

Health Policy and Management

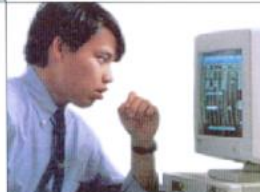
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Director, Doctor of Public Health Degree Program
College of Public Health
The University of Georgia

Master's Degree in Public Health Core Competency Development Project

Version 2.3

August 2006

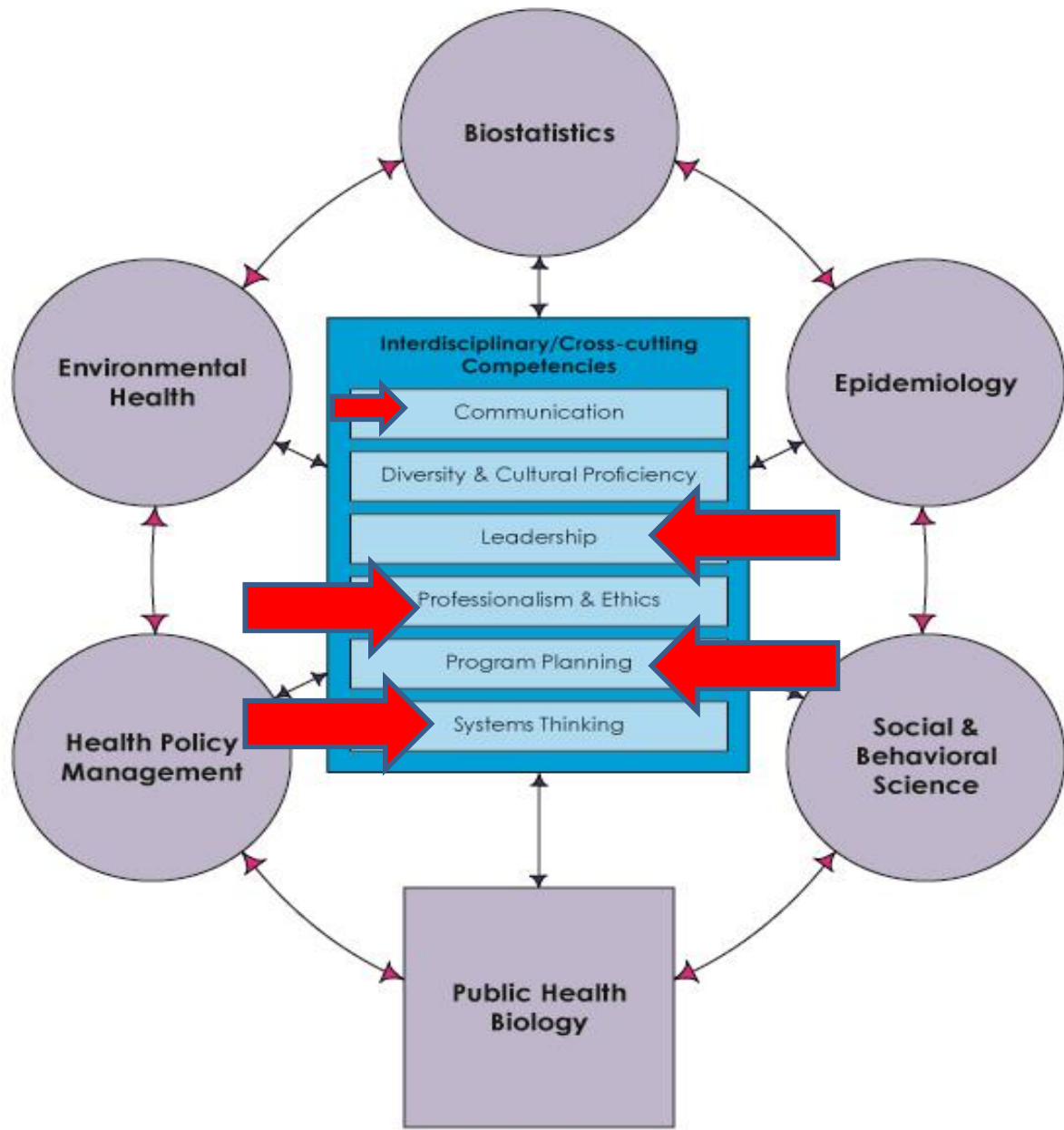


HEALTH POLICY AND MANAGEMENT

Health policy and management is a multidisciplinary field of inquiry and practice concerned with the delivery, quality and costs of health care for individuals and populations. This definition assumes both a managerial and a policy concern with the structure, process and outcomes of health services including the costs, financing, organization, outcomes and accessibility of care.

Competencies: Upon graduation a student with an MPH should be able to...

1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.
2. Describe the legal and ethical bases for public health and health services.
3. Explain methods of ensuring community health safety and preparedness.
4. Discuss the policy process for improving the health status of populations.
5. Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
6. Apply principles of strategic planning and marketing to public health.
7. Apply quality and performance improvement concepts to address organizational performance issues.
8. Apply "systems thinking" for resolving organizational problems.
9. Communicate health policy and management issues using appropriate channels and technologies.
10. Demonstrate leadership skills for building partnerships.



Discipline-Specific Competencies
 Interdisciplinary/Cross-cutting Competencies

NATIONAL BOARD OF PUBLIC HEALTH EXAMINERS

Certified in Public Health (CPH) Exam
CONTENT OUTLINE



April 2014

Health Policy and Management

1. **US Health Care Delivery System**
 - A. Continuum of Care – Primary through Long-Term Care
 - B. Not-for-profit, For-profit, Government Organizations
 - C. Health Care Financing, Public and Private
 - D. Federal programs – Medicare, Medicaid, Tricare, Social Security, Children’s Health Insurance
 - E. Patient Protection and Affordable Care Act
 1. HIPAA
 - F. Health Care Utilization, Elasticity of Demand
 - G. Basic Insurance Concepts
2. **Access, Cost and Quality Considerations**
3. **Global Health Care Systems**
 - A. Financing and Delivery Models
4. **US Health Policy**
 - A. Policy-Making Process
 1. Federal
 2. State
 3. Local
 - B. National Advocacy Organizations
 - C. Stakeholder Participation
 - D. Advocacy – Federal, State and Local Levels
 - E. Social Ethics
 - F. Health Economics
5. **Management and Leadership**
 - A. Organizational Management
 1. Organizational Structure
 2. Strategic Management and Leadership
 3. Program Planning and Marketing
 4. Organizational Ethics
 5. Accountability

B. Human Resources Management

1. Staffing Principles
2. Recruitment, Motivation, Retention
3. Performance Improvement

C. Financial Management

1. Resource Allocation and Control
2. Budgeting

READY FOR A

$$x^{(\frac{1}{2})} = \sqrt{x}$$

$$E=mc^2$$

QUIZ?



Health Care Systems

1. Being awarded Certification in Public Health (CPH) from the NBPHE as a result of successfully passing its examination is an example of:

- a. Structure**
- b. Environment**
- c. Process**
- e. Outcome**

Health Care Systems

2. The smallest percentage of U.S. health care spending addresses:

- a. Nursing services**
- b. Public health services**
- c. Physician services**
- d. Pharmaceutical services**
- e. Hospital services**

POLICY

3. Potential Injury to research participants is best addressed in the *Belmont Report* by:

- a. Respect
- b. Justice
- c. Litigation
- d. Assessment of Benefits
- e. Beneficence

POLICY

4. The U.S. Constitution empowers the detention of contagious individuals entering the U.S.

a. True

b. False

DELIVERY SYSTEMS

5. Paying a monthly flat fee for all medical care needed is typical of:

- a. Fee-for-service**
- b. A health maintenance organization**
- c. A preferred provider organization**

DELIVERY SYSTEMS

6. Shriner's Hospital for Children would be classified as:

- a. Sectarian
- b. Investor owned
- c. State Government
- d. Non sectarian
- e. Federal Government

MANAGEMENT

7. “By June 2013 there will be a 0.2% reduction in HIV infections” is an example of:

- a. Mission
- b. Vision
- c. Objective
- d. Goal
- e. Program

MANAGEMENT

8. Budgeting for the recurring monthly restocking of pharmaceuticals addresses a:

- a. Variable cost**
- b. Charge**
- c. Fixed cost**
- d. General cost**



**THE FUTURE OF
THE PUBLIC'S HEALTH**
in the 21st Century

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

We need:

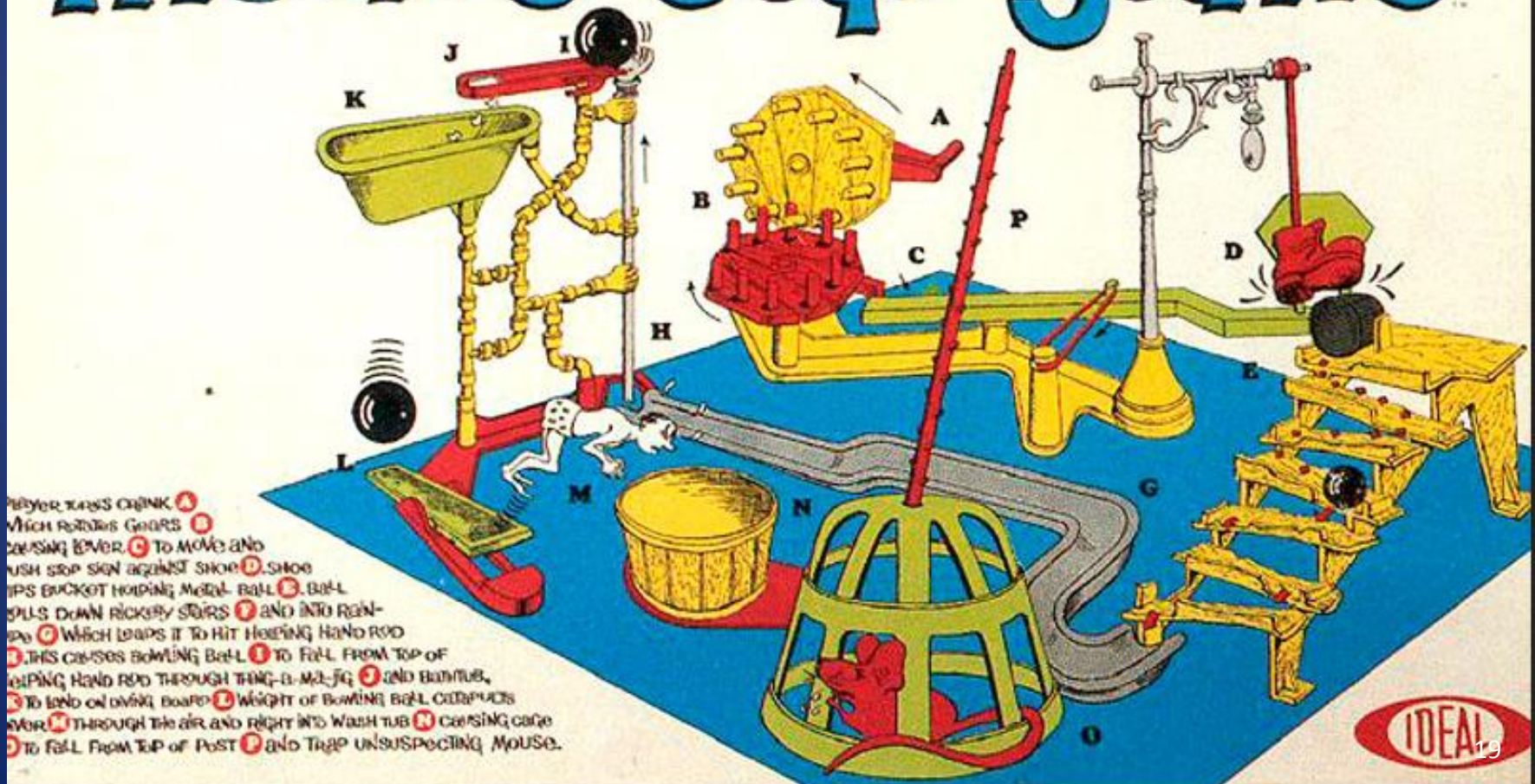
- A health policy that assures adequate and sustained investment in the important determinants of health
- A strong governmental public health infrastructure
- A public health system that reflects public understanding that health is everyone's business.

4 Components:

- Systems Thinking
- Health Policy
- Delivery Systems
- Health Management

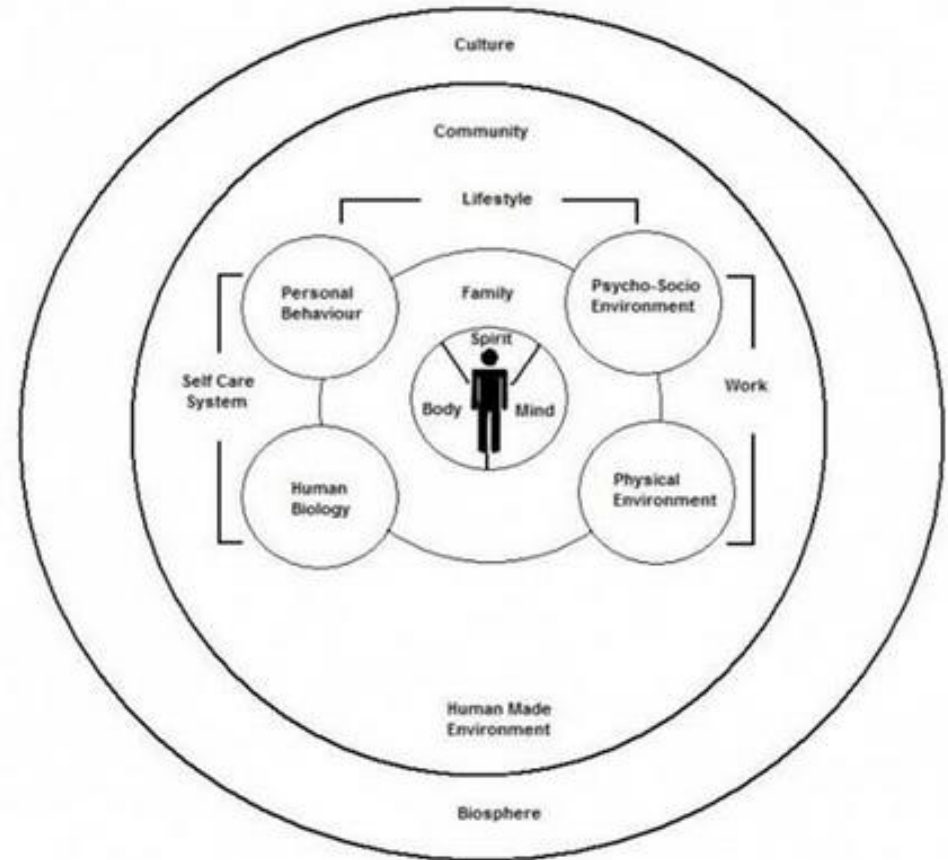
Systems Thinking

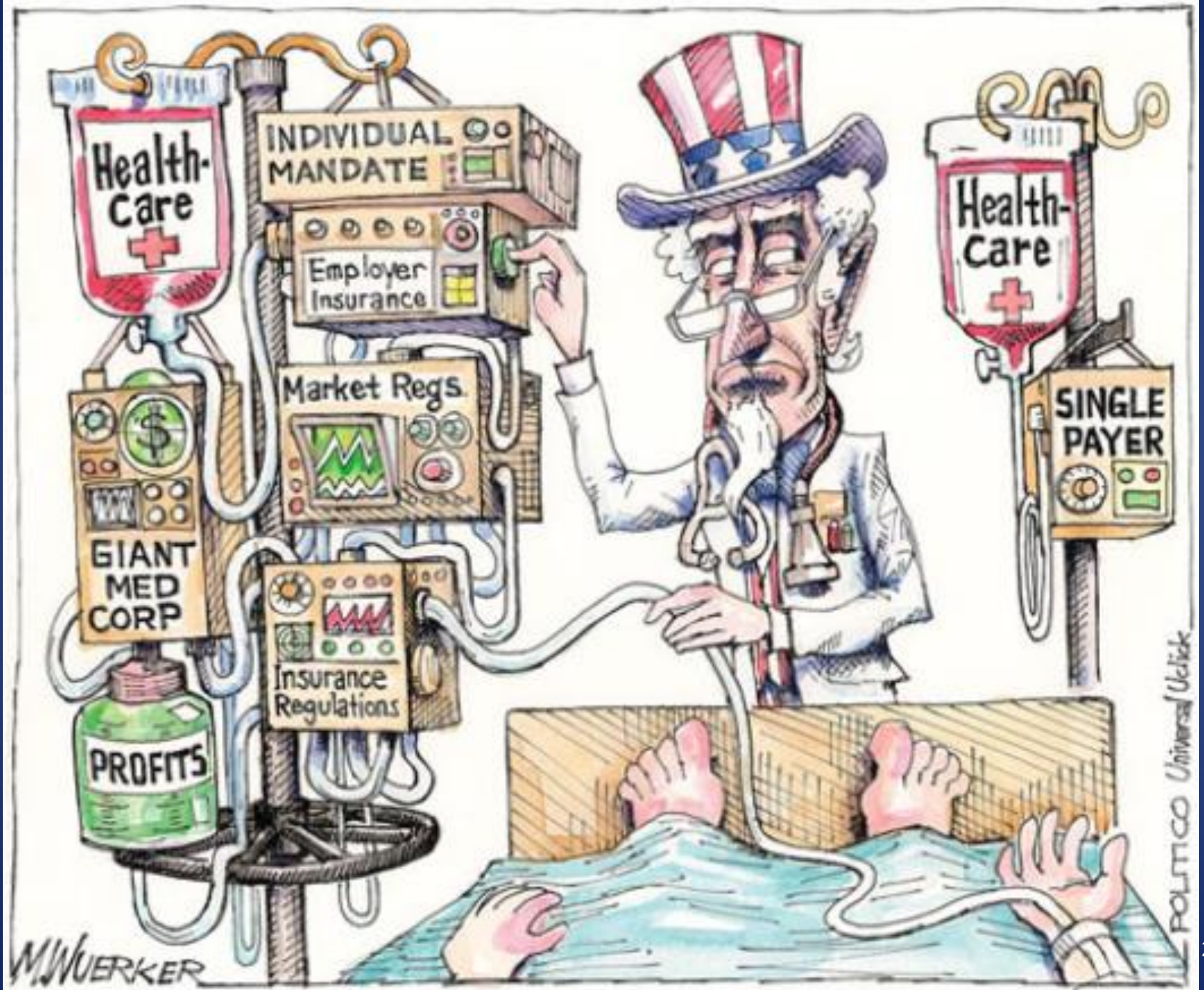
mouse trap game



Definition of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.





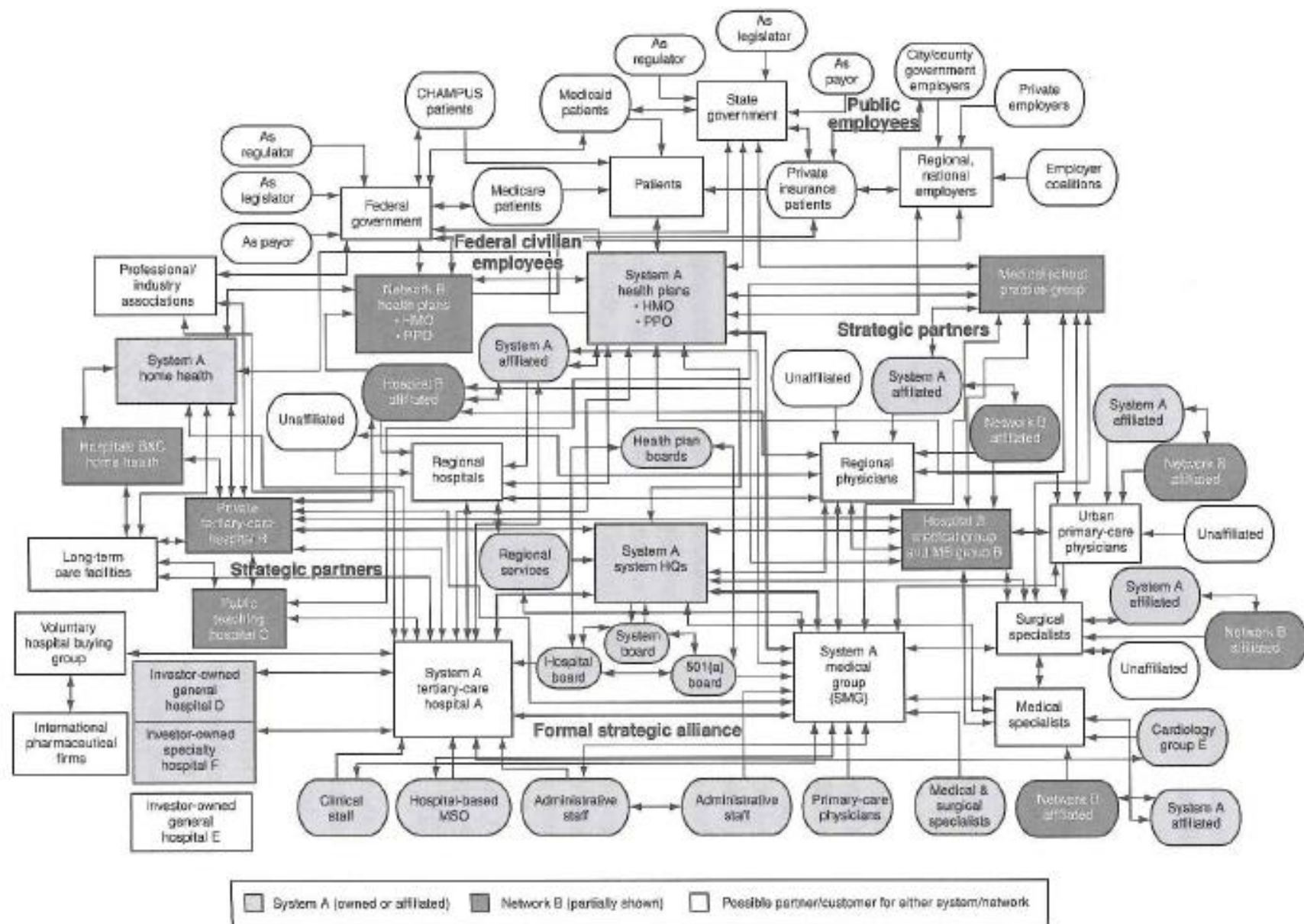


Figure 4-2 A Strategic Web Example



Comparative Health: Cost Vs. Quality



Urban/Rural



System Resources

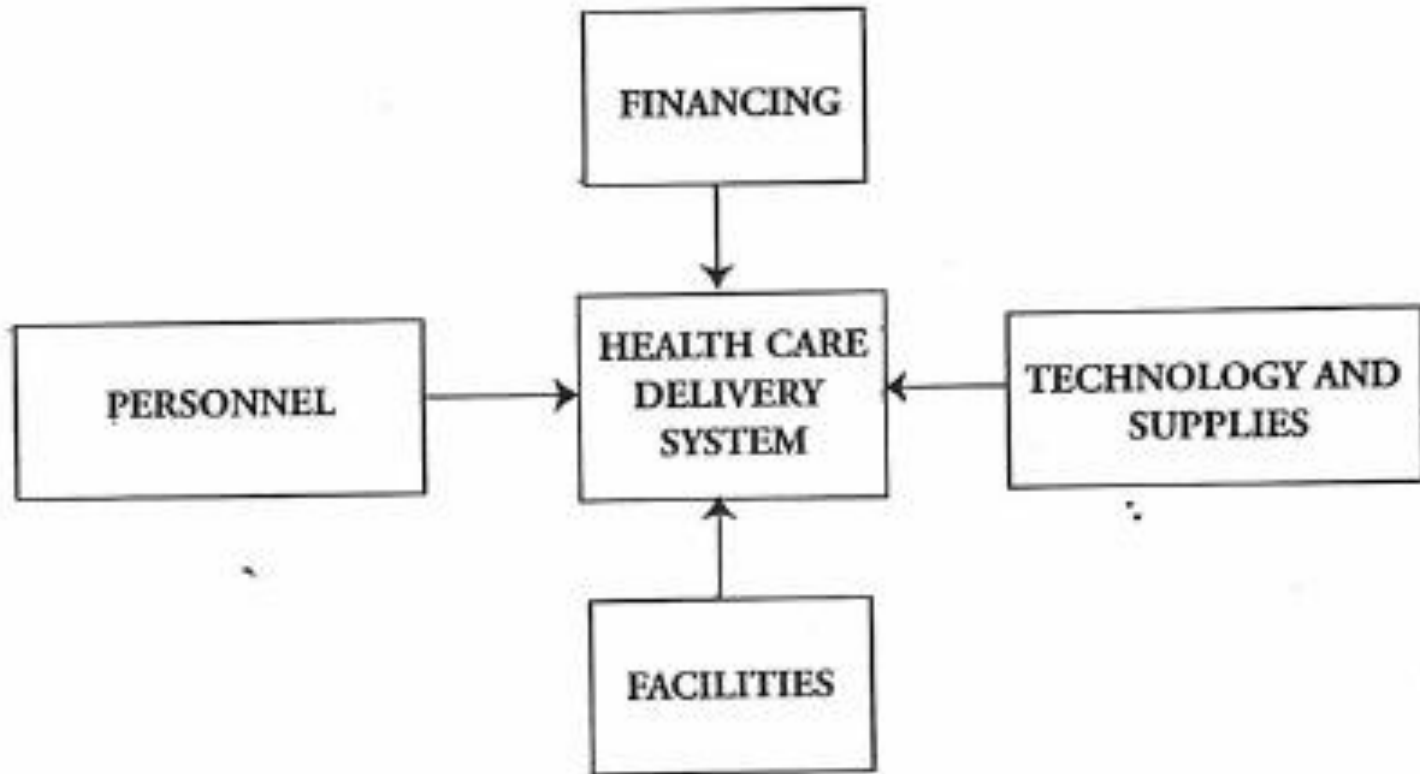
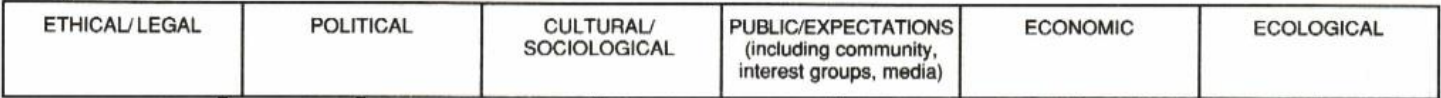
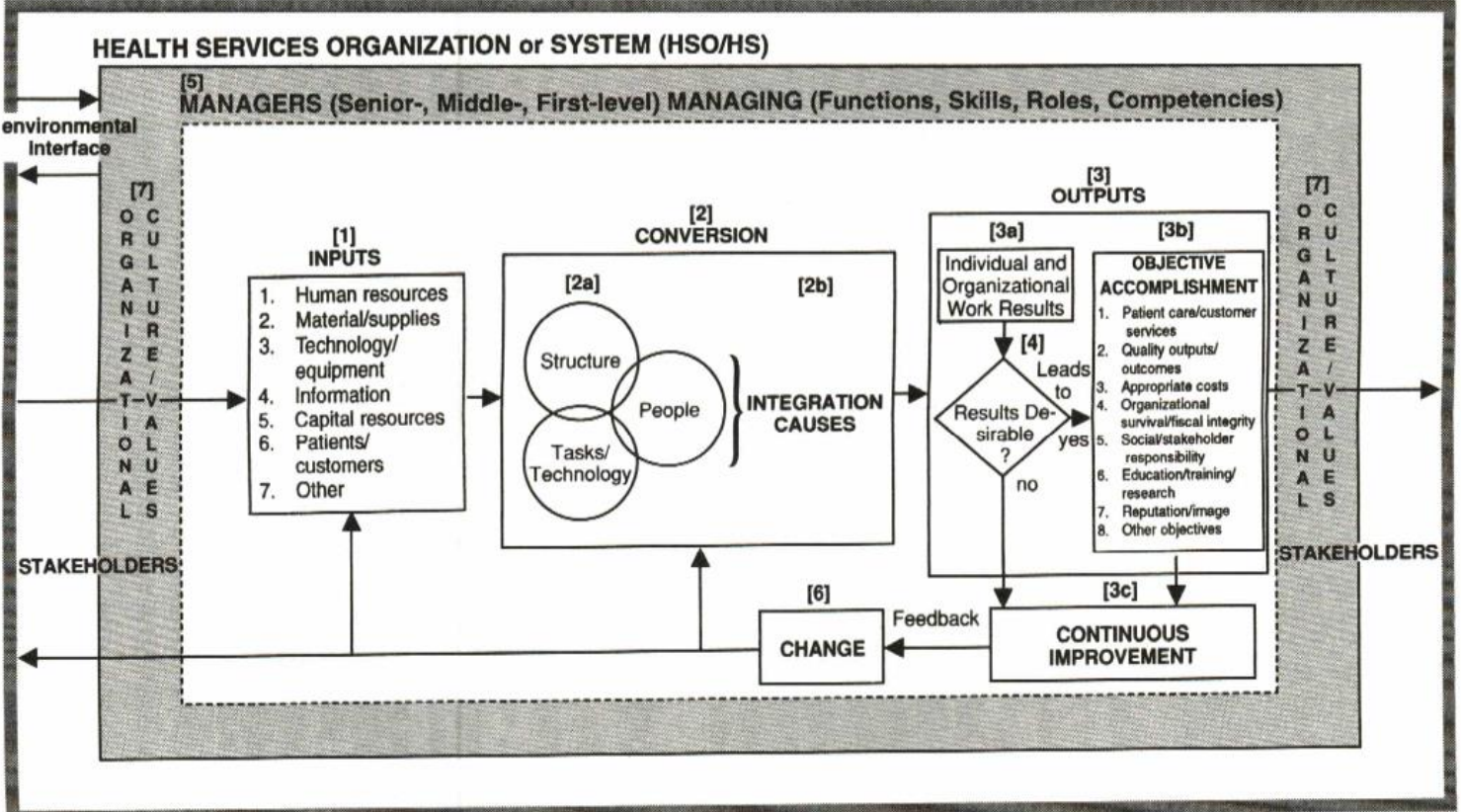


FIGURE 1-1 Resources required to maintain a health care delivery system

[9] GENERAL ENVIRONMENT



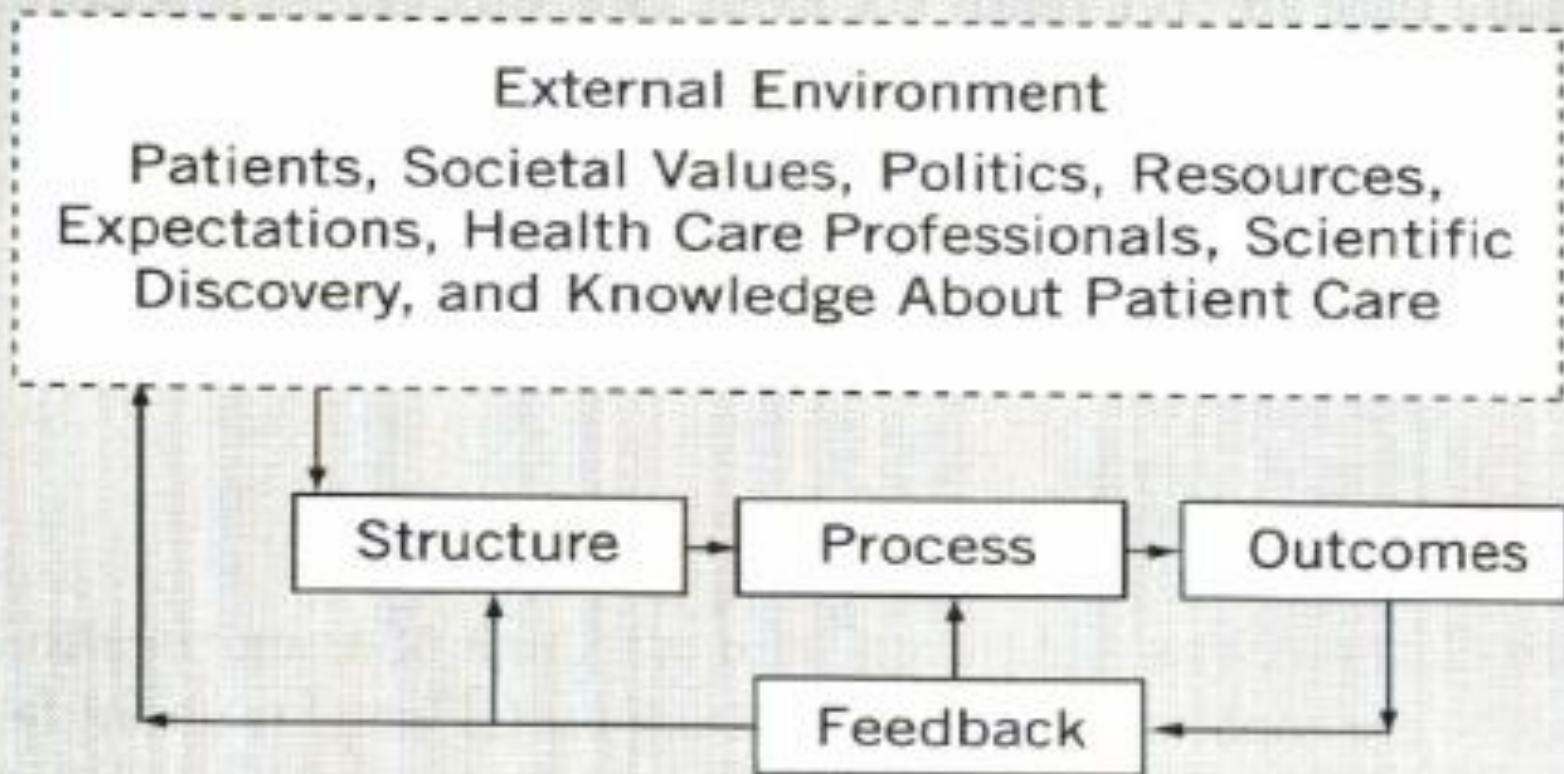
EXTERNAL ENVIRONMENT



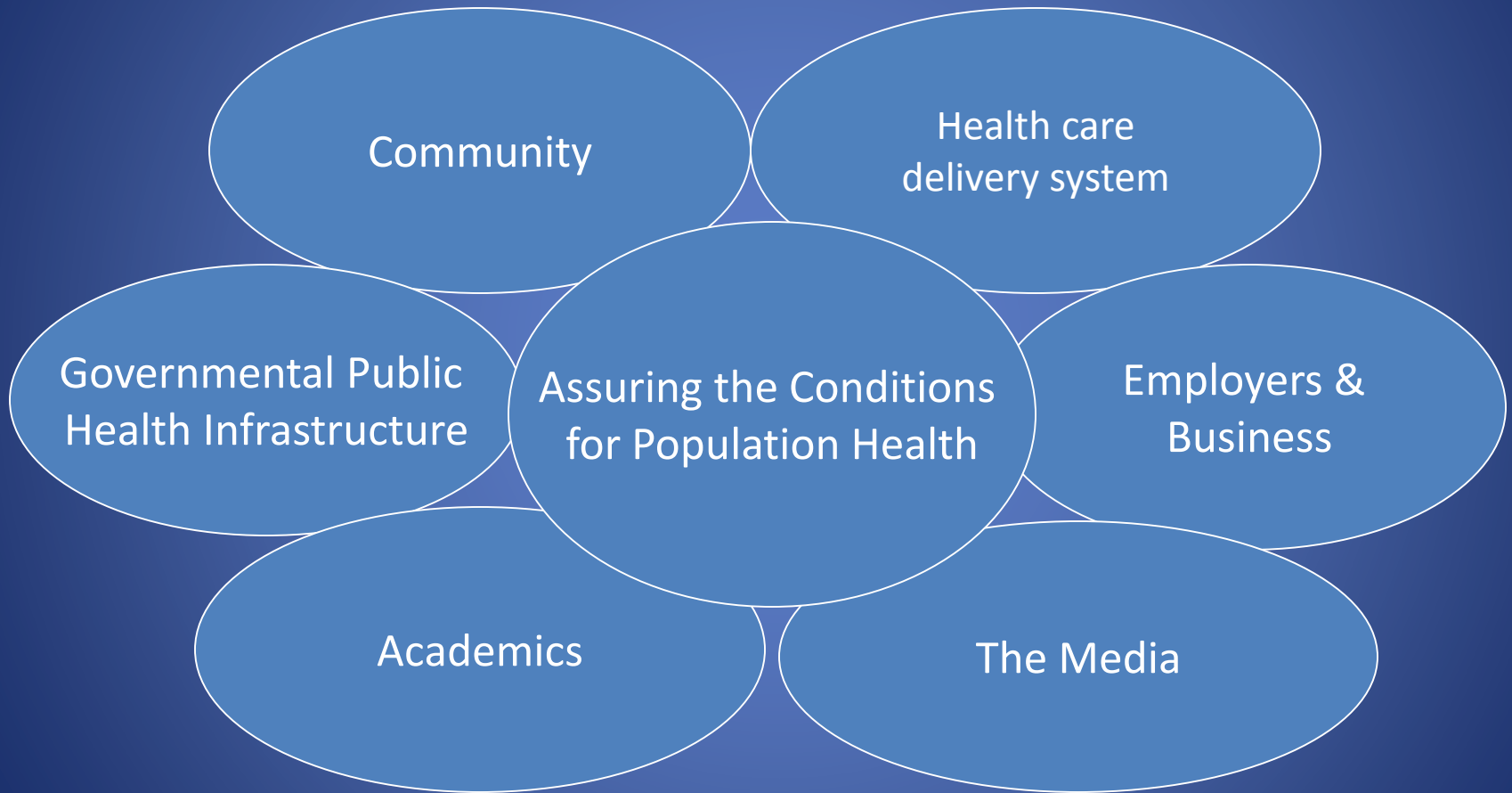
[8] HEALTH CARE ENVIRONMENT



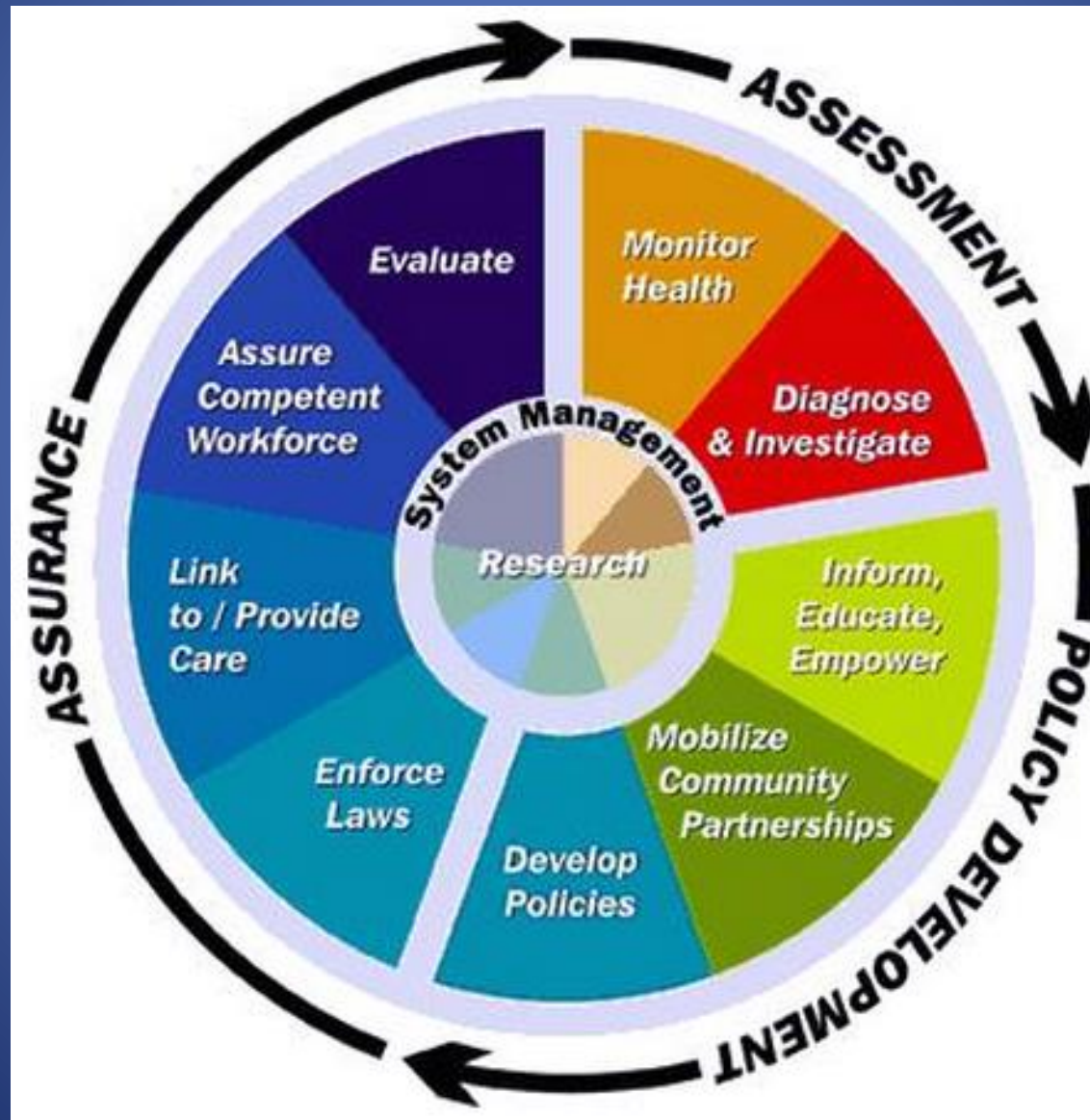
The Donabedian Model for Quality Measurement



The Public Health System



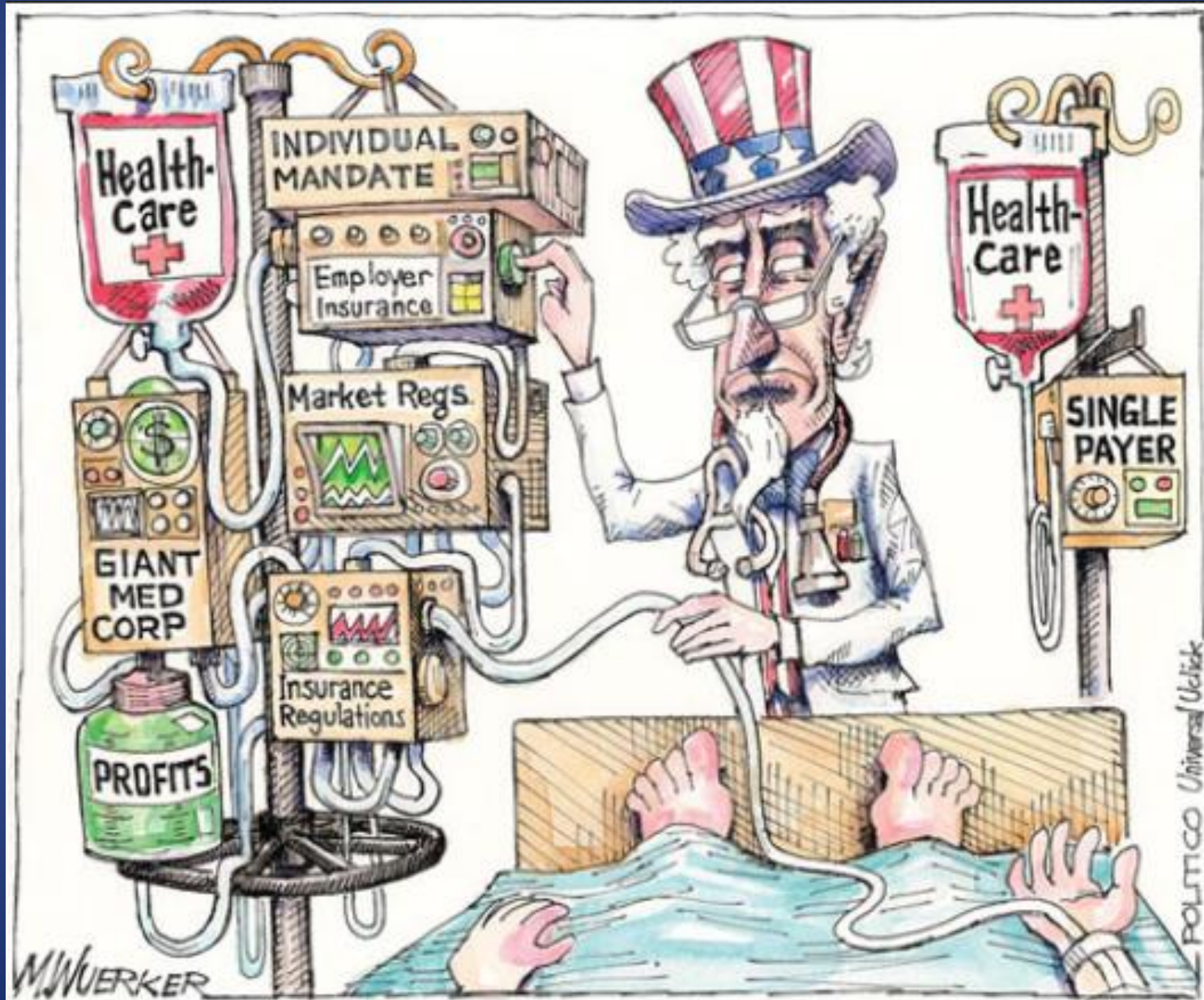
10 Essential Public Health Services



Systems Questions



Health Policy



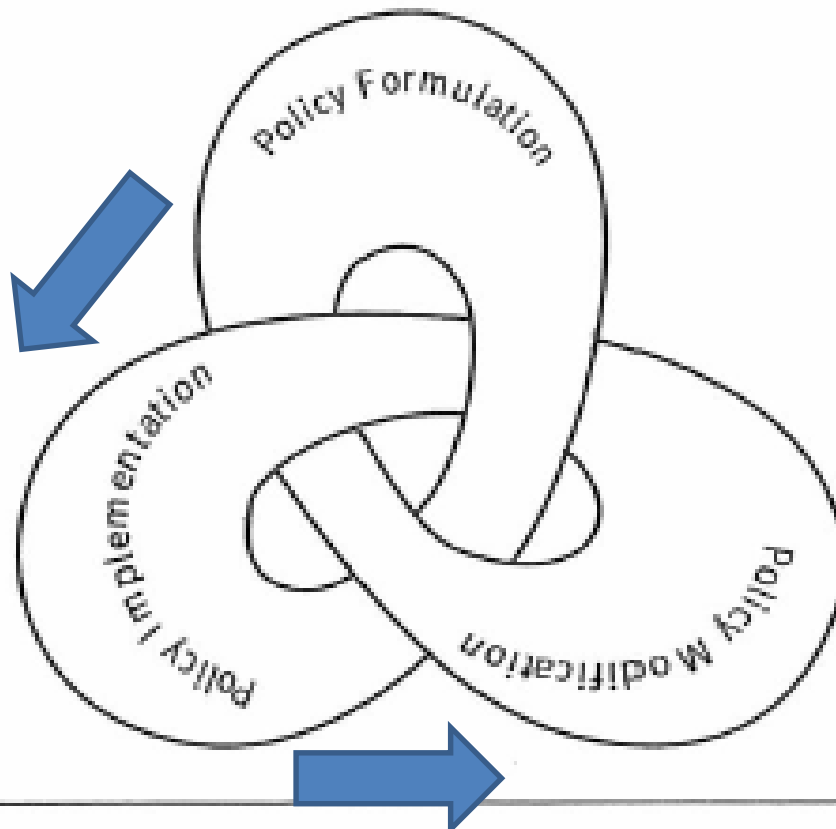


FIGURE 1.3
The
Intertwined
Relationships
Among Policy
Formulation,
Implementa-
tion, and
Modification



RWNJ.ORG

**SORRY OBAMA
NO
TELEPROMPTER
HERE
ONLY TEA
AND
FREEDOM OF SPEECH**

**THIS IS A
TAXING**

**NO
TAXA
WITH
BELIE**

**KEEP
GOVERNMENT
OUT OF MY
MEDICARE!
YOU DAMN
SOCIALISTS!**

**REPEA
THE
PORK**

Legal Basis



U.S. Constitution



General Welfare Clause

We the People

of the United States in order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common Defence, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

Article 1

We the People of the United States,
in Order to form a more perfect Union, establish Justice,
insure domestic Tranquility, provide for the common Defence,
promote the general Welfare,
and secure the Blessings of Liberty to ourselves and our
Posterity, do ordain and establish this Constitution for the
United States of America.

The federal government derives its authority for isolation and quarantine from the *Commerce Clause of the U.S. Constitution.*

- Under section 361 of the Public Health Service Act (42 U.S. Code § 264), the U.S. Secretary of Health and Human Services is authorized to take measures to prevent the entry and spread of communicable diseases from foreign countries into the United States and between states.



Statute/Law

- **Criminal Law:** *conduct prohibited by government because it threatens and harms public safety and welfare*
- **Civil Law:** Actions intended to protect the public health and welfare



Police Powers



- Encourage Behavior
- Coercive Action
 - Quarantine
 - Seize Property
 - Close Businesses

Administrative Regulations



Policy Analysis

BOX 13-3 Checklist for Writing a Policy Analysis

1. Problem Statement

Is my problem statement one sentence in the form of a question?

Can I identify the focus of my problem statement?

Can I identify several options for solving the problem?

2. Background

Does my background include all necessary factual information?

Have I eliminated information that is not directly relevant to the analysis?

Is the tone of my background appropriate?

3. Landscape

Does the landscape identify all of the key stakeholders?

Are the stakeholders' views described clearly and accurately?

Is the structure of the landscape consistent and easy to follow?

Is the tone of the landscape appropriate?

Does the reader have all the information necessary to assess the options?

4. Options

Do my options directly address the issue identified in the problem statement?

Do I assess the pros and cons of each option?

Did I apply all of the criteria to each option's assessment?

Are the options sufficiently different from each other to give the client a real choice?

Are all of the options within the power of my client?

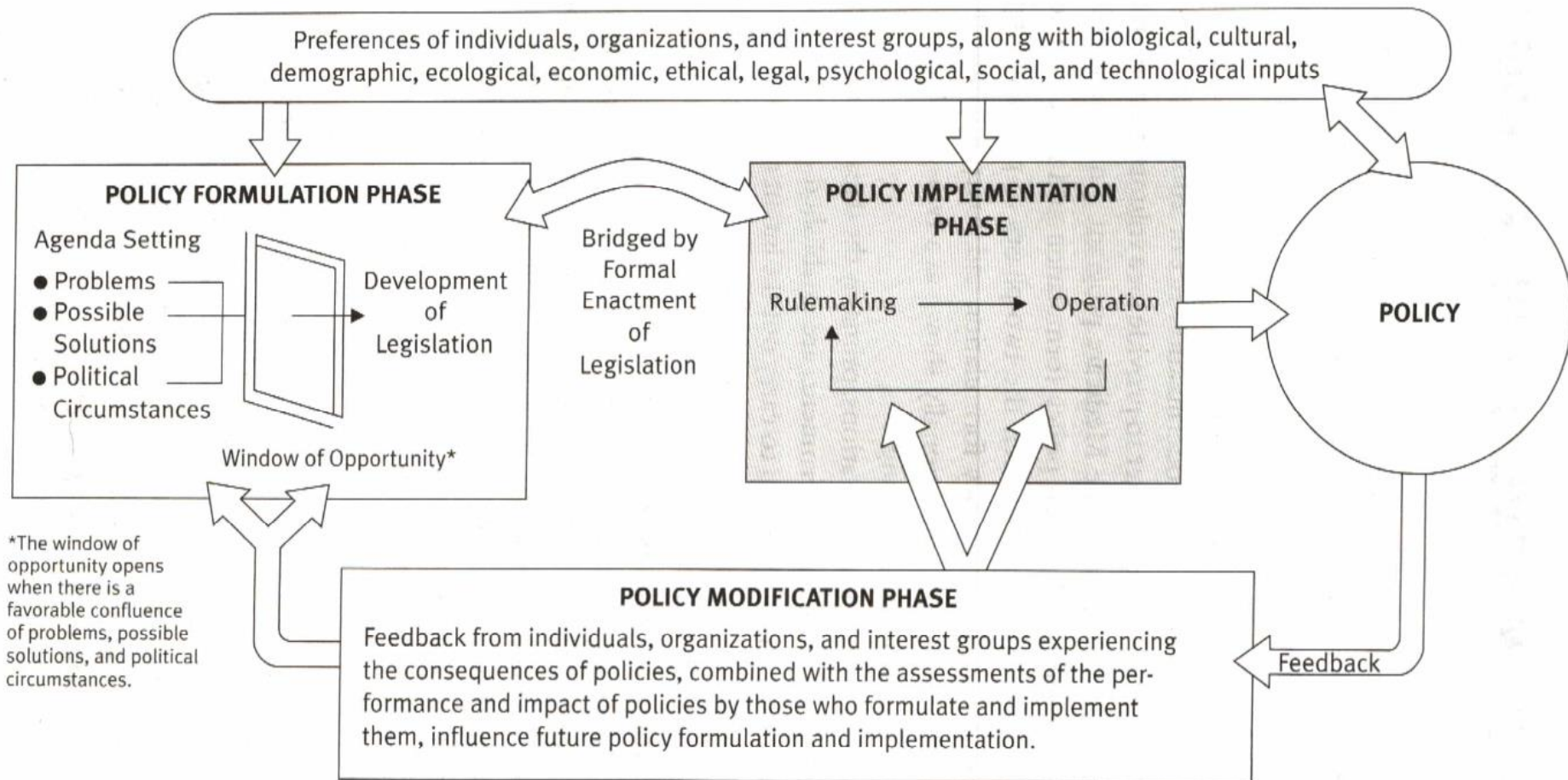
5. Recommendation

Is my recommendation one of the options assessed?

Did I recommend only one of my options?

Did I explain why this recommendation is the best option, despite its flaws?

FIGURE 7.1 A Model of the Public Policymaking Process in the United States: Policy Implementation Phase



Healthcare Stakeholders

Providers



Payers



Employers



Patients



Ethics

Accepted standards of
conduct. It includes
such as the essential
men, human o
of lan

Allocating Resources



- Equal shares for all
- More pie for those who have gone without pie
- More power = More Pie
- Those who make the greatest contribution get the most pie
- Equal shares unless a special case
- Those with the greatest need get the most pie

Professional Ethics

Principles of the Ethical Practice of Public Health



Public Health Leadership Society

© 2002

A code of ethics for public health clarifies the distinctive elements of public health and the ethical principles that follow.

It makes clear to populations and communities the **ideals** of the public health institutions that serve them.

A code of ethics thus serves as a **goal** to guide public health institutions and practitioners and as **a standard** to which they can be held accountable.

Codes of ethics are typically relatively brief; they are not designed to provide **a means of untangling convoluted ethical issues.**

The Public Health Professional's Oath



- As a public health professional, I hold sacred my duty to protect and promote the health of the public. I believe that working for the public's health is more than a job; it is a calling to public service. Success in this calling requires integrity, clarity of purpose and, above all, the trust of the public. Whenever threats to trust in my profession arise, I will counter them with bold actions and clear statements of my professional ethical responsibilities.
- I do hereby swear and affirm to my colleagues and to the public I serve that I commit myself to the following professional obligations.
- In my work as a public health professional:
 - I will strive to understand the fundamental causes of disease and good health and work both to prevent disease and promote good health.
 - I will respect individual rights while promoting the health of the public.
 - I will work to protect and empower disenfranchised persons to ensure that basic resources and conditions for health are available to all.
 - I will seek out information and use the best available evidence to guide my work.
 - I will work with the public to ensure that my work is timely, open to review, and responsive to the public's needs, values, and priorities.
 - I will anticipate and respect diverse values, beliefs, and cultures.
 - I will promote public health in ways that most protect and enhance both the physical and social environments.
 - I will always respect and strive to protect confidential information.
 - I will maintain and improve my own competence and effectiveness.



Belmont Report Core Principles:

Respect for persons: Protecting the autonomy of all people and treating them with courtesy and respect and allowing for informed consent. Researchers must be truthful and conduct no deception;

Beneficence: The philosophy of "Do no harm" while maximizing benefits for the research project and minimizing risks to the research subjects; and

Justice: ensuring reasonable, non-exploitative, and well-considered procedures are administered fairly — the fair distribution of costs and benefits to *potential* research participants — and equally.

Primary areas of application:

Informed consent, Assessment of risks, and Assessment of benefits

Implementing Policy



CONSTITUTION



The U.S. Capitol



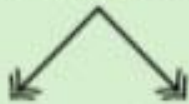
The White House



The Supreme Court

LEGISLATIVE

↓
CONGRESS



HOUSE OF REPRESENTATIVES



SENATE

EXECUTIVE



PRESIDENT



VICE PRESIDENT

JUDICIAL



SUPREME COURT

<http://www.youtube.com/watch?v=L5JWo4LUPU0>

The Robert Matsui Lecture
How Congress Works:
Lessons From the
Health Care Debate
November 3, 2009

UCtelevision · 5,366 videos

703 views

Subscribe 70,210

5 1

The All-New **RAV4**
#WishGranted
Prototype shown with options.

00:18 / 29:00

8:18

How a Bill Becomes a Law

FIGURE 2-1 How a Bill Becomes a Law.

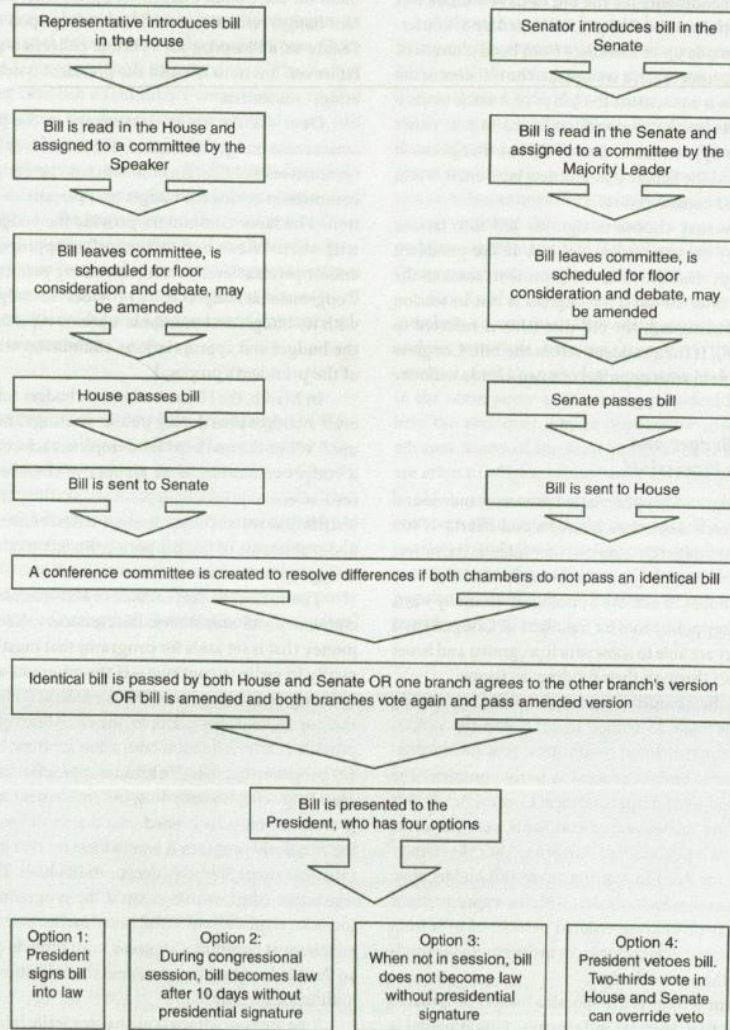
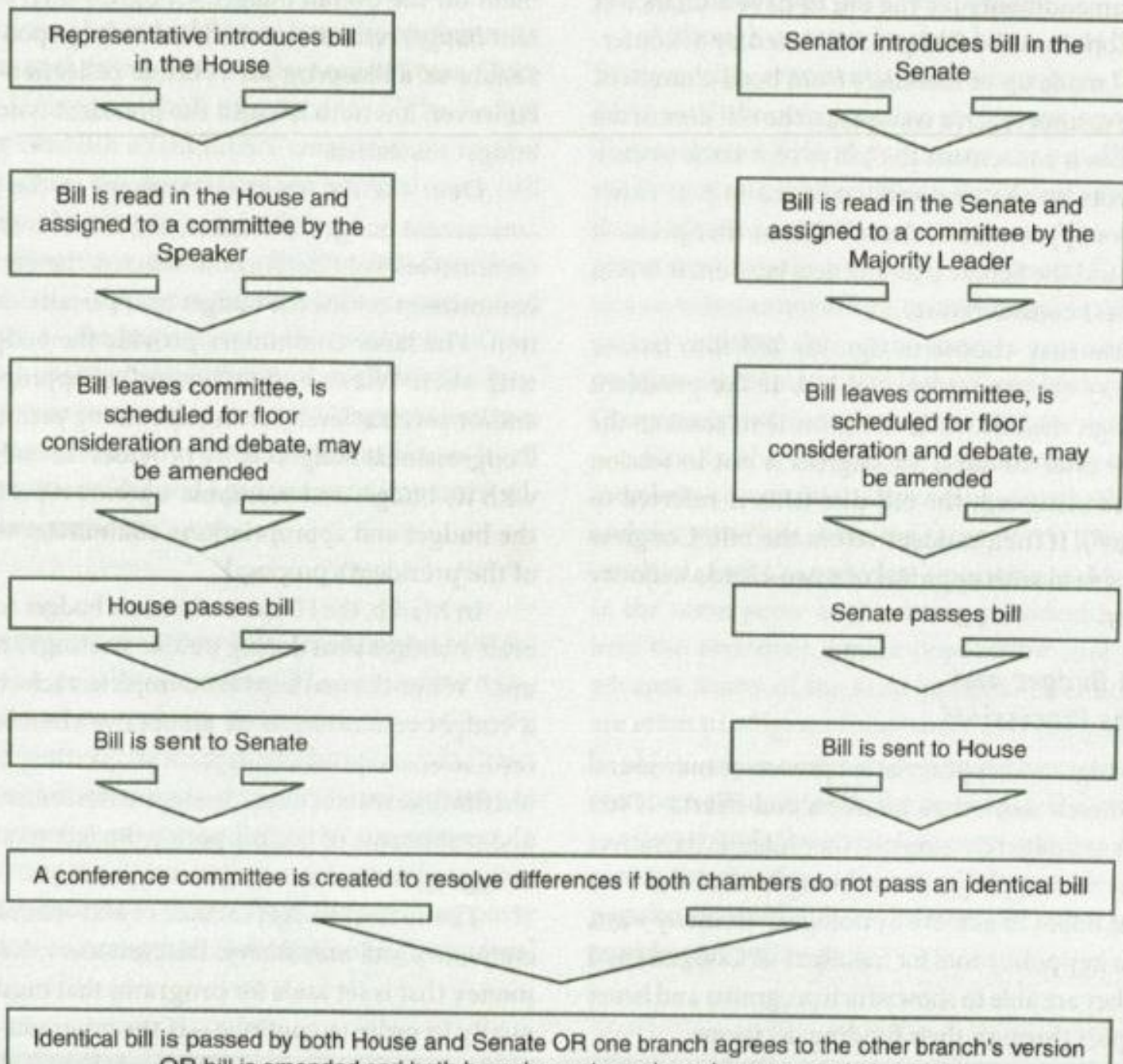


FIGURE 2-1 How a Bill Becomes a Law.



House passes bill

Senate passes bill

Bill is sent to Senate

Bill is sent to House

A conference committee is created to resolve differences if both chambers do not pass an identical bill

Identical bill is passed by both House and Senate OR one branch agrees to the other branch's version OR bill is amended and both branches vote again and pass amended version

Bill is presented to the President, who has four options

Option 1:
President signs bill into law

Option 2:
During congressional session, bill becomes law after 10 days without presidential signature

Option 3:
When not in session, bill does not become law without presidential signature

Option 4:
President vetoes bill. Two-thirds vote in House and Senate can override veto

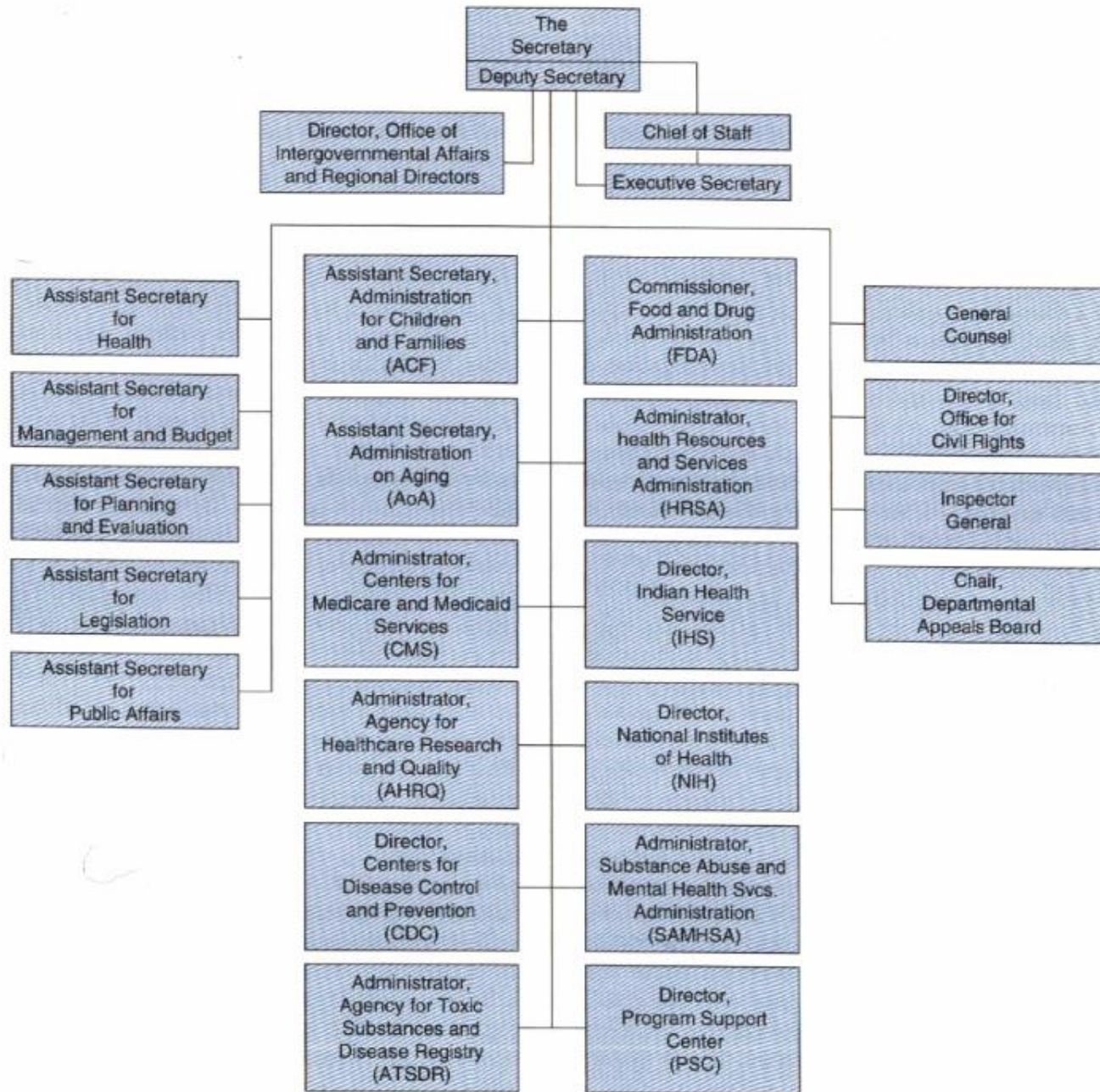


Figure 6.6. Organization of the U.S. Department of Health and Human Services

Source: U.S. Department of Health and Human Services (<http://www.hhs.gov/>); 2001.

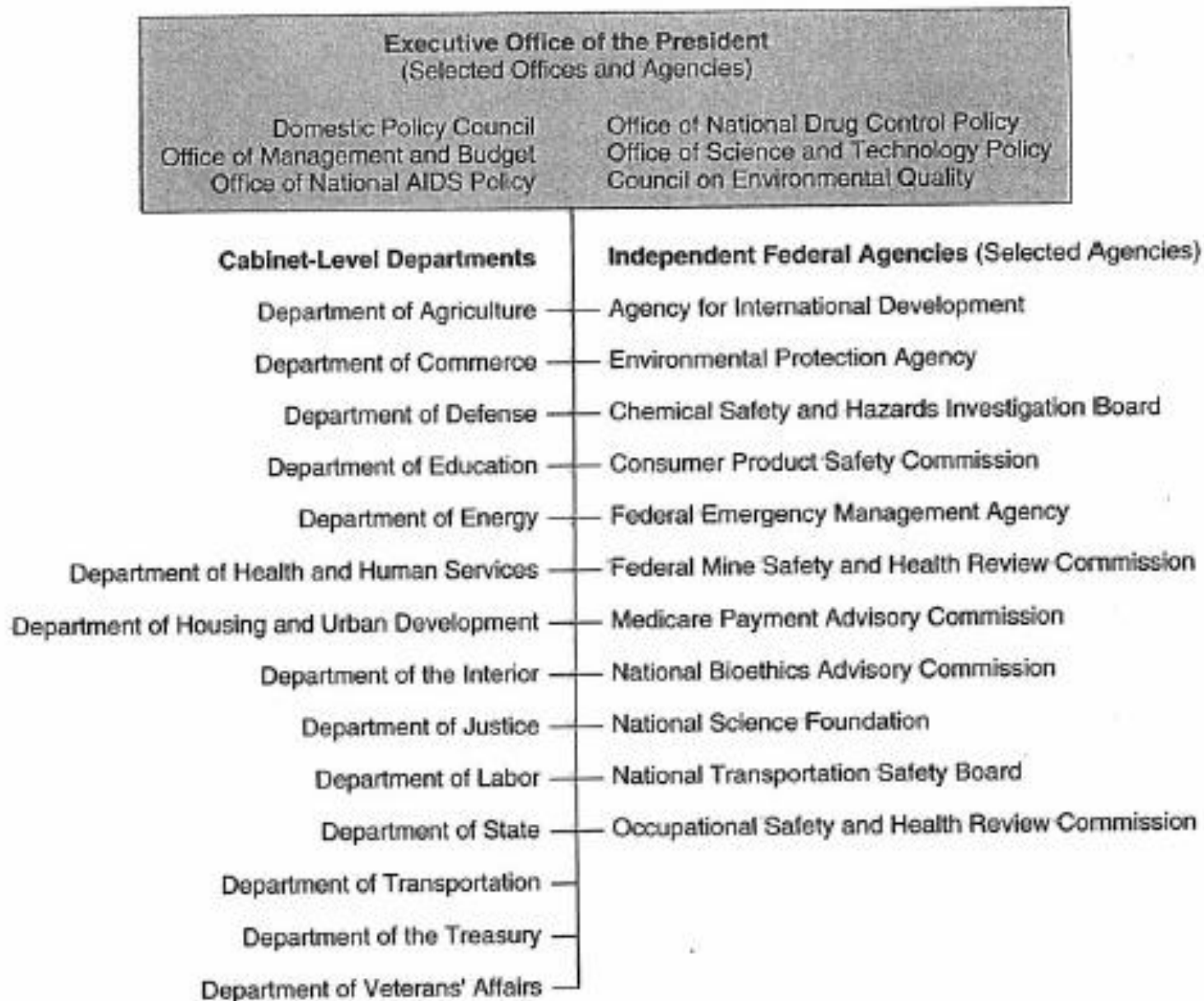
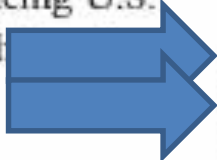


Figure 6.5. Federal Executive Branch Agencies Contributing to Public Health Activities

Source: Authors' analysis.

EXHIBIT 7.1

Major Events in Financing U.S. Health



- 1798 U.S. Marine Hospital Services is established.
- 1918 First federal grants to states to provide public health services.
- 1921 Maternity and Infancy (Sheppard-Towner) Act is passed.
- 1924 World War Veterans Act is passed.
- 1929 First Blue Cross plan is established at Baylor University, Texas.
- 1933 Federal Emergency Relief Act provides federal financing of medical care for aged.
- 1935 Social Security Act, which includes funds for maternal and child health, crippled children, and the aged, blind, and disabled, is passed.
- 1939 Blue Shield is established in California and Michigan by state medical societies.
- 1942 Rhode Island becomes first state to pass a health insurance law.
- 1948 Every state has a workers' compensation law.
- 1956 Dependents Medical Care Act sets up CHAMPUS program.
- 1959 Blue Cross negotiates contract with Civil Service Commission to provide health insurance coverage for federal employees under Federal Employees Health Benefit Act (PL 86-352).
- 1960 Title XVI of the Social Security Act creates Medical Assistance to the Aged program.
- 1962 Health Services for Agricultural Migratory Workers Act is passed.
- 1965 Titles XVIII (Medicare) and XIX (Medicaid) are added to Social Security Act.
- 1974 Employee Retirement and Income Security Act (ERISA) exempts self-insured companies from state-mandated health insurance benefits.

EXHIBIT 5.1
Examples of
U.S. Health
Services
Legislation



Implementation, Section 17
of the Act

1935 Social Security Act (PL 74-271) included assistance to public health departments and funded health services for special populations.

1973 Health Maintenance Organization (HMO) Act (PL 93-277) provided assistance to establish and expand HMOs.

1946 Hospital Survey and Construction (Hill-Burton) Act (PL 79-725) supported construction and modernization of hospitals and other health care facilities.

1963 Health Professions Education Assistance Act (PL 88-129) provided health professional scholarships and loans, and assistance in the construction of educational facilities.

Improving of Health
Care



1962 Health Services for Agricultural Migrant Workers Act (PL 97-692) provided federal support for clinics that care for migratory workers and their dependents.

1965 Titles XVIII (Medicare) and XIX (Medicaid) of the Social Security Act paid for health care for elderly and disabled persons and for low-income children and their caretakers, respectively.

1992 Prescription Drug User Fee Act (PDUFA) allowed the FDA to augment its budget (and thus add staff to speed up the review process) by charging user fees to drug developers.

1997 Title XXI (State Children's Health Insurance Plan—SCHIP) of the Social Security Act provided federal funds to states to establish programs to cover uninsured children.

2000 Benefits Improvement and Protection Act (BIPA) increased the disproportionate share hospital (DSH) allotments for 2001 and 2002 and made other changes to DSH provisions that resulted in increased costs to the Medicaid program.

2002 Medical Device User Fee and Modernization Act (MDUFMA) provided the FDA with additional resources to ensure prompt approval or clearance of applications for marketing medical devices and licensing biological products.

Quality Sa



2003 Medicare Prescription Drug Improvement and Modernization Act (MMA) provided, among many other provisions, coverage of outpatient prescription drugs for Medicare beneficiaries, beginning January 1, 2006.

1906 Pure Food and Drug Act (PL 59-348) ensured the safety of food and cosmetics and the safety and efficacy of prescription drugs and medical devices (as amended).

1972 Consumer Product Safety Act (PL 92-573) regulated hazardous substances, flammable fabrics, and poison prevention.

1982 Tax Equity and Fiscal Responsibility Act (TEFRA) established peer review organizations (PROs) to replace professional standards review organizations (PSROs) to review the quality of care provided to Medicare beneficiaries.

1986 Emergency Medical Treatment and Active Labor Act (EMTALA) allowed patients whose insurance or financial status was unclear to receive emergency medical treatment; intended to protect against patient dumping.

Prohibition
Behavior

1963 Clean Air Act (PL 88-206) established federal enforcement in interstate air pollution and assistance to state and local governments in controlling air pollution.

1965 Federal Cigarette Labeling and Advertising Act (PL 89-92) warned smokers about the health hazards of cigarette use.

Protection of
Individual Rights

1974 Child Abuse Prevention and Treatment Act (PL 93-247) provided assistance to develop programs to identify and treat child abuse.

ROOSEVELT



SOCIAL SECURITY

cajcartoons.com courant.com/blogs

JOHNSON



MEDICARE/MEDICAID

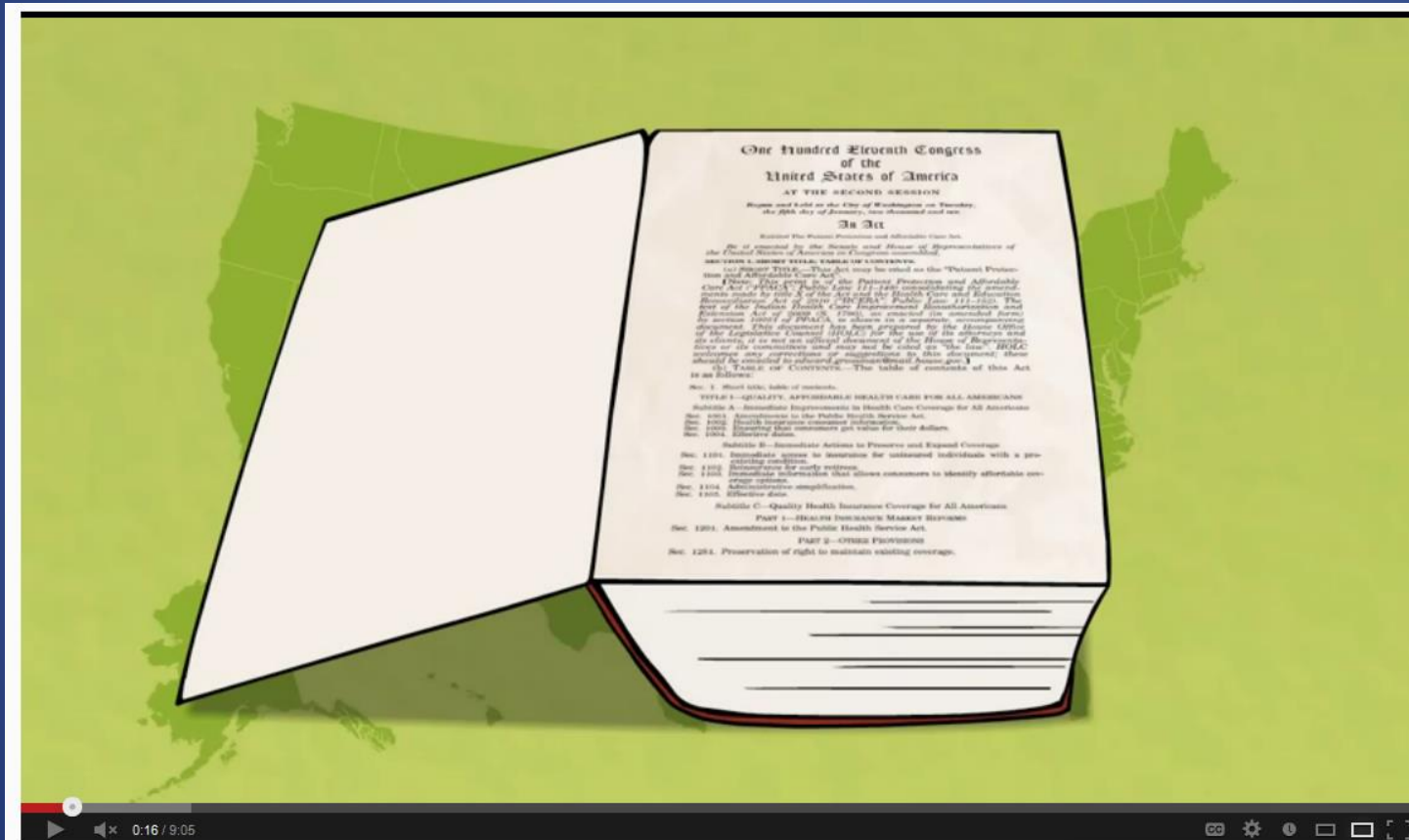
OBAMA



HEALTH CARE REFORM

The Patient Protection and Affordable Care Act

http://www.youtube.com/watch?v=3-llc5xK2_E



Health Reform Explained Video: "Health Reform Hits Main Street"



KFFhealthreform · 9 videos



Subscribe

548

578,445

2,034 likes, 153 dislikes



Obama's Health Minutes

by UpTakeVideo
124,887

Public Health Providers

NOTICE.

PREVENTIVES OF

CHOLERA!

*Published by order of the Sanatory Committee, under the sanction of the
Medical Council.*

BE TEMPERATE IN EATING & DRINKING!

Avoid Raw Vegetables and Unripe Fruit!

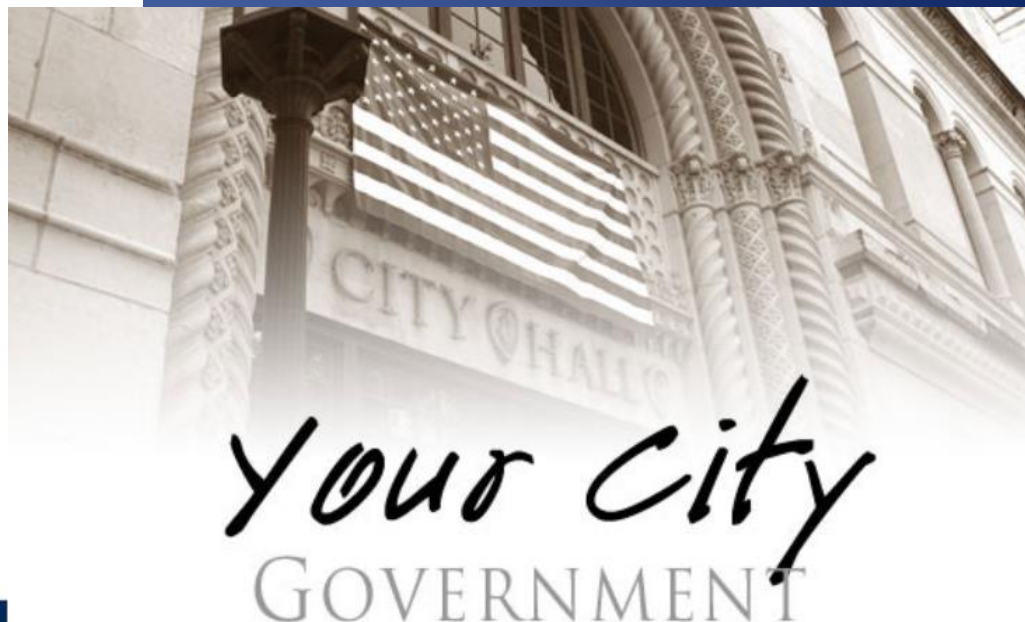
Abstain from COLD WATER, when heated, and above all from *Ardent Spirits*, and if habit have rendered them indispensable, take much less than usual.

- Private Sector



- Government





Your City
GOVERNMENT

Public Health

Prevent. Promote. Protect.



Flint, Michigan



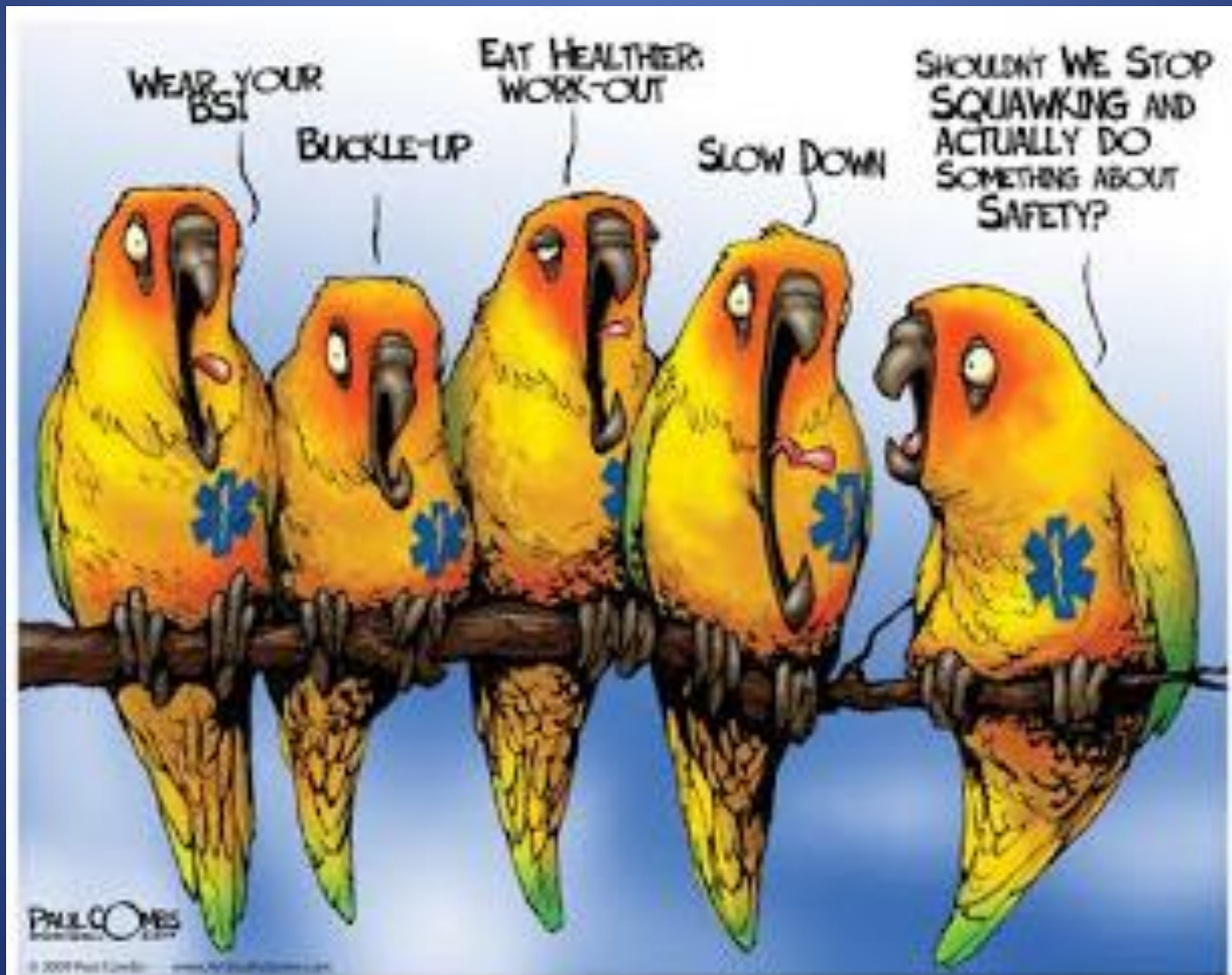
Private Sector



Policy Questions

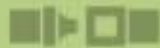


Delivery Systems Continuum of Care

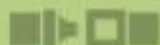




Top 10 Achievements in Public Health



Top 10 Achievements in Public Health



1. Vaccination
2. Motor-vehicle safety
3. Safer workplaces
4. Control of infectious diseases
5. Decline in deaths from coronary heart disease and stroke
6. Safer and healthier foods
7. Healthier mothers and babies
8. Family planning
9. Fluoridation of drinking water
10. Recognition of tobacco use as a health hazard



Centers for Disease Control and Prevention

CDC 24/7: Saving Lives. Protecting People.™

SEARCH

En español

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Birth Defects

CDC's Tracking Network is a tool that can help us better understand how birth defects may be affected by the environment.

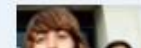
[Learn more »](#)



Enjoy Super Bowl

Make good health a snap on Super Bowl Sunday

[Learn more »](#)



Schools Play Key Role in HIV/STD Prevention

Prevent Strep Throat

Strep throat is caused by group A strep bacteria. Prompt antibiotic treatment reduces symptoms and prevents spread. Get a strep test to know for sure.

[Learn more »](#)



HEALTH & SAFETY TOPICS

Diseases & Conditions

ADHD, Birth Defects, Cancer, Diabetes, Fetal Alcohol Syndrome, Flu, Hepatitis, HIV/AIDS, STDs...

Healthy Living

Food Safety, Bone Health, Physical Activity, Immunizations, Genetics, Smoking Prevention...

Emergency Preparedness & Response

Bioterrorism, Chemical & Radiation Emergencies, Severe Weather...

Injury, Violence & Safety



Panic In the Streets (1950)





PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Flu

Winter Weather

Birth Defects

Radon

Cervical Cancer



Learn more about flu

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Translated Materials

Topics



Certificates & Records

Birth certificates, death records, paternity certificates



Data & Statistics

Statistics on diseases and conditions, statistical reports



Diseases & Conditions

A-Z disease listing, diseases and conditions by type



Emergency Preparedness

Individual/family preparedness, emergency response programs



Environments & Your Health

Indoor air and drinking water quality, healthy homes, radiation



Facilities & Professions

Directories of facilities, licenses, certifications, registrations

News & Announcements

- ▶ News Releases
- ▶ Announcements

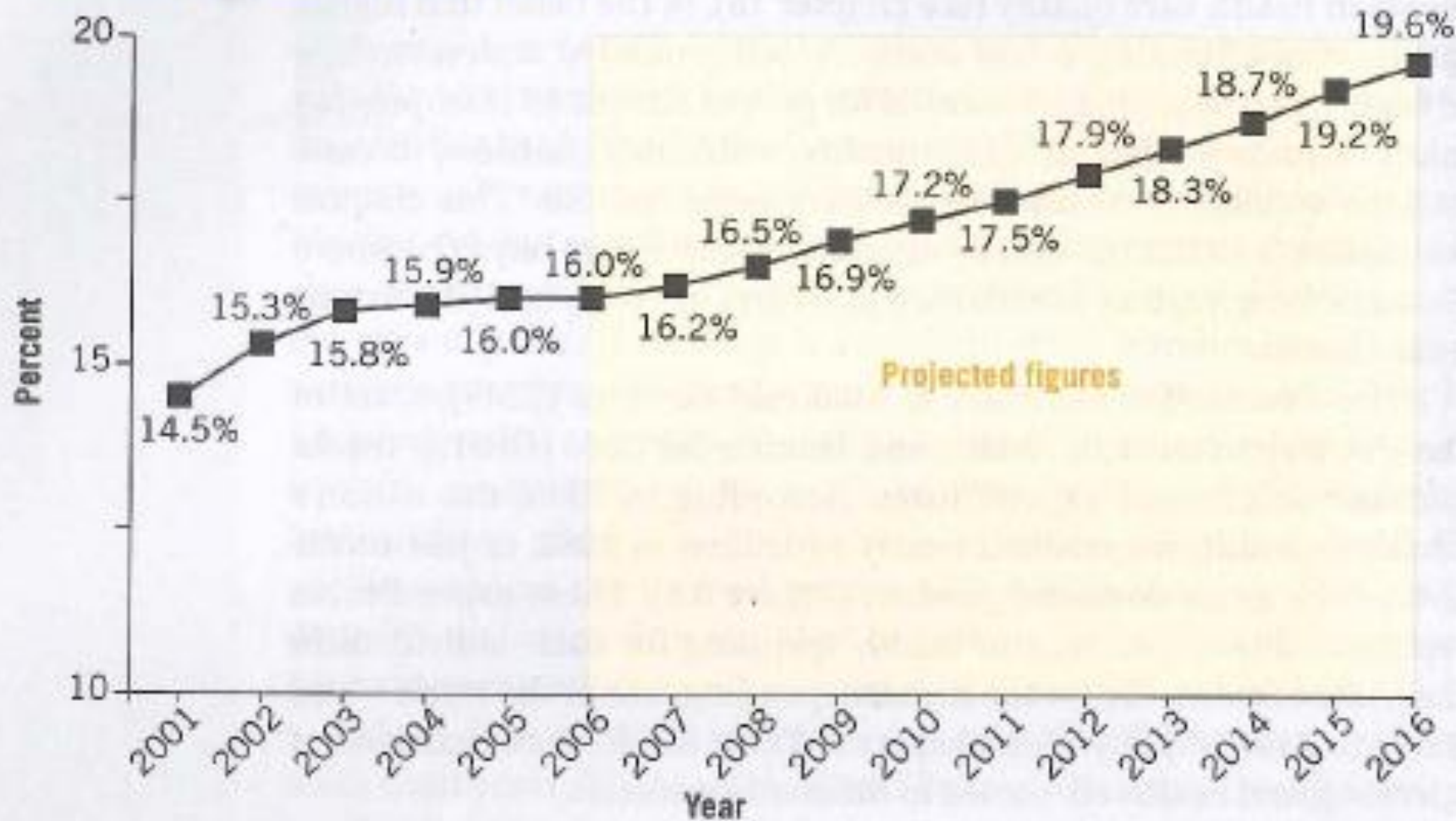
Featured Sites

- ▶ Influenza (Flu) Statistics
- ▶ Fungal Infections Outbreak
- ▶ Commissioner Ehlinger's Blog
- ▶ Healthy Minnesota 2020

Local Public Health Departments



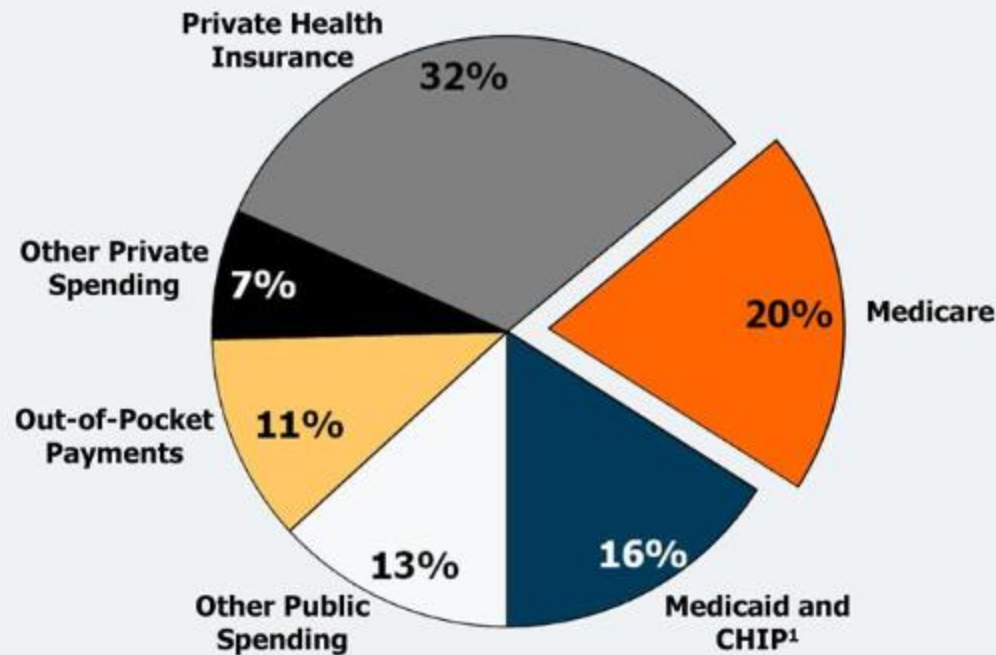
U.S. National Health Expenditures as a Share of Gross Domestic Product, 2001-2016



Note. From U.S. Centers for Medicare & Medicaid Services, Office of the Actuary, 2007. Retrieved April 5, 2007, from <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/proj2006.pdf>

National Health Expenditures 2010 by Source of Payment

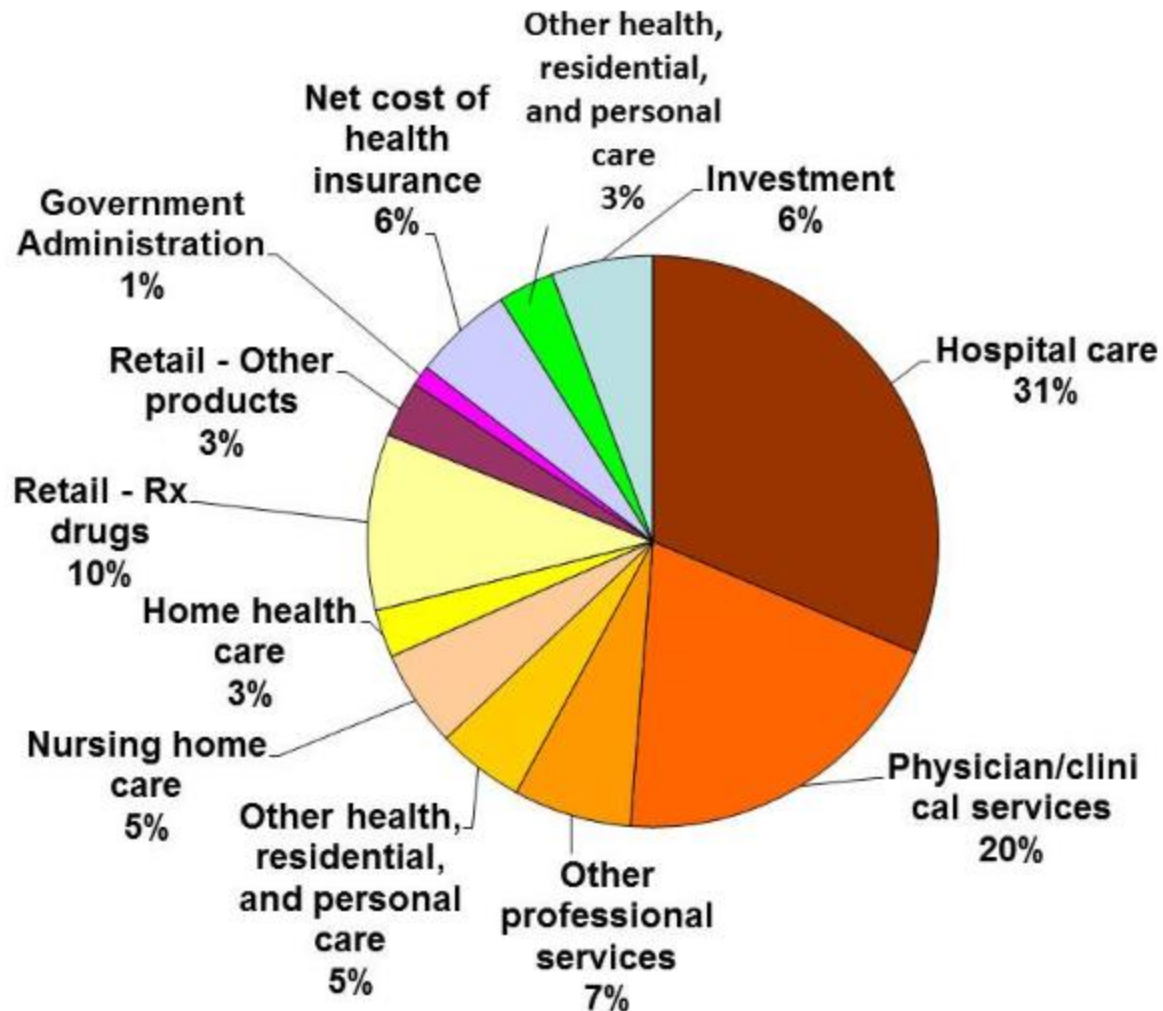
National Health Expenditures in the United States, by Source of Payment, 2010



Total National Health Expenditures, 2010 = \$2.6 Trillion

NOTES: ¹Includes Children's Health Insurance Program (CHIP) and Children's Health Insurance Program expansion (Title XIX).
SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Expenditure Projections 2009-2019, February 2010.

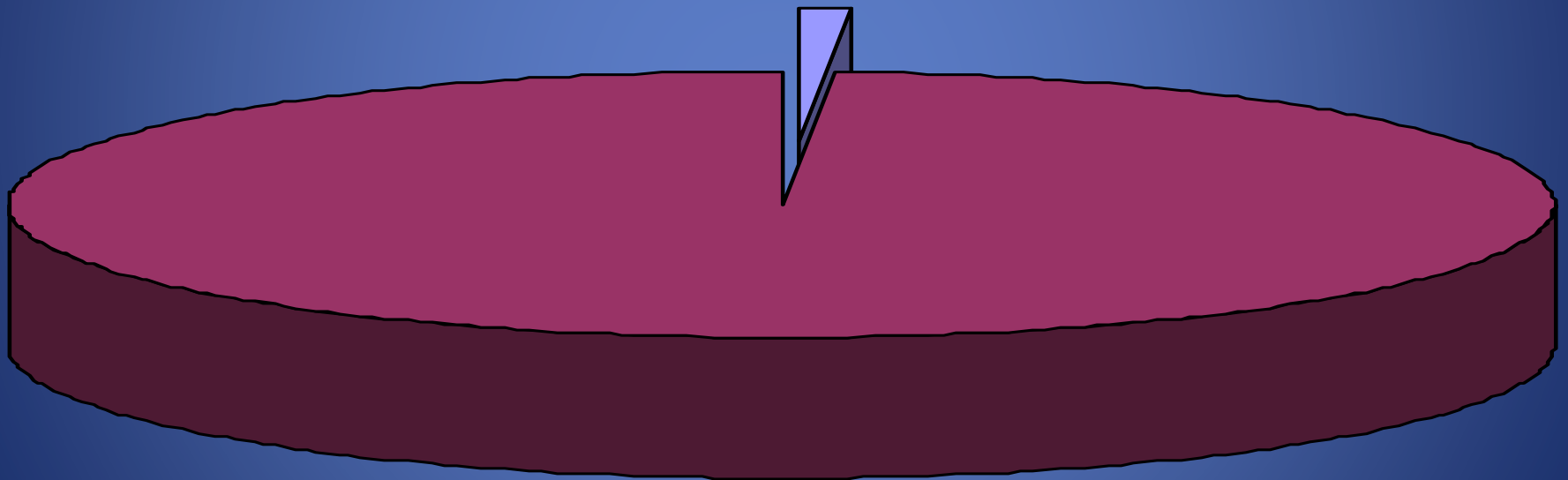
National Health Spending 2012 by Service



Public Health Expenditures As a Percentage of Health Expenditures

Public Health Expenditures

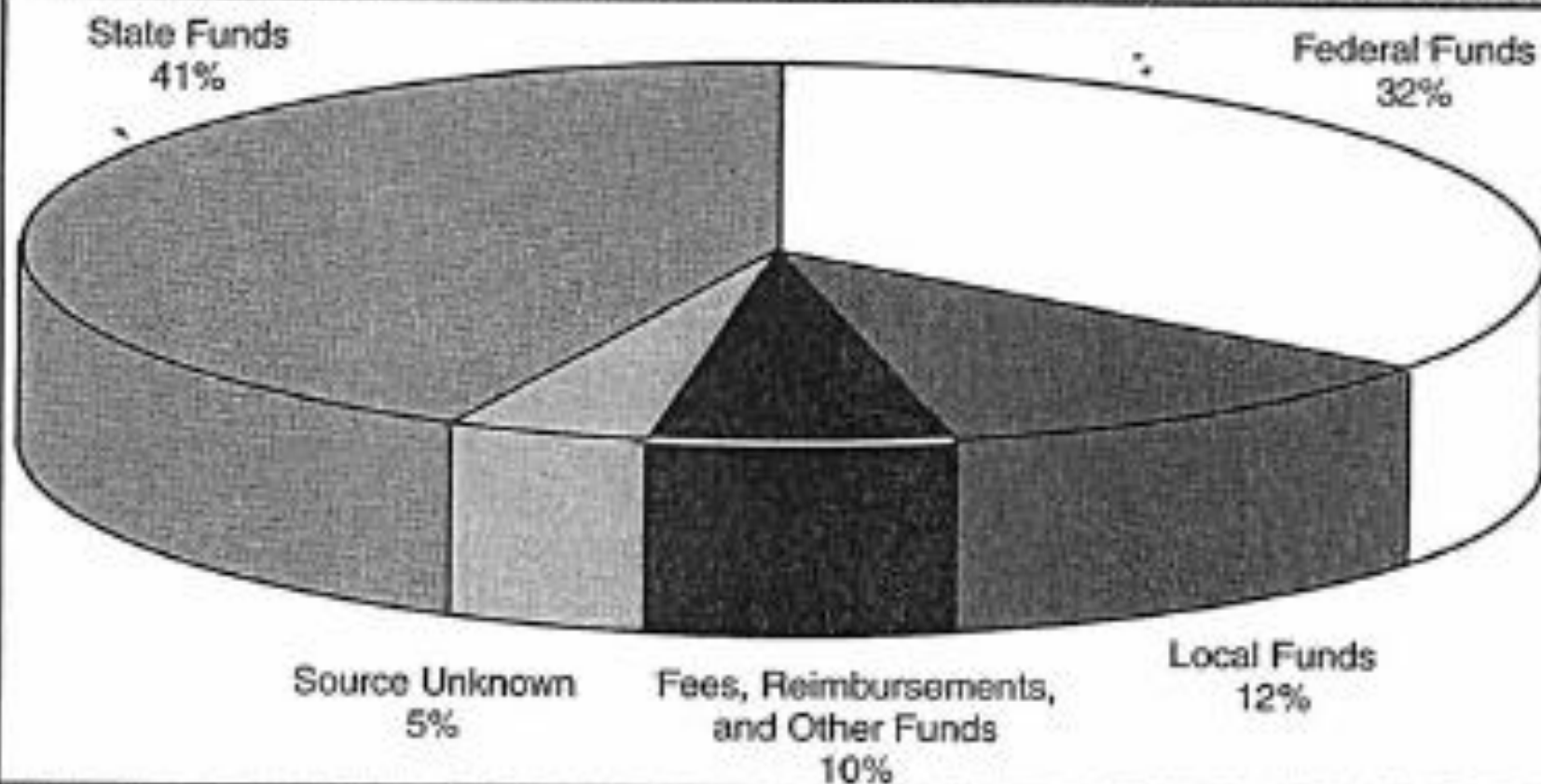
1%



Total Health Expenditures

99%

FIGURE 4-7 Sources of funds for state and local health departments, 1991.



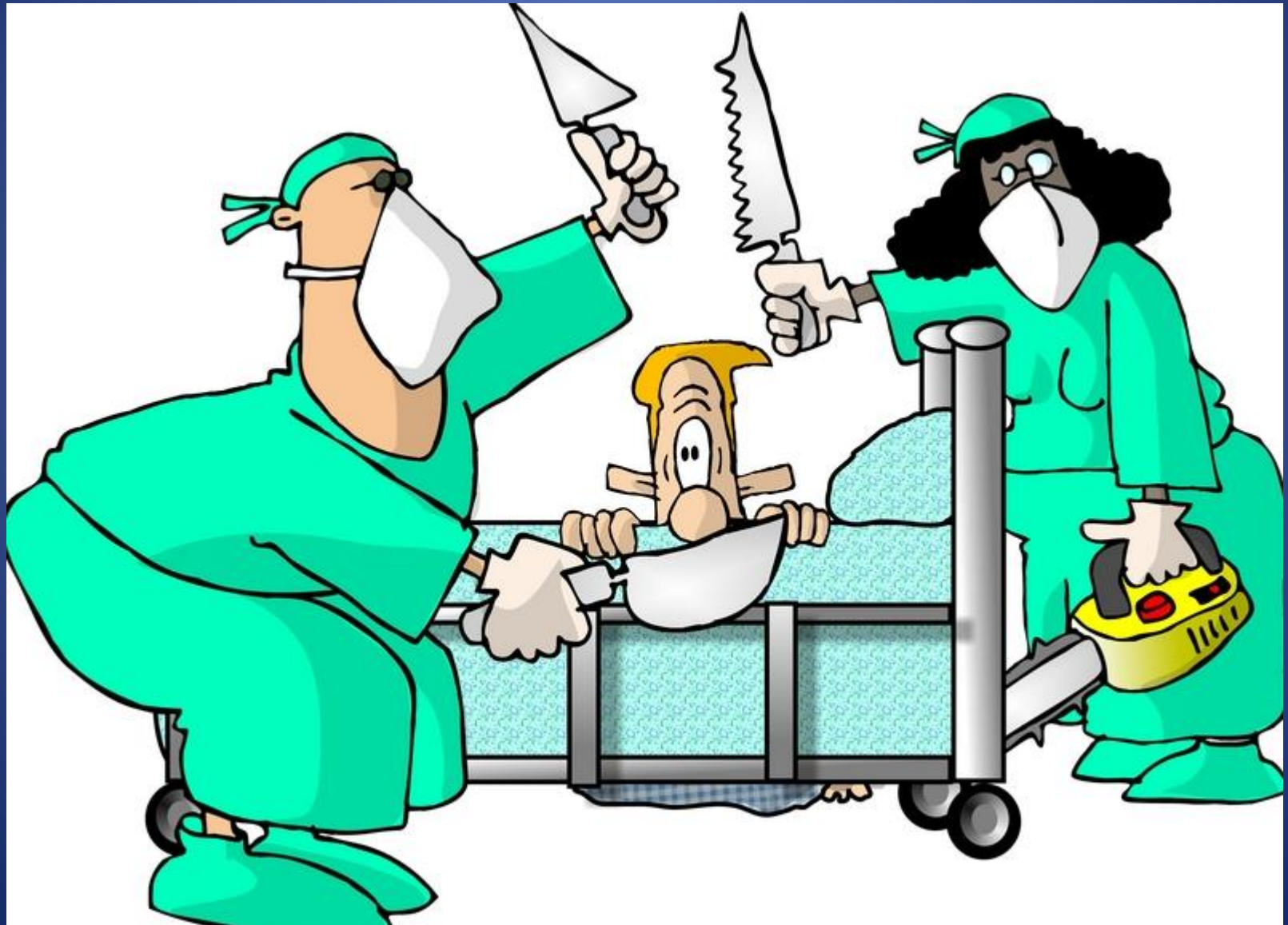
Source: Reprinted from Public Health Foundation. *Public Health Macroview*. 1995;7:1-8.

5 of the 10 Things You Should Know About The Omnibus Appropriations Bill 2015



- 1. The bill abides by last year's bipartisan budget agreement. As a result, overall discretionary spending has been reduced by \$176 billion since FY 2010. When projected out over 10 years, that adds up to saving taxpayers \$2.13 trillion.
- The bill cuts funding for the EPA for the fifth consecutive year, and reduces its staffing to the lowest level since 1989.
- 2. The bill includes no new funding for ObamaCare, prevents a taxpayer bailout of ObamaCare's risk corridor program, and cuts the Independent Payment Advisory Board by \$10 million.
- 3. The bill maintains all existing pro-life policy and funding provisions, including the Hyde Amendment and a ban on public funding of abortions in the District of Columbia. Notably, the bill includes new measures requiring ObamaCare plans to tell customers if they provide abortion services and directing HHS to quickly respond to complaints regarding conscience protection violations.
- 4. The bill continues our work to deliver a 21st-century health care system for our veterans and their families, including provisions to address the VA goal of ending the disability claims backlog by the end of 2015, ensure the Department of Defense and the VA are developing electronic health care records that seamlessly transfer information between the two departments, and rescind \$41 million from VA performance bonuses.
- 5. The bill increases funding for the National Institutes of Health (NIH). Notably, the bill increases funding to boost Alzheimer's, cancer, and brain research, funds the *Gabriella Miller Kids First Act* pediatric research initiative, and includes \$2.7 billion in emergency funding to address the Ebola crisis

Personal Health



Preventive/Health Promotion



Primary Care

TWO Great Walk-In Clinics

NO APPOINTMENT NECESSARY



6543 Morrison St.

Niagara Walk-In



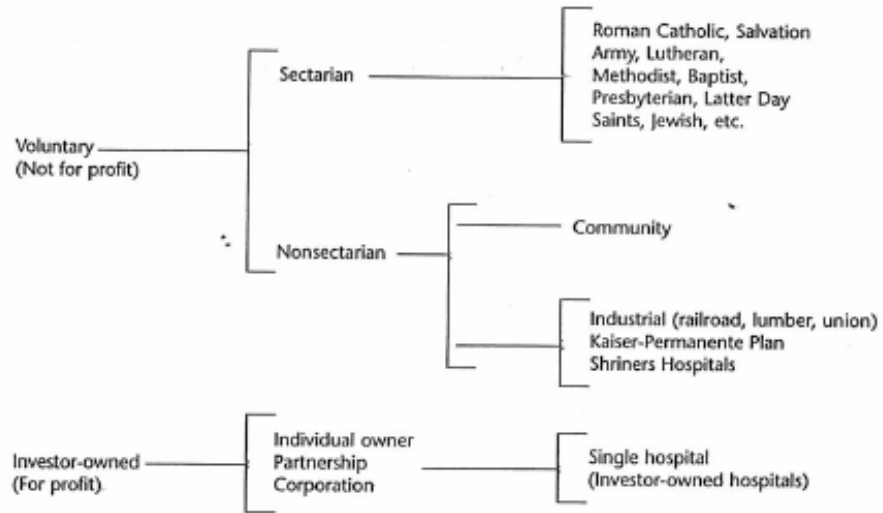
7481 Oakwood Dr.



Hospitals



PRIVATE (NONGOVERNMENT) OWNERSHIP



GOVERNMENT OWNERSHIP

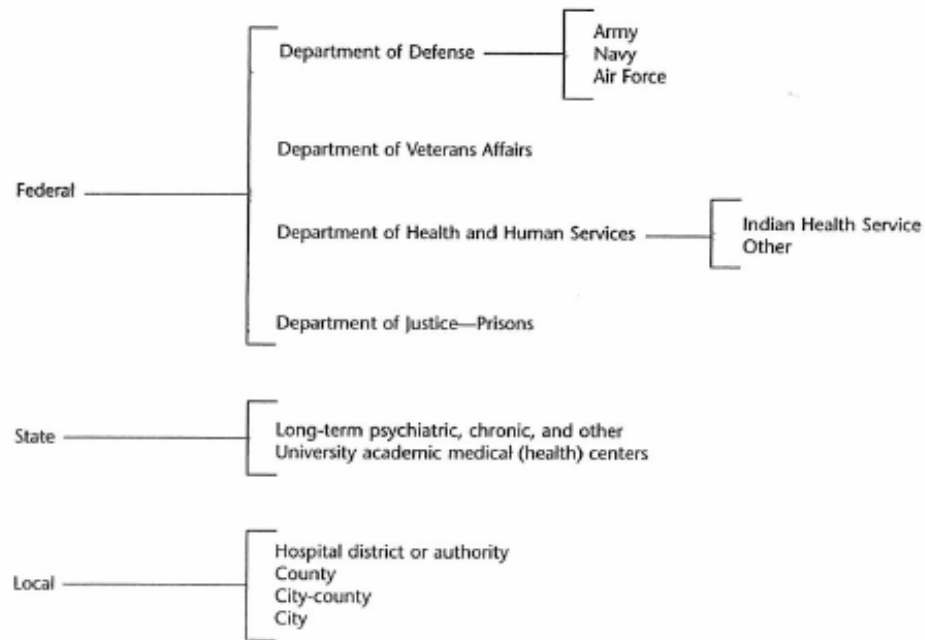


Figure 2.4. Hospital ownership.

Elder Care/Long Term Care

- Home Health
- Senior Living Communities
- Nursing Homes
- Retirement Communities



Payment for Care



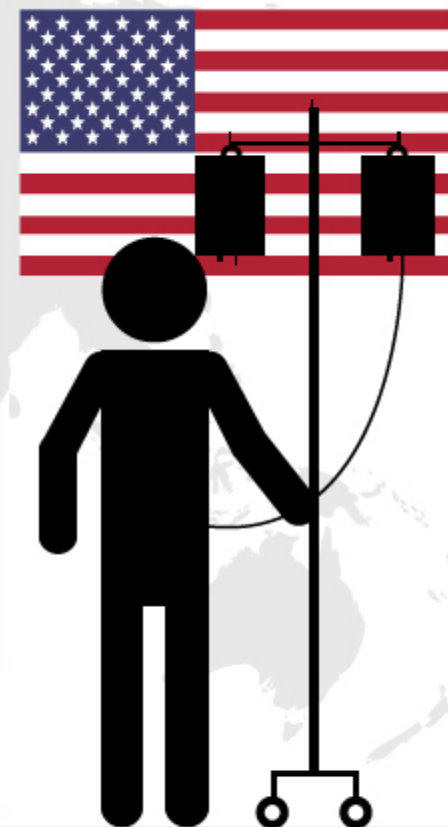
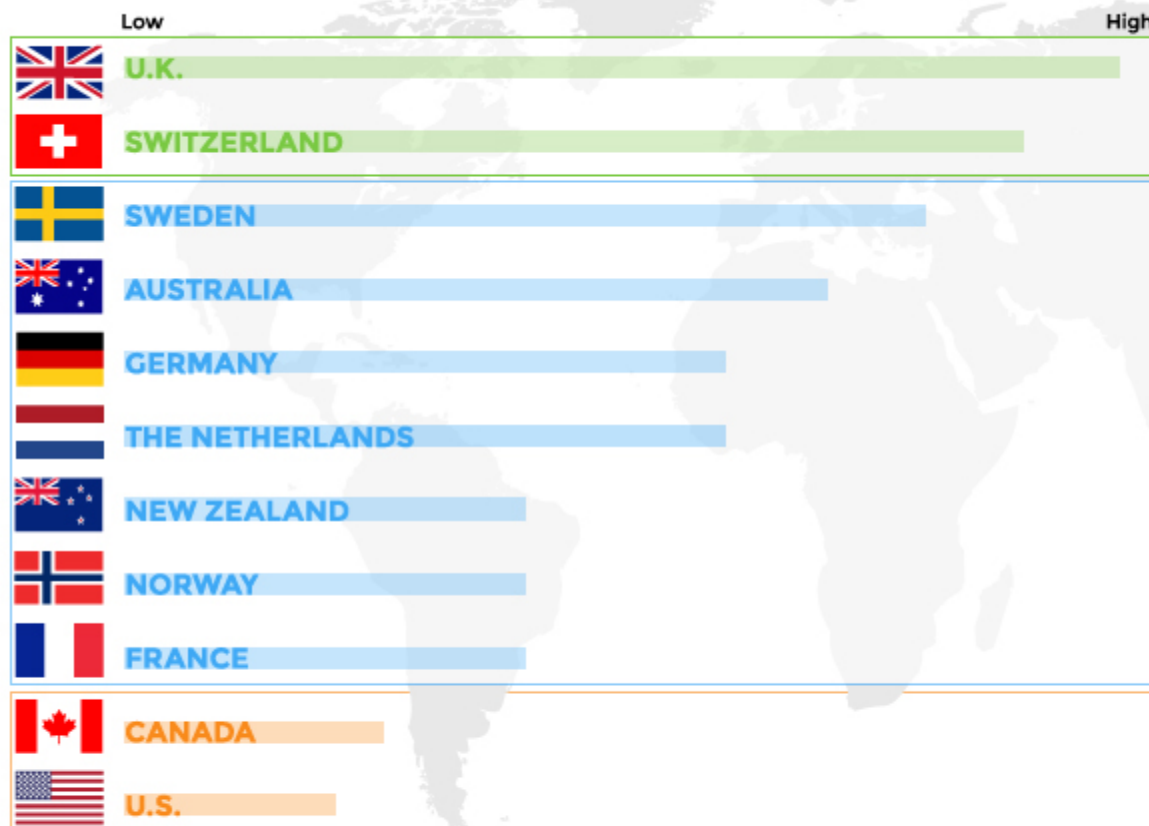
Fee-For-Service



Managed Care



Overall Health Care Ranking



Source: K. Davis, K. Stremikis, D. Squires, and C. Schoen, *Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally, 2014 Update*, The Commonwealth Fund, June 2014.



The
COMMONWEALTH
FUND

EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*



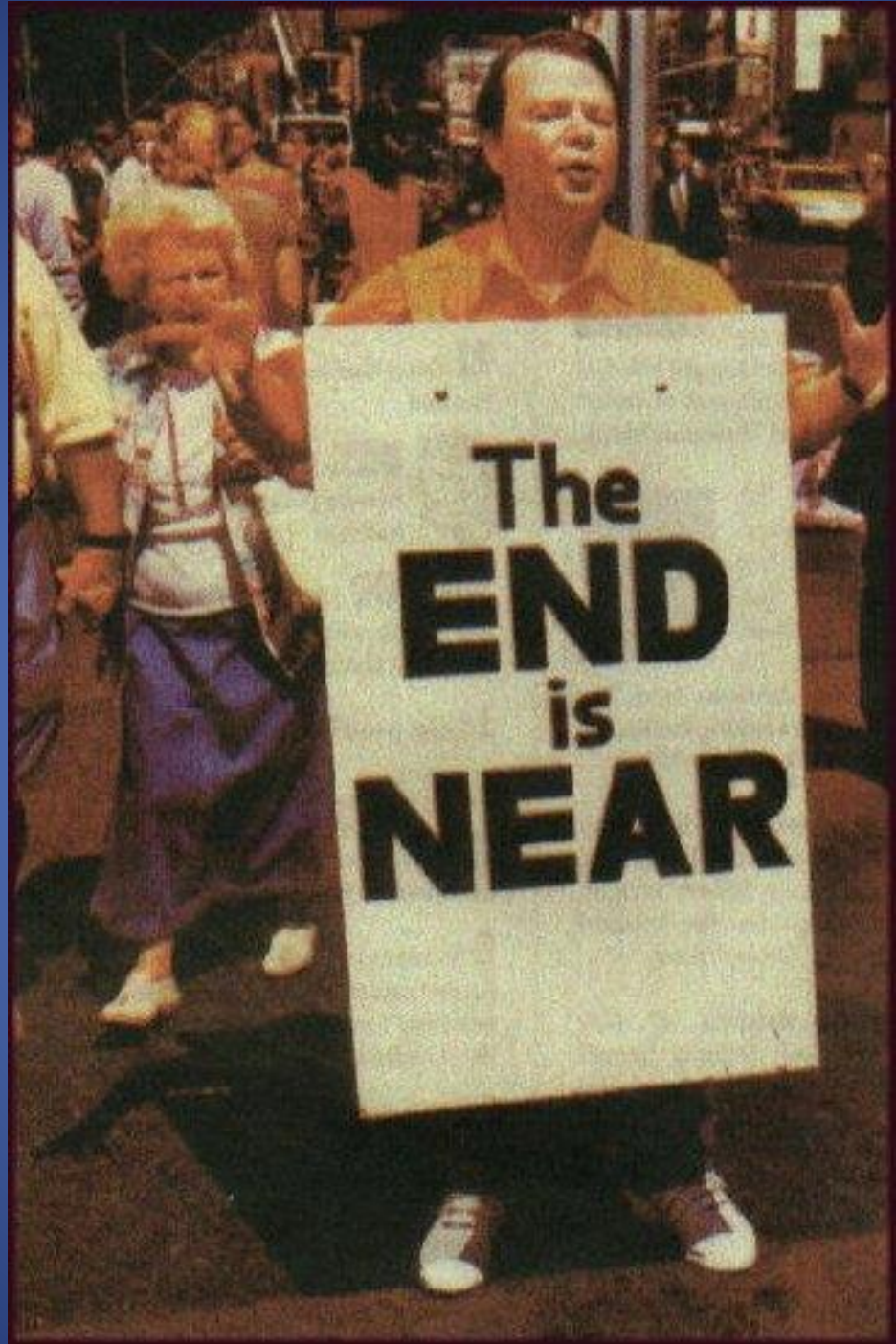
	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, OECD Health Data, 2013 (Paris: OECD, Nov. 2013).

Delivery Systems Questions





Health Management



Leadership

A leadership

ability to motivate a group of people to achieve a common goal through intentional influence and organizing a group of people to follow a process.

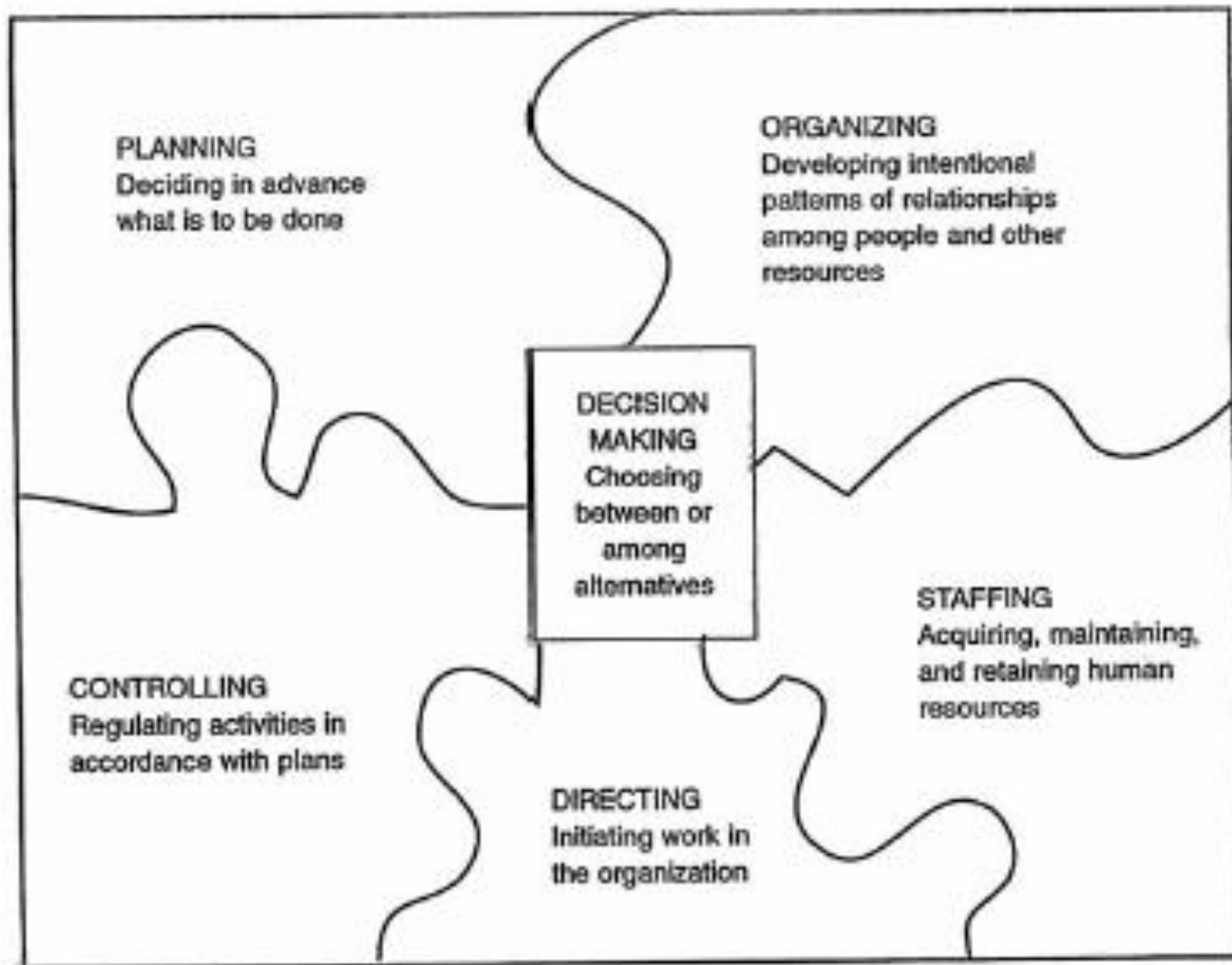


Figure 1.2. The management functions are interrelated like the pieces of a puzzle.

Governance

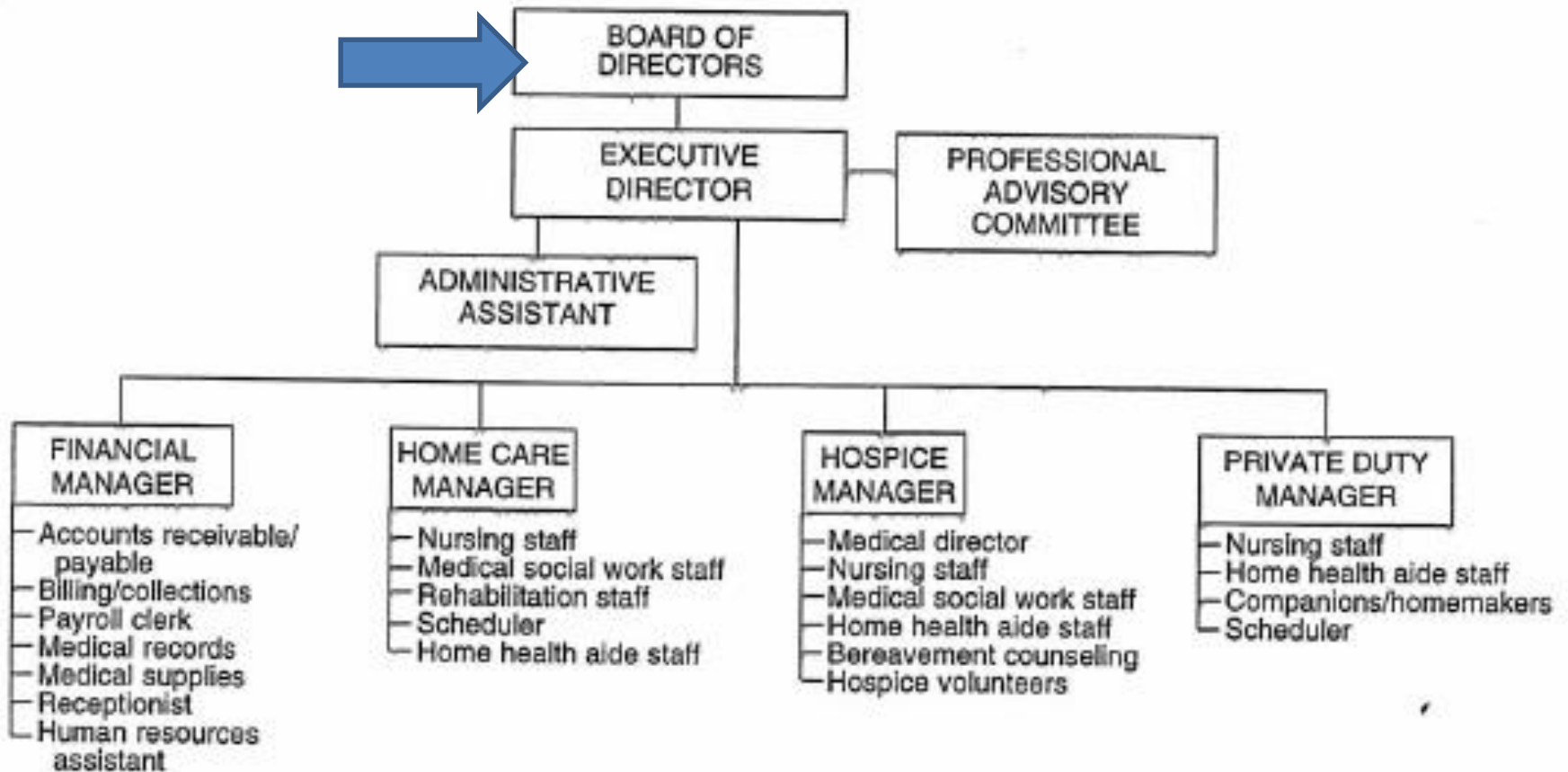
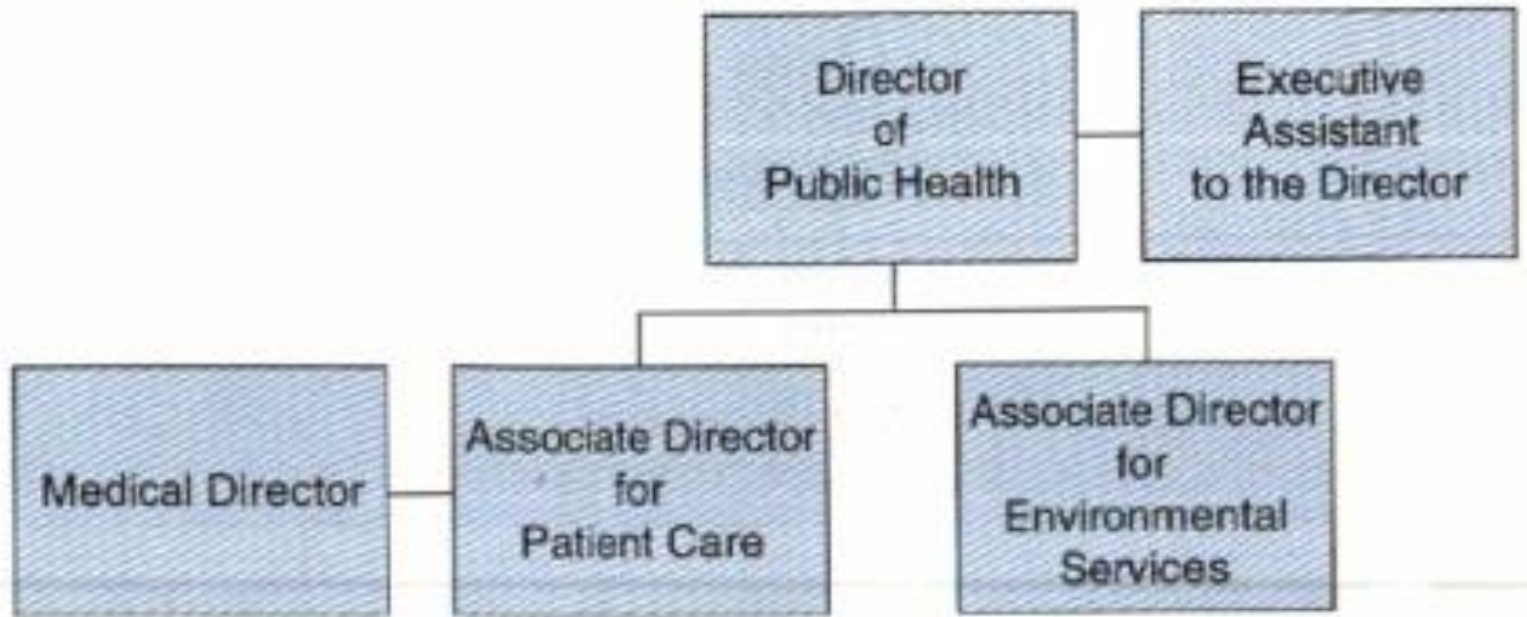


Figure 4.10. Organization chart of a freestanding home health agency.



Line and Staff



Line and Staff Relationships

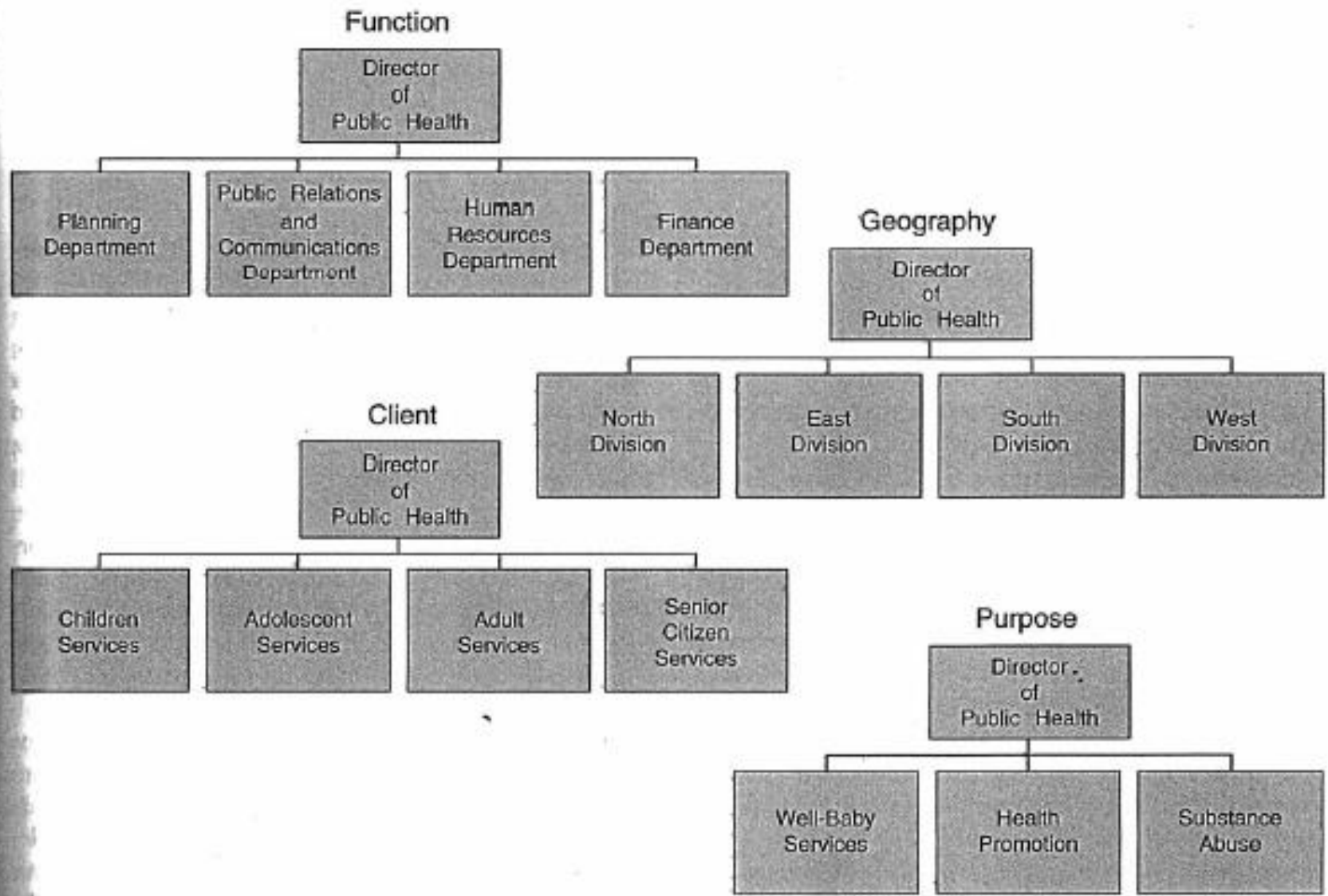


Figure 15.2. Four Models of Organization

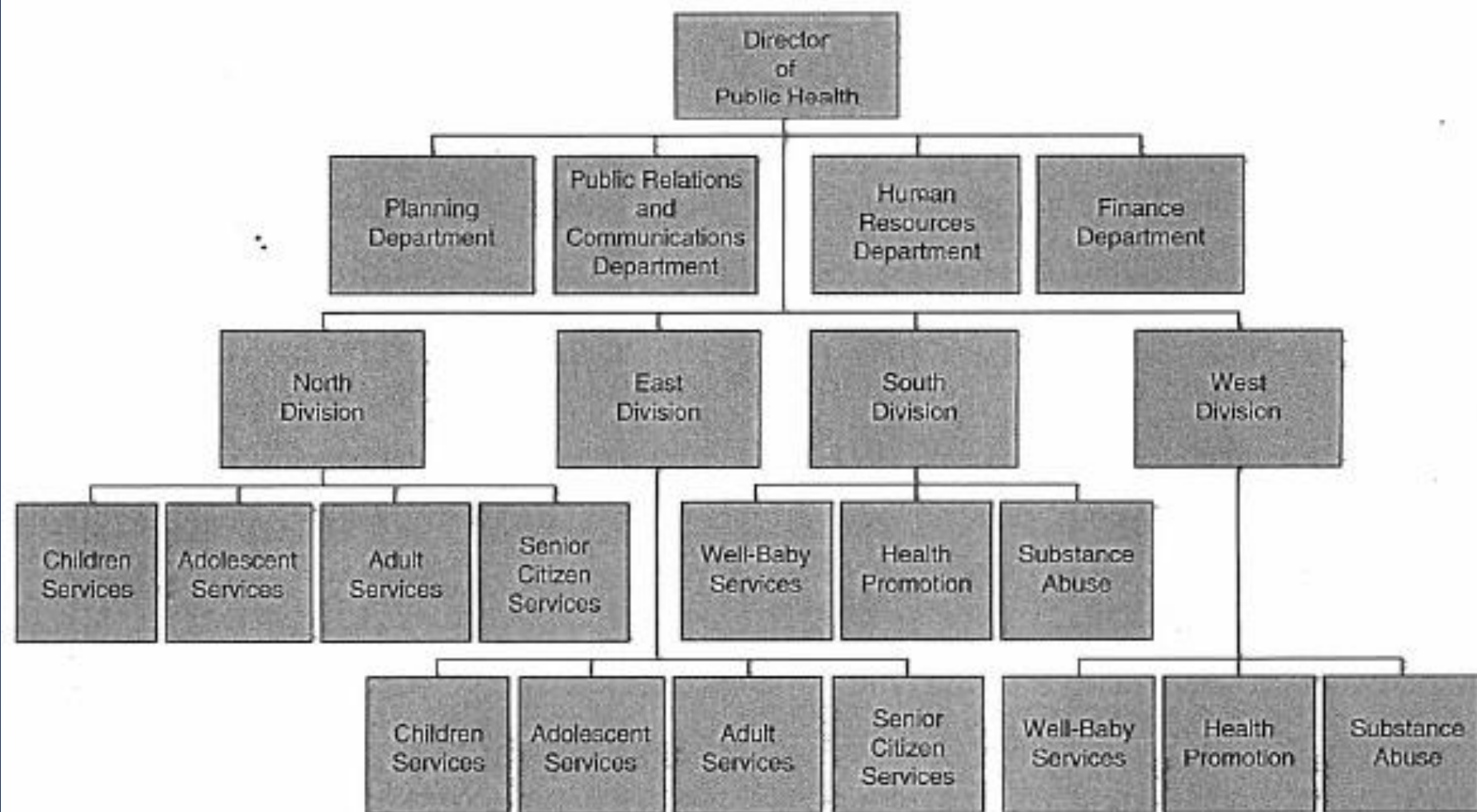


Figure 15.3. Mixed Organizational Structure

Human Resources





I. Individual Characteristics

1. Interests
2. Attitudes
 - toward self
 - toward job
 - toward aspects of the work situation
3. Needs
 - security
 - social
 - achievement

II. Job Characteristics (Examples)

1. Types of intrinsic rewards
2. Degree of autonomy
3. Amount of direct performance feedback
4. Degree of variety in tasks

III. Work Environment Characteristics

1. Immediate work environment
 - peers
 - supervisor(s)
2. Organizational actions
 - reward practice
 - systemwide rewards
 - individual rewards
 - organizational climate

Note: These lists are not intended to be exhaustive but are meant to indicate some of the more important variables influencing the employee motivation.

Source: Adapted with permission from L.W. Porter and R.E. Miles, *Motivation and Management*, in *Contemporary Management: Issues and Viewpoints*, J.W. McGuire, ed., © 1974.

McGregor's Theory of Human Motivation

Theory X

Classical

Theory Y

Behavioral



Theory Z / Contingency Theory Situational Management



Strategic Planning

Components of a Plan

Means

Ends

Mission



Vision



Strategies



Goals



Tactics



Objectives

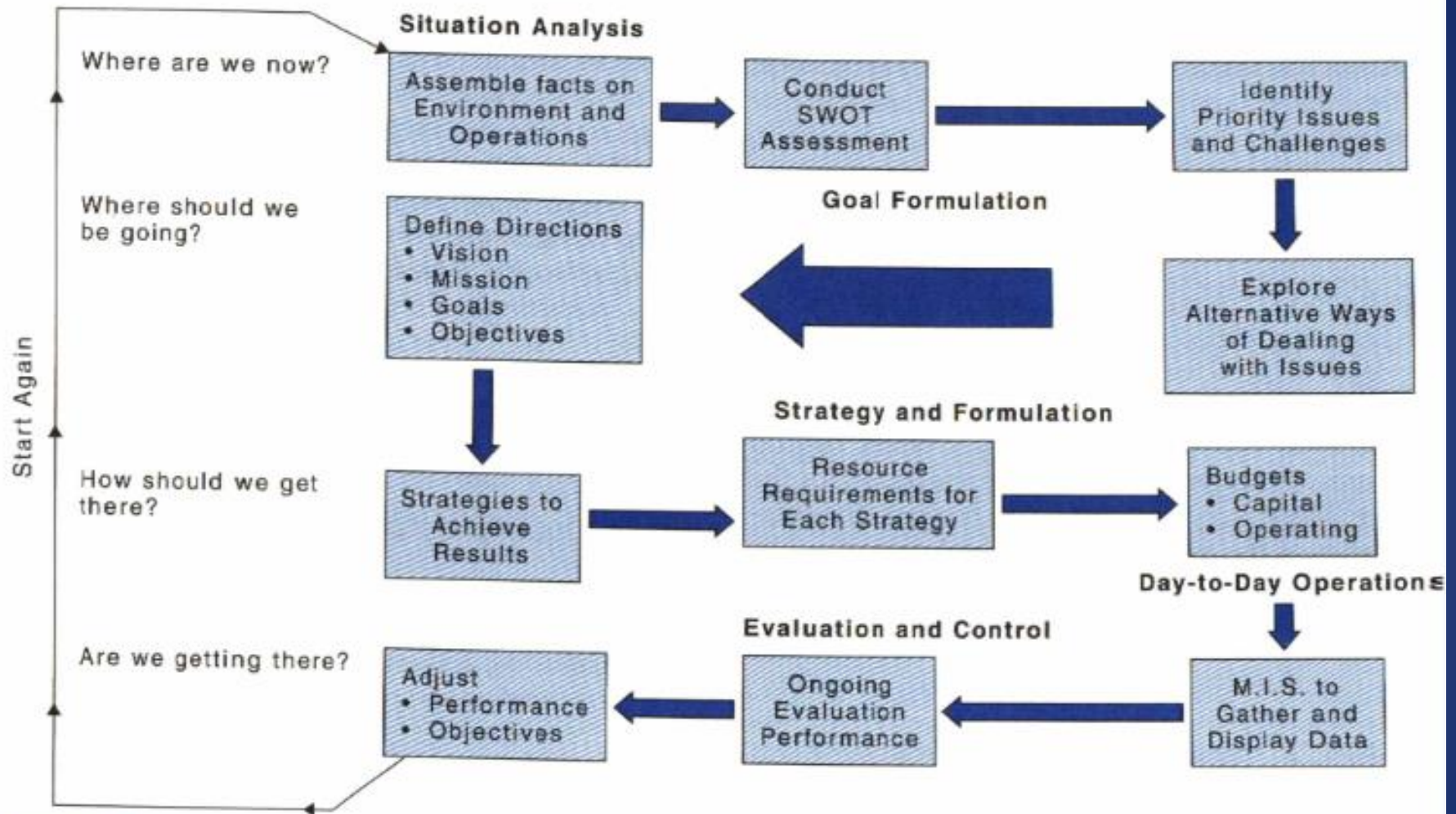
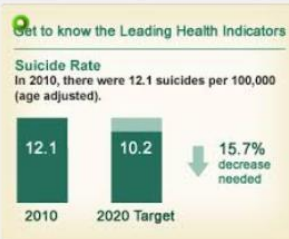
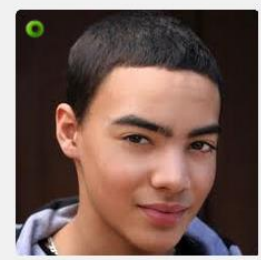


Figure 15.1. Strategic Planning Model

Source: Adapted from Keck RK Jr., 1986. Strategic planning in the health care industry: Concentrate on the basics. *Health Care Issues* (September). Reprinted in the *Handbook of Business Strategy 1985/1986 Yearbook*, Coopers & Lybrand.

WAY
TE



I CARE

HUMAN SERVICES • USA

Examples of Access to Information on Health Indicators

Federal



Home

About Healthy People

2020 Topics & Objectives

Data

Learn

Implement

Get Involved

Leading Health Indicators

Home > 2020 Topics & Objectives > Maternal, Infant, and Child Health

Maternal, Infant, and Child Health



Print



E-mail



Share

Overview

Objectives

Interventions & Resources

National Snapshot

National Data

Expand All Objectives

Morbidity and Mortality

MICH-1 Reduce the rate of fetal and infant deaths

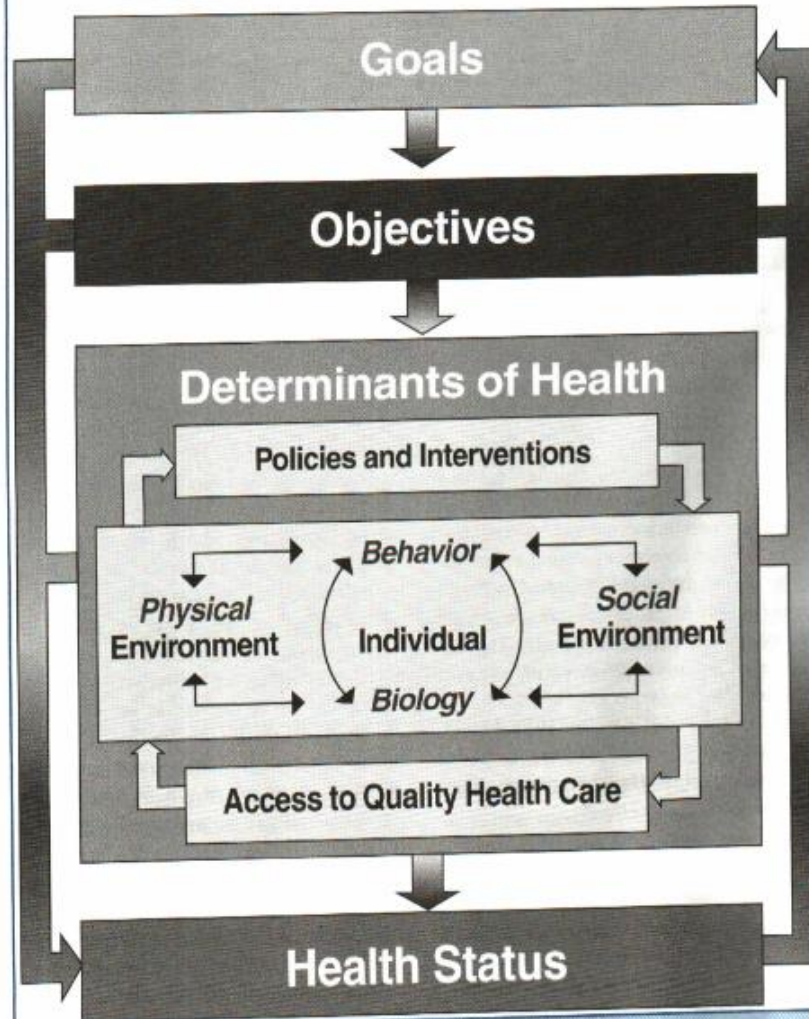
MICH-1.1	Reduce the rate of fetal deaths at 20 or more weeks of gestation	View Details ▼
MICH-1.2	Reduce the rate of fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days after birth)	View Details ▼
MICH-1.3	Reduce the rate of all infant deaths (within 1 year) LHI	View Details ▼
MICH-1.4	Reduce the rate of neonatal deaths (within the first 28 days of life)	View Details ▼
MICH-1.5	Reduce the rate of postneonatal deaths (between 28 days and 1 year)	View Details ▼
MICH-1.6	Reduce the rate of infant deaths related to birth defects (all birth defects)	View Details ▼

FIGURE 2-12 The *Healthy People 2010* model.



Healthy People in Healthy Communities

A Systematic Approach to Health Improvement



Source: Reprinted from Office of Disease Prevention and Health Promotion, *Healthy People 2010: Understanding and Improving Health*. Rockville, MD: ODPHP; 2000.

What are Consumers' Needs, Wants, and Demands?



Needs - state of felt deprivation including physical, social, and individual needs i.e hunger



Wants - form that a human need takes as shaped by culture and individual personality i.e. bread



Demands - human wants backed by buying power i.e. money

10 Essential Public Health Services	Product	Price	Place	Promotion	People
1. Monitor Health Status					
2. Diagnose & Investigate					
3. Inform, Educate, & Empower					
4. Mobilize Community Partnerships					
5. Develop Policies & Plan					
6. Enforce Laws & Regulations					
7. Link people to needed Services					
8. Assure a competent workforce					
9. Evaluate Effectiveness, Accessibility & Quality					
10. Research for new insights					

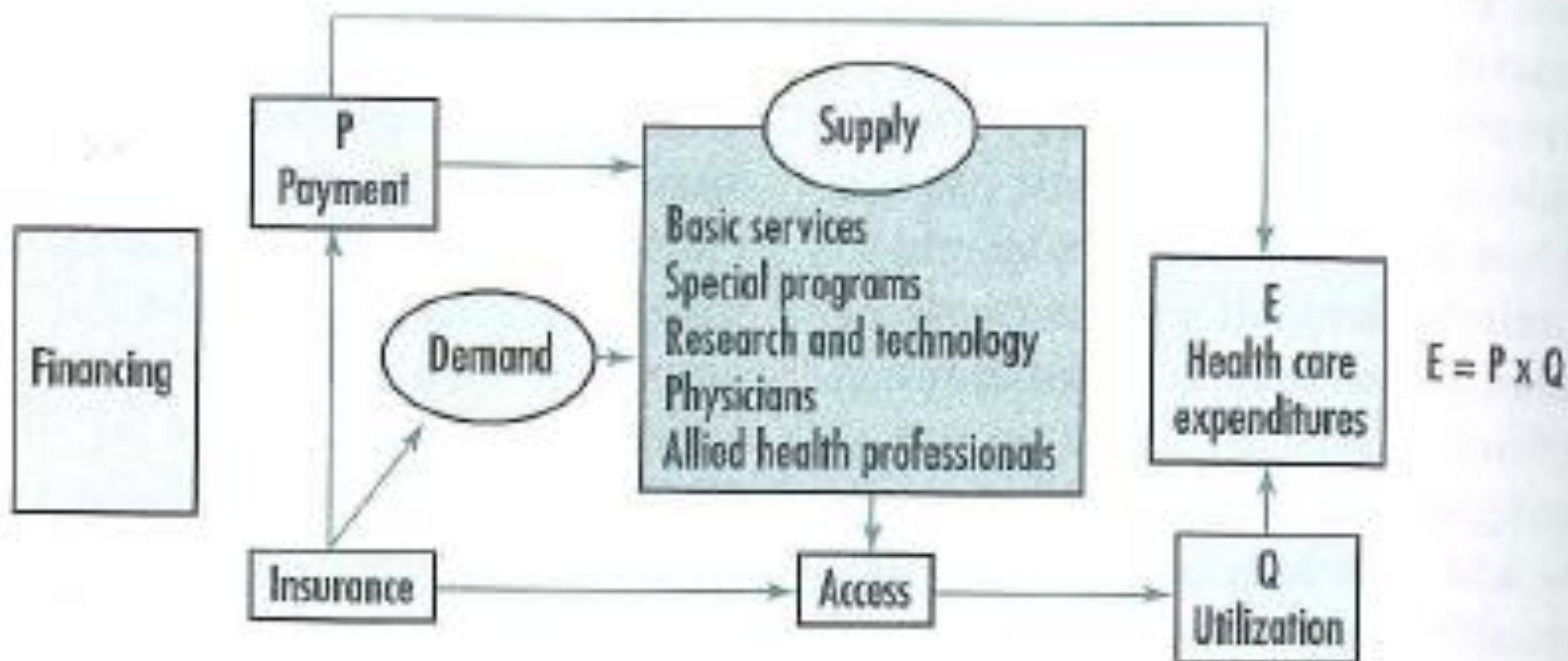
Marketing
The 5 P's
(4 P's)

Financial Management



- Financial information that can be used to improve decision making.
- The management of the sources and uses of resources within an organization.

Influence of Financing on the Delivery of Health Services.

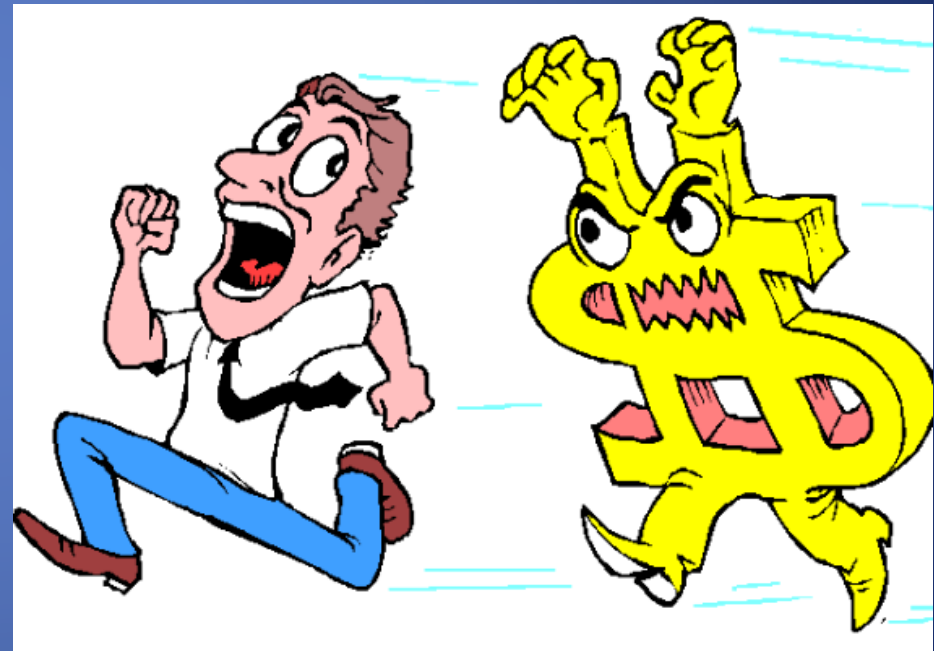


Cost vs. Charges

The resources require to provide the good or service



What the consumer is asked to pay, this includes surplus revenue or profit

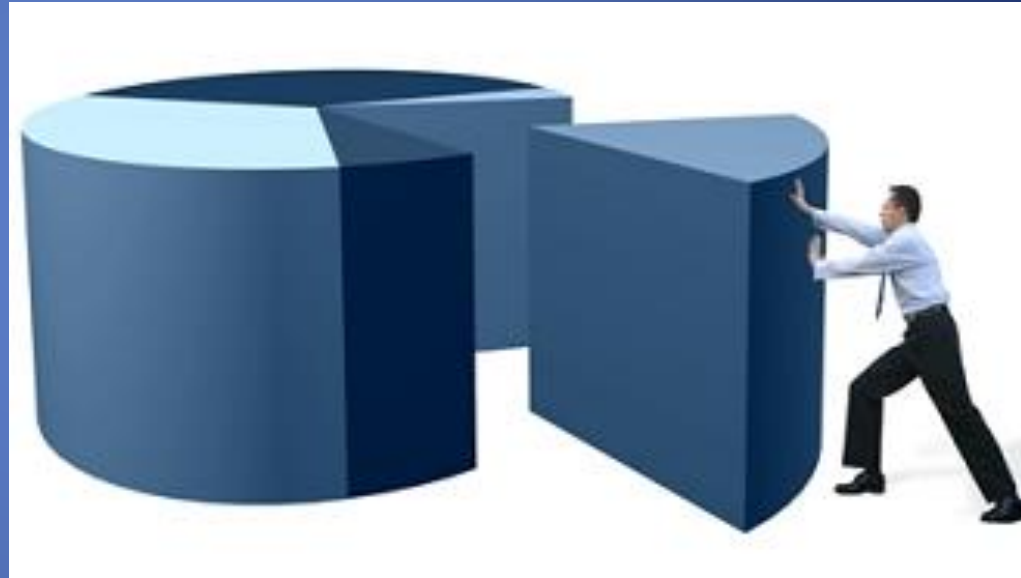


Fixed Cost Vs. Variable Cost



The Capital Budget

- Capital Budgets plans for the acquisition of high-value, long-term (>1 year) assets.



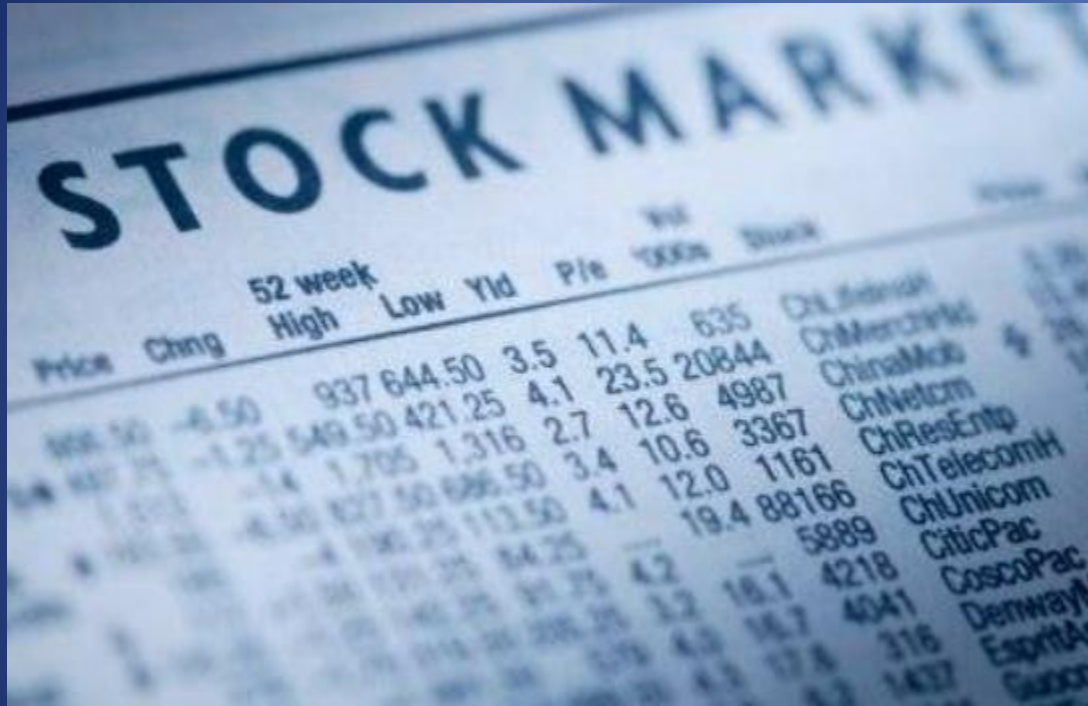
The Operating Budget

- ▣ **Revenue** is a forecast of resource inflows into the organization.
- ▣ **Expenses** represent the resources that an organization uses up carrying on its activities.
- ▣ A **surplus or profit** is the excess of revenues over expenses.
- ▣ A **deficit or loss** is an excess of expenses over revenues.



For Profit

Investor Owned



Not for Profit

(Not "Non Profit")



Government



Health Informatics



Workforce

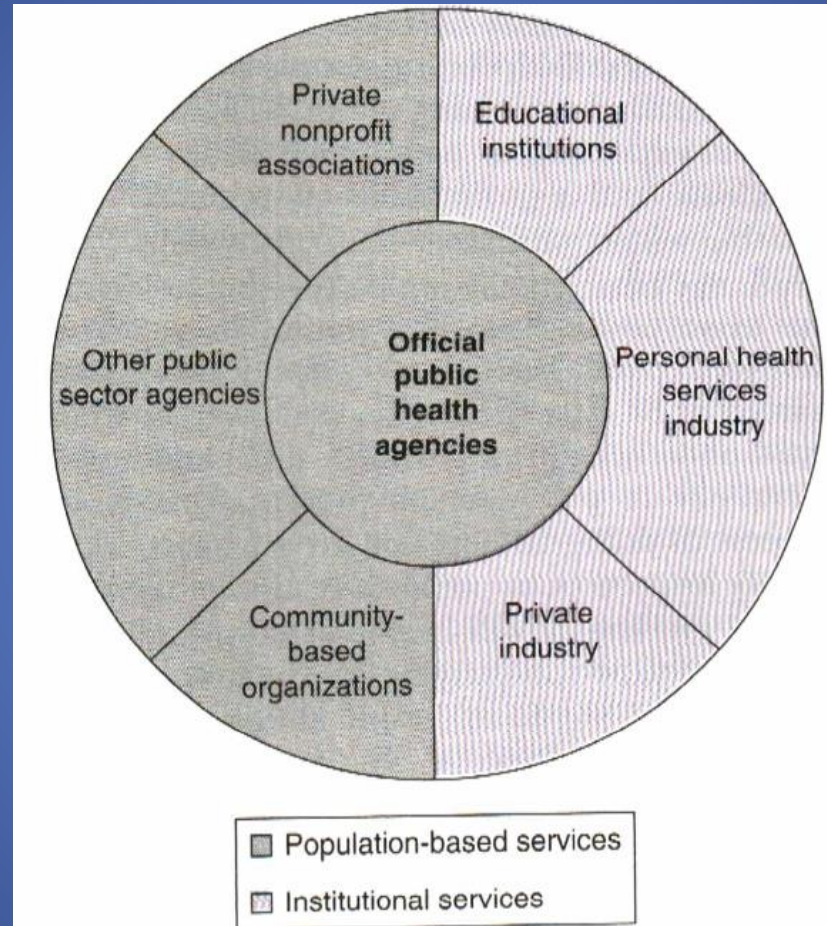


Figure 17.1. The Professional Public Health Workforce: Major Work Settings

SOURCE: Kennedy, et al., Public Health workforce information: A state-level study. JPHMP, 5(3):12

Supply/ Demand

PROTECTING YOUR HEALTH



Education/Training





Recruitment/Retention



Quality



performance
improvement

ANY STATE

DRIVER LICENSE

License No. **P77777777** Expires **00-00-00**

JANE A SAMPLE
456 ANYWHERE STREET
ANYTOWN, ANY STATE 99999



Sex: **F**

Hair: **Blond**

Ht: **5-05**

Wt: **120**

Eyes: **Blue**

DOB: **01-01-83**

A stylized, handwritten signature in black ink, appearing to read 'Jane A Sample', located below the physical characteristics.



DONOR

Take the Exam!

Get ***Certified in Public Health (CPH)***

Why Should I Get Certified?



Because it is good for the profession and it is good for you!

Certification in public health is an idea whose time has come. Setting standards is an essential step toward elevating the status of public health professionals. The *National Board of Public Health Examiners (NBPHE)*, an independent board of public health professionals, educators and experts, has created the first general test developed specifically on the core competencies taught to all public health graduates of *CEPH-accredited schools and programs*. Get certified to advance the practice of public health, improve your skills and knowledge and advance your career. Certification in public health is voluntary, but an idea whose time has come!

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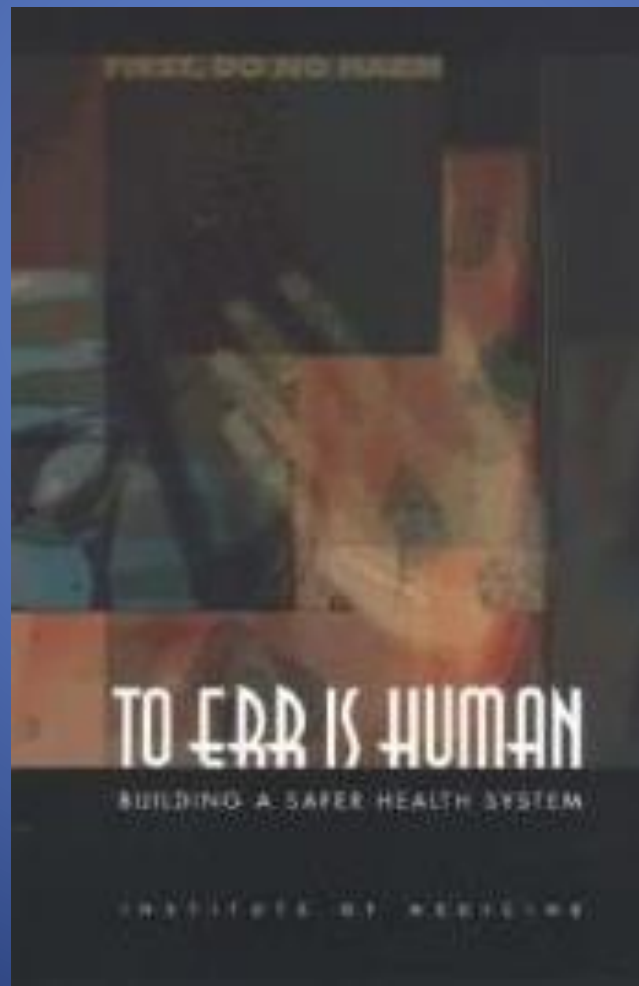
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Estimated 44,000 to 98,000 deaths
annually from adverse events &
Over 1 million injuries





Public Health Accreditation Board

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BETA TEST

Beta test launch, 2009.



National program launch, 2011.

Public Health Accreditation Board

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Accreditation Standards



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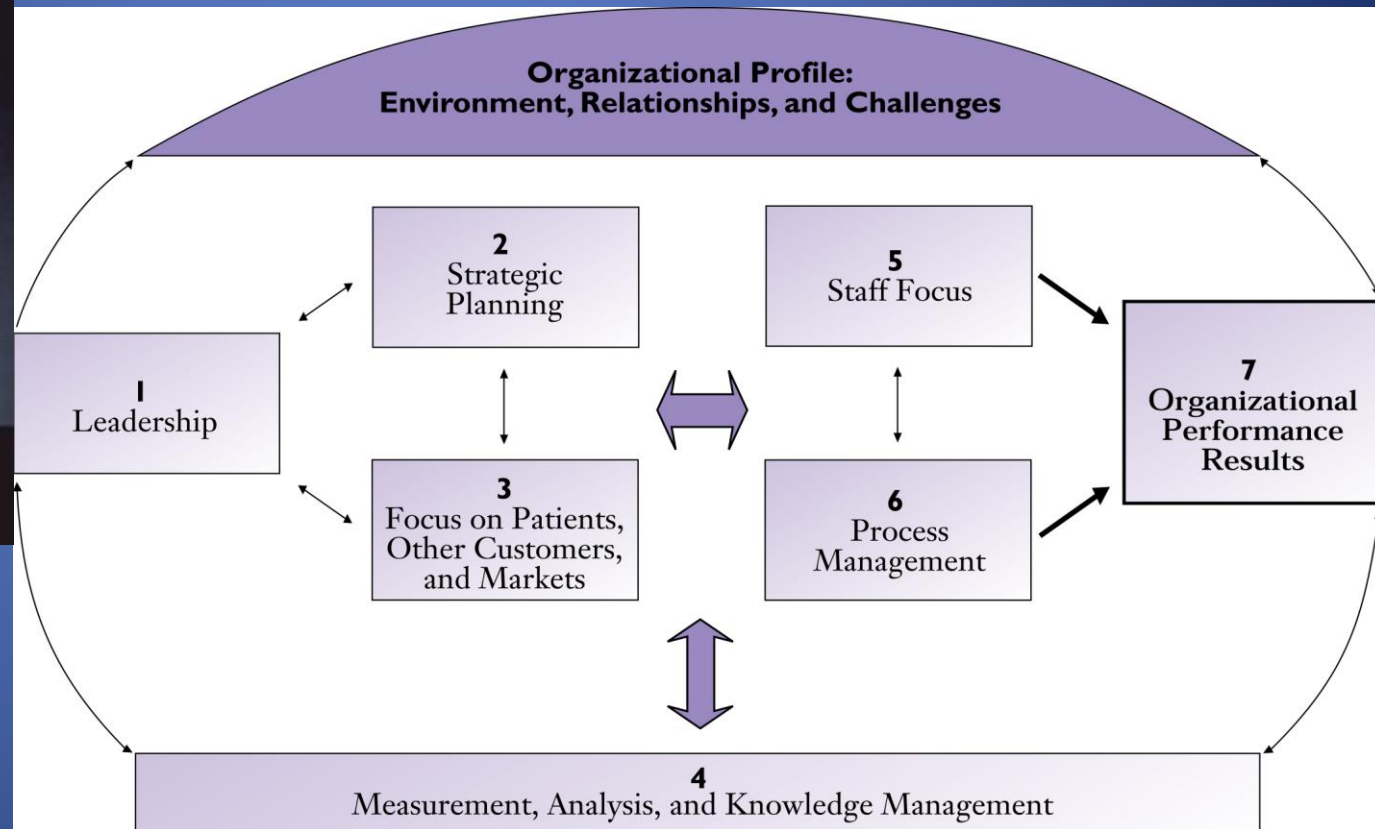
Info for Beta Test Sites



Continuous Quality Management



Baldrige Health Care Criteria Framework:

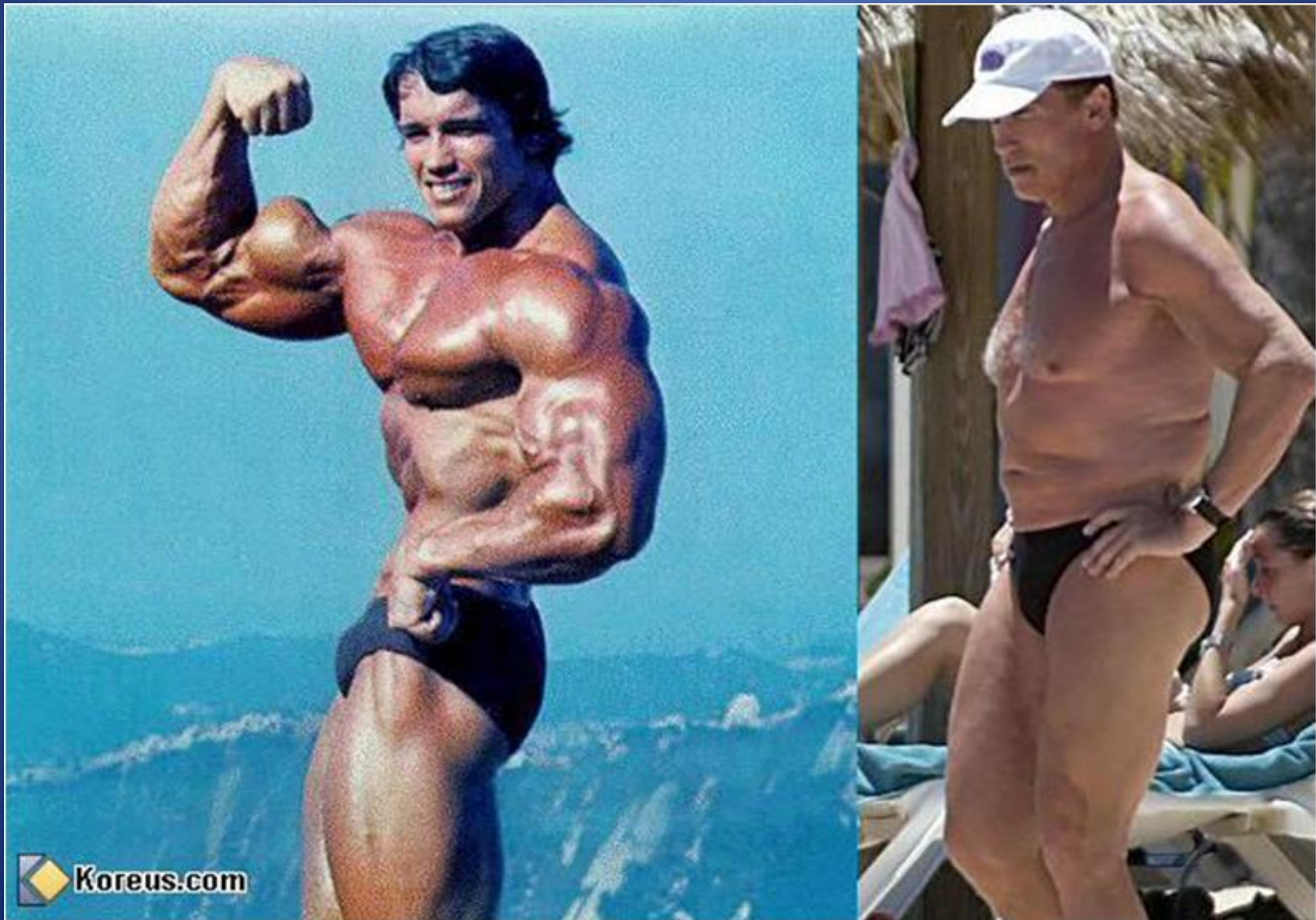


Six Sigma

- Process must not produce more than 3.4 defects per million opportunities.



Quality Requires an Ongoing Commitment



Management Questions



Wrapping Up



HEALTH POLICY AND MANAGEMENT

Health policy and management is a multidisciplinary field of inquiry and practice concerned with the delivery, quality and costs of health care for individuals and populations. This definition assumes both a managerial and a policy concern with the structure, process and outcomes of health services including the costs, financing, organization, outcomes and accessibility of care.

Competencies: Upon graduation a student with an MPH should be able to...

1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.
2. Describe the legal and ethical bases for public health and health services.
3. Explain methods of ensuring community health safety and preparedness.
4. Discuss the policy process for improving the health status of populations.
5. Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
6. Apply principles of strategic planning and marketing to public health.
7. Apply quality and performance improvement concepts to address organizational performance issues.
8. Apply "systems thinking" for resolving organizational problems.
9. Communicate health policy and management issues using appropriate channels and technologies.
10. Demonstrate leadership skills for building partnerships.

Health Policy and Management

1. **US Health Care Delivery System**
 - A. Continuum of Care – Primary through Long-Term Care
 - B. Not-for-profit, For-profit, Government Organizations
 - C. Health Care Financing, Public and Private
 - D. Federal programs – Medicare, Medicaid, Tricare, Social Security, Children’s Health Insurance
 - E. Patient Protection and Affordable Care Act
 1. HIPAA
 - F. Health Care Utilization, Elasticity of Demand
 - G. Basic Insurance Concepts
2. **Access, Cost and Quality Considerations**
3. **Global Health Care Systems**
 - A. Financing and Delivery Models
4. **US Health Policy**
 - A. Policy-Making Process
 1. Federal
 2. State
 3. Local
 - B. National Advocacy Organizations
 - C. Stakeholder Participation
 - D. Advocacy – Federal, State and Local Levels
 - E. Social Ethics
 - F. Health Economics
5. **Management and Leadership**
 - A. Organizational Management
 1. Organizational Structure
 2. Strategic Management and Leadership
 3. Program Planning and Marketing
 4. Organizational Ethics
 5. Accountability

B. Human Resources Management

1. Staffing Principles
2. Recruitment, Motivation, Retention
3. Performance Improvement

C. Financial Management

1. Resource Allocation and Control
2. Budgeting



Health Care Systems

1. Being awarded Certification in Public Health (CPH) from the NBPHE as a result of successfully passing its examination is an example of:

- a. Structure**
- b. Environment**
- c. Process**
- e. Outcome**

Health Care Systems

1. Being awarded Certification in Public Health (CPH) from the NBPHE as a result of successfully passing its examination is an example of:

- a. Structure**
- b. Environment**
- c. Process**
- e. Outcome**

Health Care Systems

2. The smallest percentage of U.S. health care spending addresses:

- a. Nursing services**
- b. Public health services**
- c. Physician services**
- d. Pharmaceutical services**
- e. Hospital services**

Health Care Systems

2. The smallest percentage of U.S. health care spending addresses:

a. Nursing services

b. Public health services

c. Physician services

d. Pharmaceutical services

e. Hospital services

POLICY

3. Potential Injury to research participants is best addressed in the *Belmont Report* by:

- a. Respect**
- b. Justice**
- c. Litigation**
- d. Assessment of Benefits**
- e. Beneficence**

POLICY

3. Potential Injury to research participants is best addressed in the *Belmont Report* by:

- a. Respect
- b. Justice
- c. Litigation
- d. Assessment of Benefits
- e. Beneficence**

POLICY

4. The U.S. Constitution empowers the detention of contagious individuals entering the U.S.

a. True

b. False

POLICY

4. The U.S. Constitution empowers the detention of contagious individuals entering the U.S.

a. True

b. False

DELIVERY SYSTEMS

5. Paying a monthly fee for all medical care needed is typical of:

- a. Fee-for-service**
- b. A health maintenance organization**
- c. A preferred provider organization**

DELIVERY SYSTEMS

5. Paying a monthly fee for all medical care needed is typical of:

a. Fee-for-service

b. A health maintenance organization

c. A preferred provider organization

DELIVERY SYSTEMS

6. Shriner's Hospital for Children would be classified as:

- a. Sectarian
- b. Investor owned
- c. State Government
- d. Non sectarian
- e. Federal Government

DELIVERY SYSTEMS

6. Shriner's Hospital for Children would be classified as:

- a. Sectarian
- b. Investor owned
- c. State Government
- d. Non sectarian**
- e. Federal Government

MANAGEMENT

7. “By June 2016 there will be a 0.2% reduction in HIV infections” is an example of:

- a. Mission
- b. Vision
- c. Objective
- d. Goal
- e. Program

MANAGEMENT

7. “By June 2016 there will be a 0.2% reduction in HIV infections” is an example of:

- a. Mission
- b. Vision
- c. Objective**
- d. Goal
- e. Program

MANAGEMENT

8. Budgeting for the recurring monthly restocking of Flu Vaccine addresses a:

- a. Variable cost**
- b. Charge**
- c. Fixed cost**
- d. General cost**

MANAGEMENT

8. Budgeting for the recurring monthly restocking of Flu Vaccine addresses a:

a. Variable cost

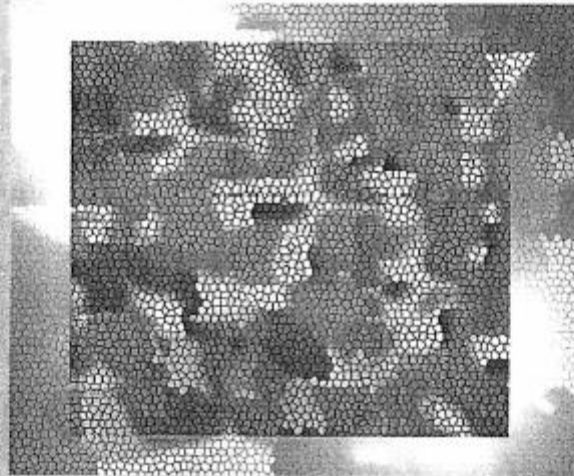
b. Charge

c. Fixed cost

d. General cost

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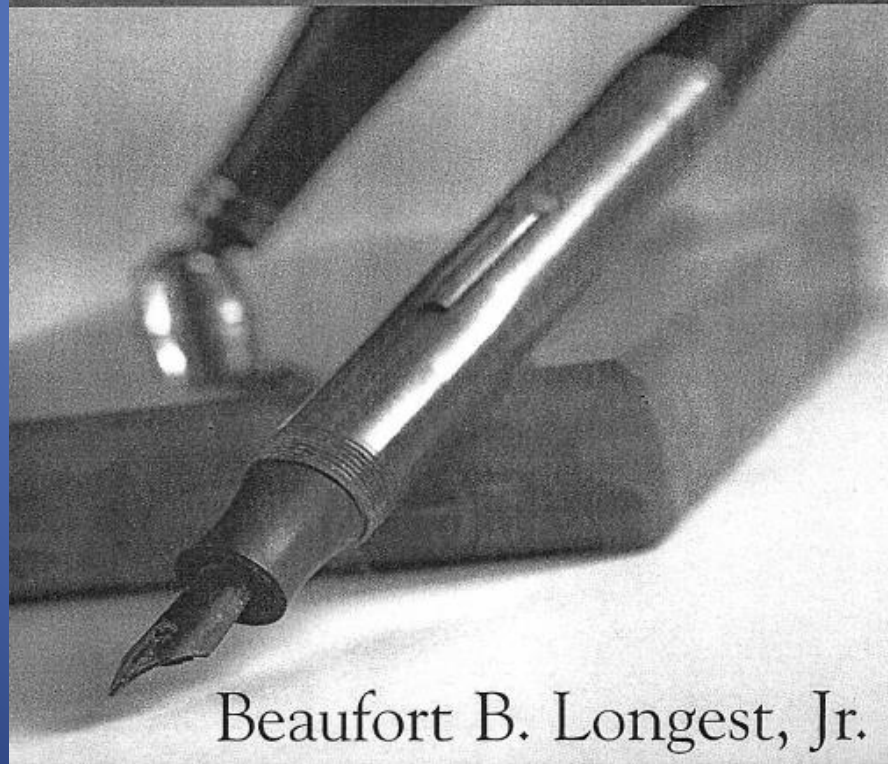
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AUP
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Beaufort B. Longest, Jr.

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Third Edition

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C. William Keck

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Principles and Perspectives

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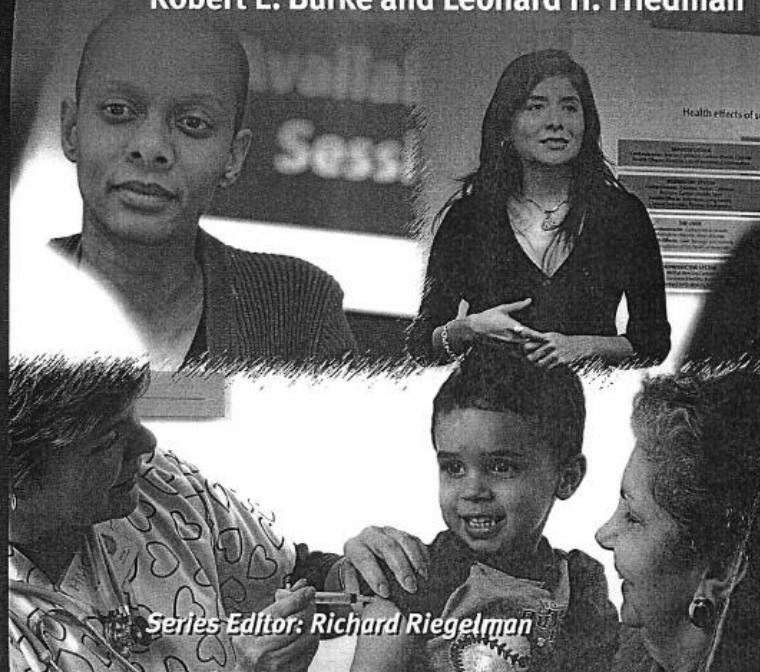


ESSENTIAL PUBLIC HEALTH

Essentials of

Management and Leadership in Public Health

Robert E. Burke and Leonard H. Friedman



Series Editor: Richard Riegelman

Quality



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