost-containment influences and political expediency with little attention to epidemiological evidence of population needs or efficacy of interventions.
- 10.06 Recognize that only a small percentage of those in need to mental health services actually receive them; access is curtailed by social and financial barriers, persistent myths about treatability, and inadequate community-based resources.
- 10.07 Describe how limited access to mental health services results in needless continuation of debilitating illness in individuals who would otherwise benefit from appropriate treatment.
- 10.08 Describe how insurance coverage criteria have driven inappropriate treatment emphases in the community and institutional settings and supported third party payers' assumptions about the cost-ineffectiveness of mental health treatment and lack of accountability for outcomes.
- 10.09 Describe how introducing financial incentives that reward outcomes rather than service utilization, managed care is encouraging treatment approaches that will more rapidly introduce scientific advancements into therapeutic applications.
- 10.10 Define "Carveouts" -- the delegation by managed care organizations of responsibility and financial risk for mental health care to external vendors -- has created a substantial behavioral health industry.
- 10.11 Define key words.
- 10.12 Locate and navigate online resources.



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Unit 11: Public Health and the Role of Government in Health Care

General Outcome:

11.00 The students should be able to describe the evolution of public health and the role of government in health care as well as its current structure and future trends

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 11.01 Describe the historical development of public health pointing out the commercial rather than humanistic motives that prompted public health measures in the United States, English and other European countries.
- 11.02 Describe the critical, though little recognized, responsibilities of public health agencies at the federal, state, and local levels.
- 11.03 Describe the declining influence of the Public Health Service (PHS) after World War II as high-technology curative medicine mesmerized both the public and providers into believing that ever more dramatic medical advances would solve the health problems of American society.
- 11.04 Describe the increasing contentious relationship of public health and organized medicine as public health agencies expanded efforts to address the medical care problems of underserved populations.
- 11.05 The importance of the 1935 Social Security Act and its subsequent amendments with special emphasis on the inflationary effects of Medicaid and Medicare.
- 11.06 Describe the inability of government to address one of the cost, quality, and access problems without negatively affecting one or both of the others.
- 11.07 Describe the valuable role played by voluntary agencies in addressing the special needs of specific population groups.
- 11.08 Describe the diminishing role of government in setting health care policy as market-driven reforms steer health care towards managed care and corporatization.
- 11.09 Describe why declines in funding and trends toward privatization leave many local health departments with minimal staff focused on only the most essential public health services.
- 11.10 Describe the State Children's Health Insurance Program (SCHIP), established by the Balanced Budget Act of 1997.
- 11.11 Identify the November 1999 report of The Institute of Medicine (IOM) that described mistakes occurring during the course of hospital care as one of the nation's leading causes of death and disability.
- 11.12 Describe the broad research agenda of the Agency for Health Care Research and Quality that deals with the delivery and outcomes of health care and its quality and effectiveness.
- 11.13 Define key words.
- 11.14 Locate and navigate online resources.



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Unit 12: Research: How Health Care Advances

General Outcome:

12.00 The students should be able to describe the current variety and value of health-related research and quality improvement and future trends.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 12.01 Describe the focus of different types of health-related research with particular attention to the definitions and contributions of clinical research, epidemiology, and health services research.
- 12.02 Describe the cost-benefit of many medical and surgical procedures brought into question by the inexplicable variations in physician practice patterns and methods of treating similar conditions in different geographic areas.
- 12.03 Describe the importance of the federal AHRQ: Agency for Health Care Policy and Research in supporting outcomes research that leads to the development and dissemination of clinical guidelines to reduce some of the indecision about the best courses of treatment.
- 12.04 Describe the changing philosophies and methods of quality assurance and quality improvement in health care.
- 12.05 Describe the shift from judging the success of medical procedures by physiologic measures to assessing deviations from past physical, social, and role functioning levels.
- 12.06 Describe the importance of patient satisfaction as a measure of the quality of care.
- 12.07 Describe the increasing relevance of epidemiology and health services research as the performance of health care systems and the health status of defined populations become more important considerations in market-driven health care environments.
- 12.08 Describe the growing attention to evidence-based medicine reflects concerns that a significant percentage of clinical decisions are not supported by reliable evidence of effectiveness.
- 12.09 Describe the concern that health care is entering a "post-antibiotic" era in which bacterial infections will be unaffected by even the most powerful of available antibiotics.
- 12.10 Identify the ethical concerns raised by the increasing amount of research funding emanating from pharmaceutical companies and the commercialization of genetic breakthroughs.
- 12.11 Define key words.
- 12.12 Locate and navigate online resources.



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Unit 13: The Future of Health Care

General Outcome:

13.00 The students should be able to describe the prevailing predictions regarding the future of health care.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 13.01 Discuss the post-World War II investment to develop research and expand academic medical centers as well as the number and size of America's hospitals which produced financial incentives that encouraged specialization among physicians and other health professionals.
- 13.02 Discuss how the same policies contributed to long standing problems of inequitable access, variable quality and runaway costs.
- 13.03 Discuss how the successes of the health care system must be weighed against its failure to recognize a broader social mission than addressing the needs of only those individuals who achieve access to its services.
- 13.04 Discuss how a more knowledgeable public now knows that more medical advances cannot cure a system that cannot deliver a basic level of care to significant portions of the public nor control its excessive costs.
- 13.05 Discuss the fact that there is a growing awareness that many of the new technologies that yield economic benefits to providers may be of little or no value in diagnosis and treatment.
- 13.06 Discuss how hospitals face a harsh future with unrelenting economic pressures likely to cause numerous closures. Those that survive will probably be just one component of an integrated system of care.
- 13.07 Discuss how health care reforms will dramatically reduce the power, prestige, and independence of physician specialists while increasing the demand for generalist physicians who can provide primary care and serve as gatekeepers to more expensive resources.
- 13.08 Discuss how regional planning and cooperation among hospitals led by strong employer coalitions has been shown to reduce duplication of services and ensure more comprehensive service networks.
- 13.09 Discuss how current trends suggest that, by the end of the decade, the country will be covered by an array of regional health care delivery systems that deliver comprehensive health services in exchange for prepaid capitation.
- 13.10 Discuss state reforms that are attempting to reduce or contain Medicaid expenditures, some by Medicaid managed care, and others by simply reducing fee-for-service benefits.
- 13.11 Discuss how the public and purchasers will be aided in choosing among competitive providers by having access to timely performance information.



Unit 13: The Future of Health Care continued

- 13.12 Discuss the following basic questions facing the health care industry:
 - 13.12.01 What is society's obligation to ensure access to a basic level of health care for all its citizens and how can it be accomplished?
 - 13.12.02 How can an acceptable quality of health care be assured?
 - 13.12.03 How can the costs of health care be kept affordable for both individuals and society?
 - 13.12.04 How can the ethical dilemmas produced by technological advances and limited resources be resolved?
- 13.13 Discuss the administrative policies and operational systems that served managed care corporations in their formative years, turned out to be inadequate as success made them corporate giants.
- 13.14 Discuss how the entry of managed care organizations into most Medicare and Medicaid markets has been an unprofitable experience and is destined to get worse.
- 13.15 Discuss the future of managed care organizations, once considered inordinately bright, has dimmed somewhat as cost containment strategies are exhausted and substantial premium increases will be required in subsequent years.
- 13.16 Discuss how HMOs are preparing for state and federal legislative initiatives aimed at making them more accountable to the public and providers for decision about payments and services.
- 13.17 Define key words.
- 13.18 Locate and navigate online resources.