

# Health Policy and Management

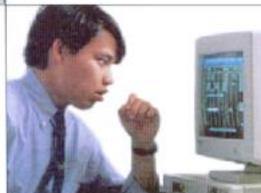
**Joel M. Lee, Dr.P.H., CPH**

John A. Drew Professor of Healthcare Administration, and  
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

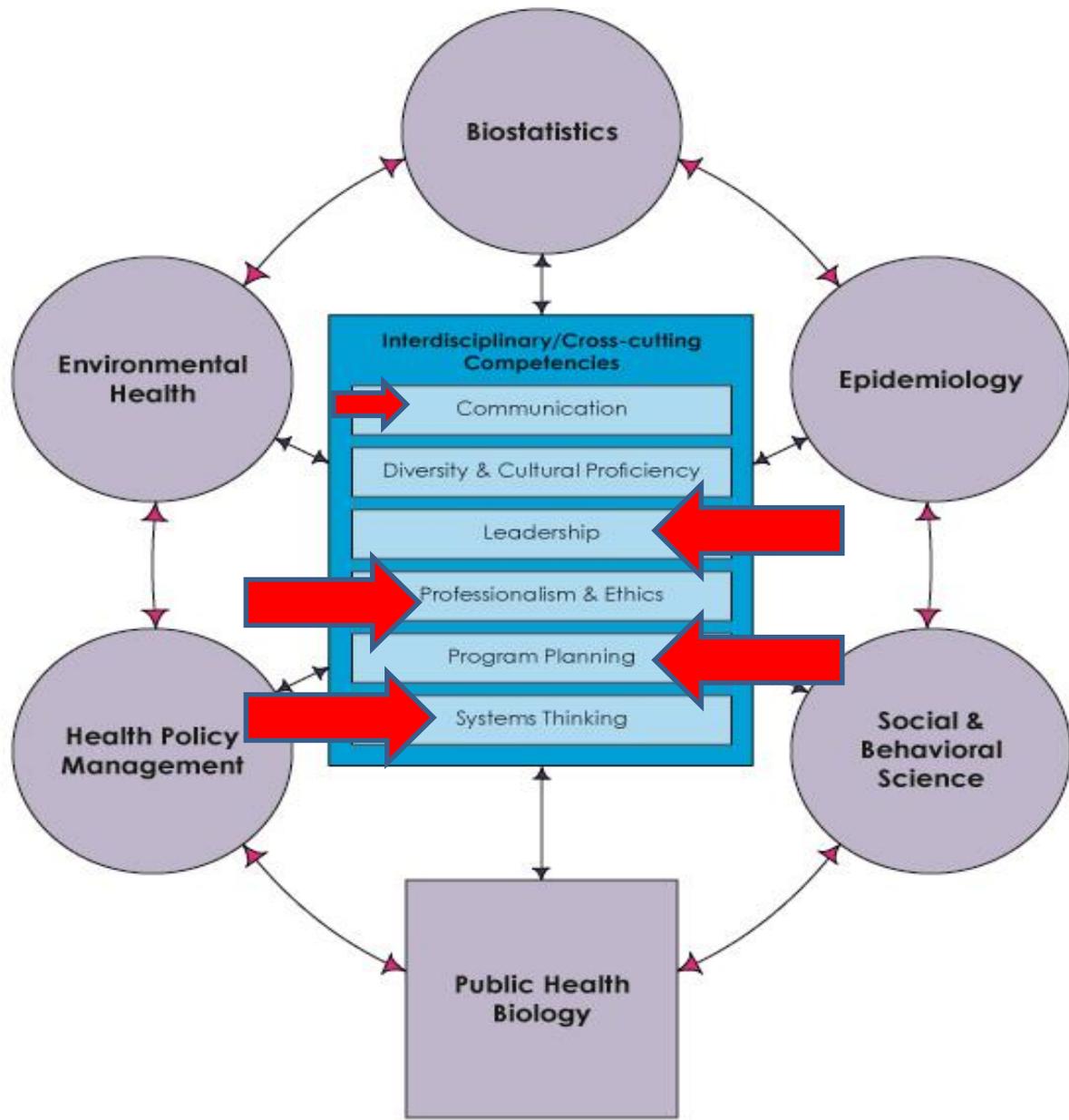


## HEALTH POLICY AND MANAGEMENT

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

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**Certified in Public Health (CPH) Exam**  
**CONTENT OUTLINE**

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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

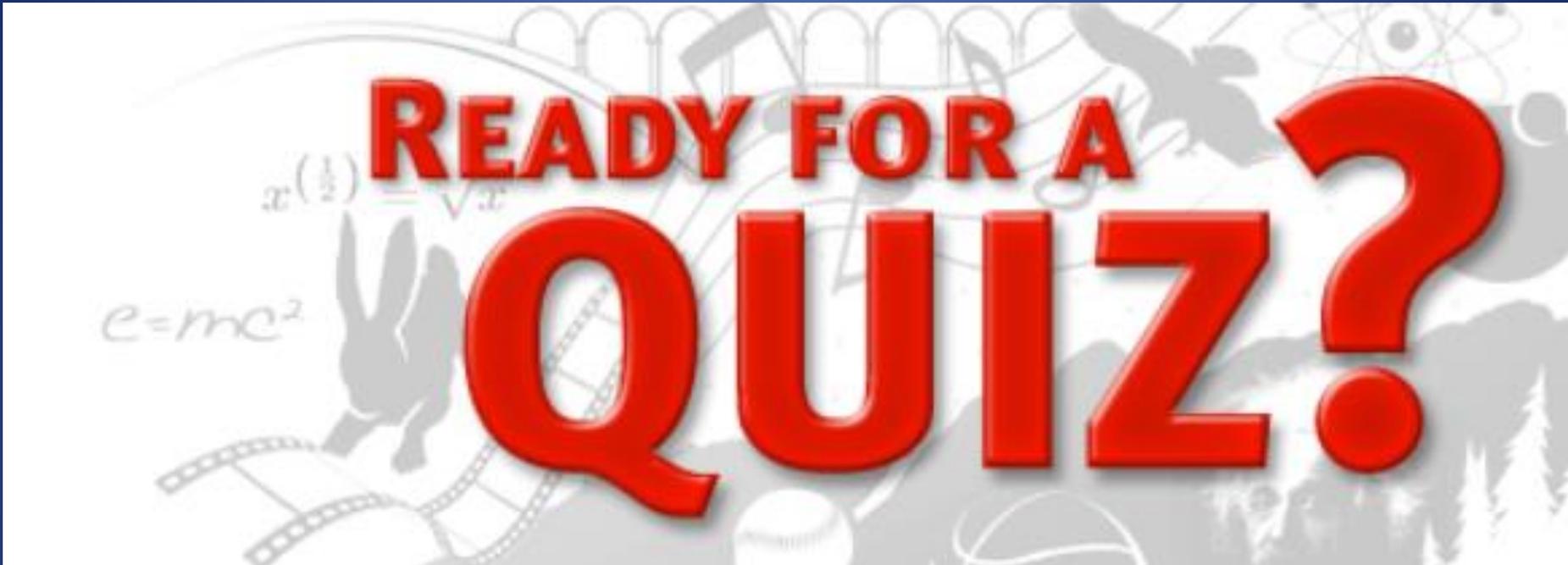
1. Resource Allocation and Control
2. Budgeting

**READY FOR A**

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

$$E=mc^2$$

**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

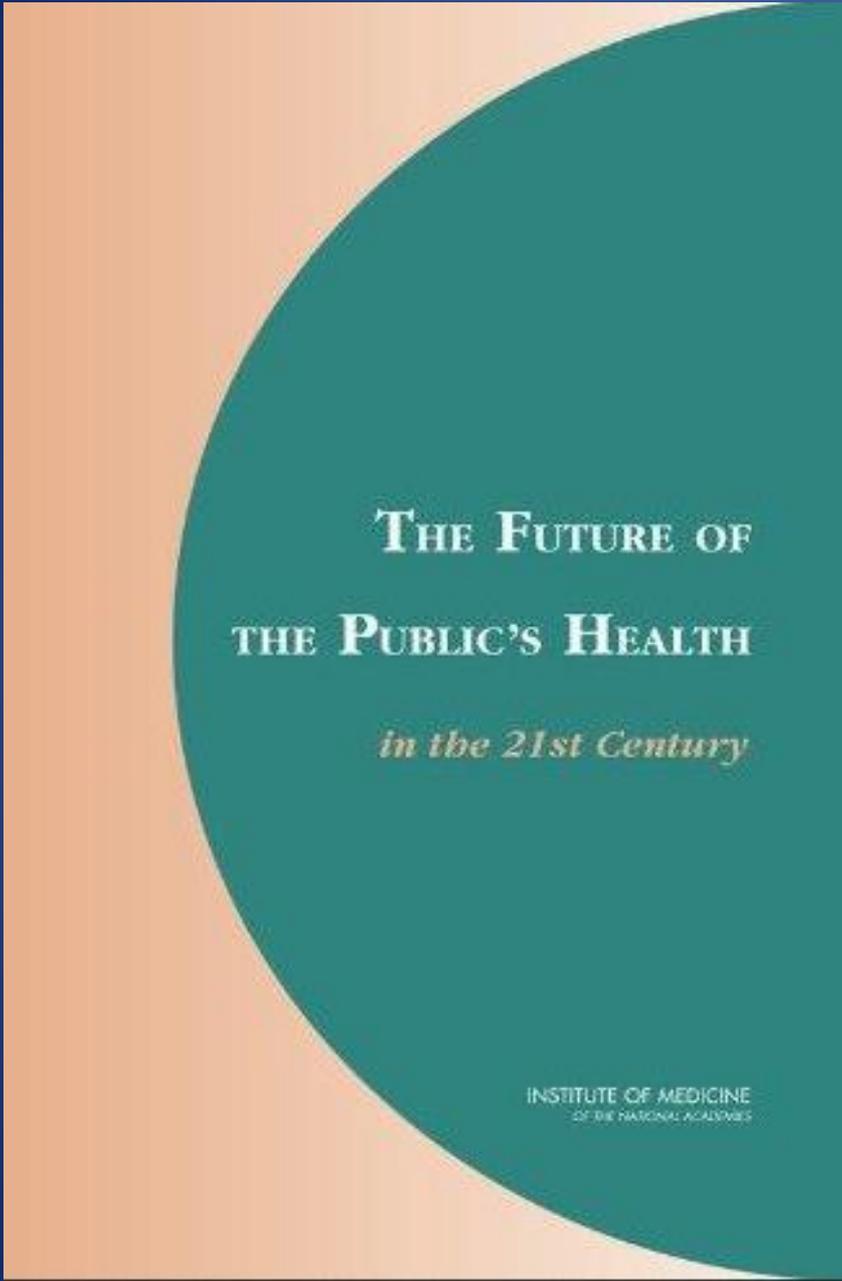
7. “By June 2013 there will be a 0.2% reduction in HIV infections” is an example of:

- 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:

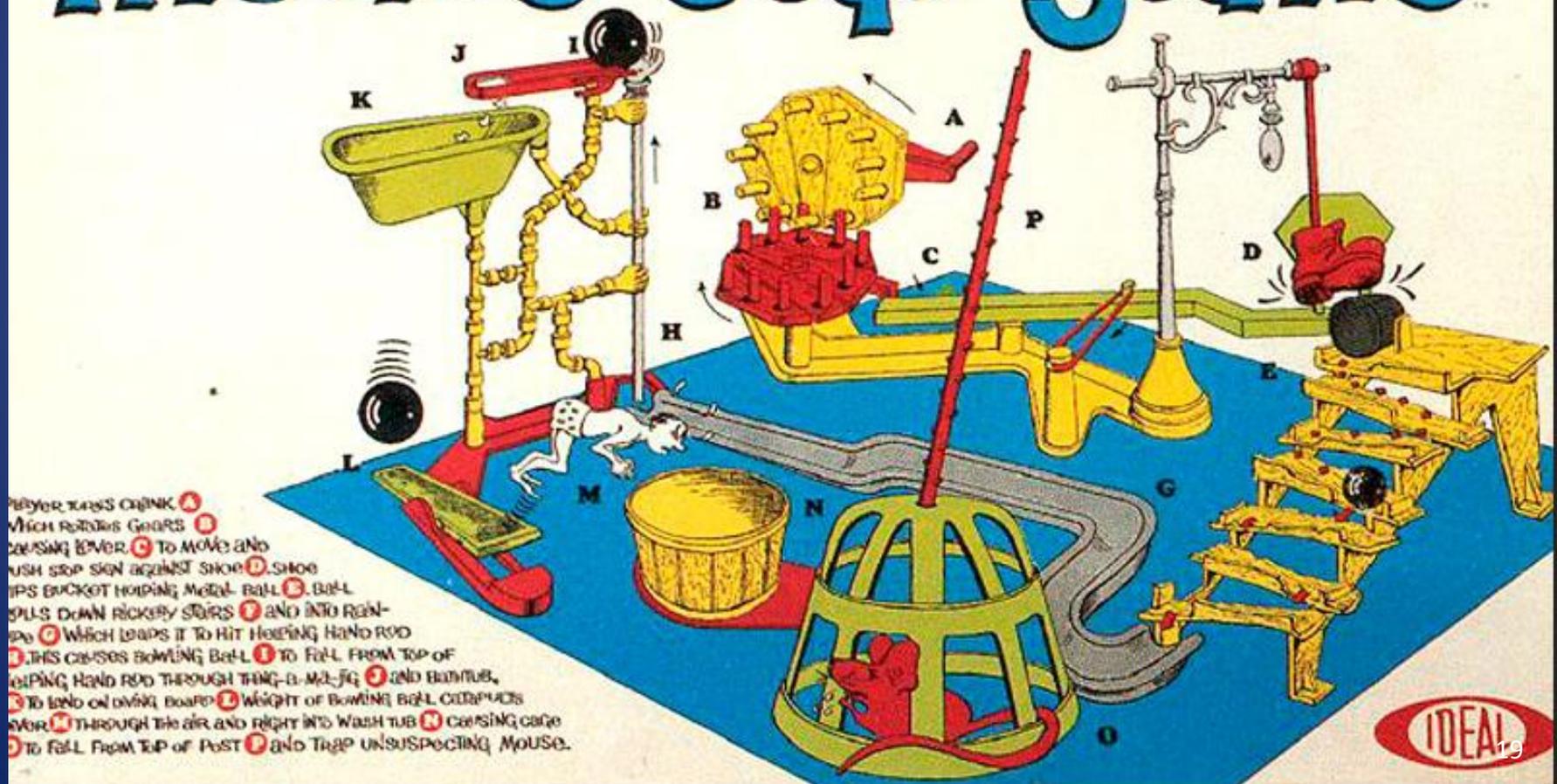
- A health policy that assures adequate and sustained investment in the important determinants of health
- A strong governmental public health infrastructure
- A public health system that reflects public understanding that health is everyone's business.

## 4 Components:

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

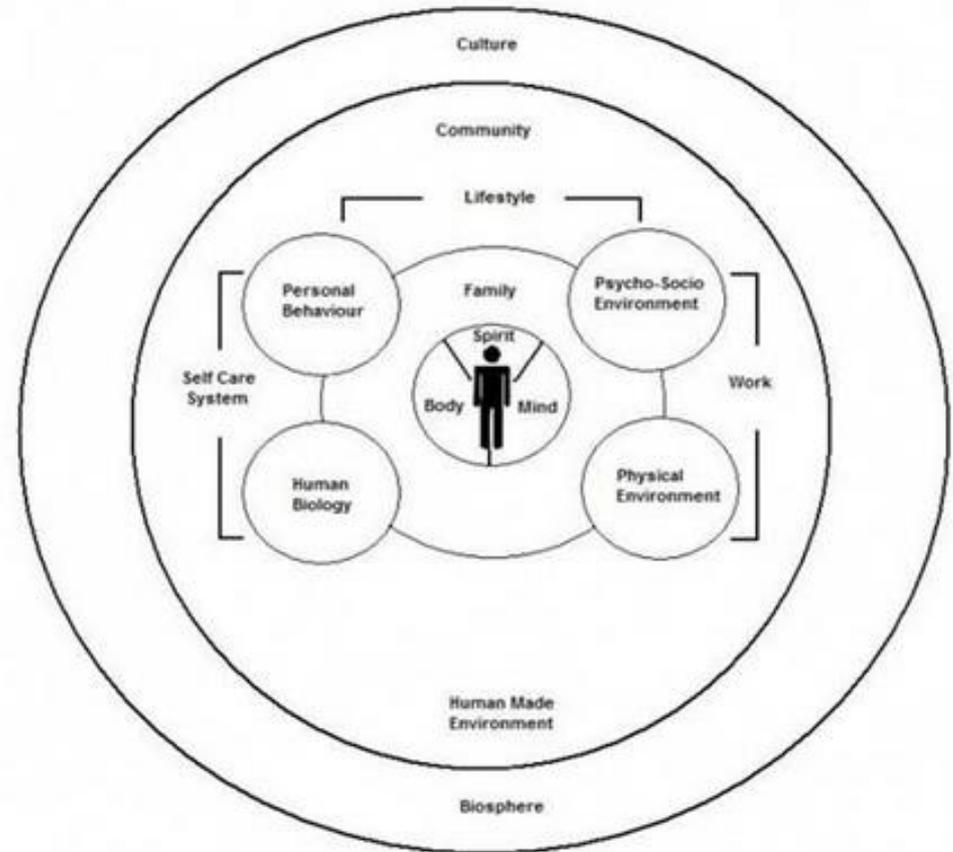
# Systems Thinking

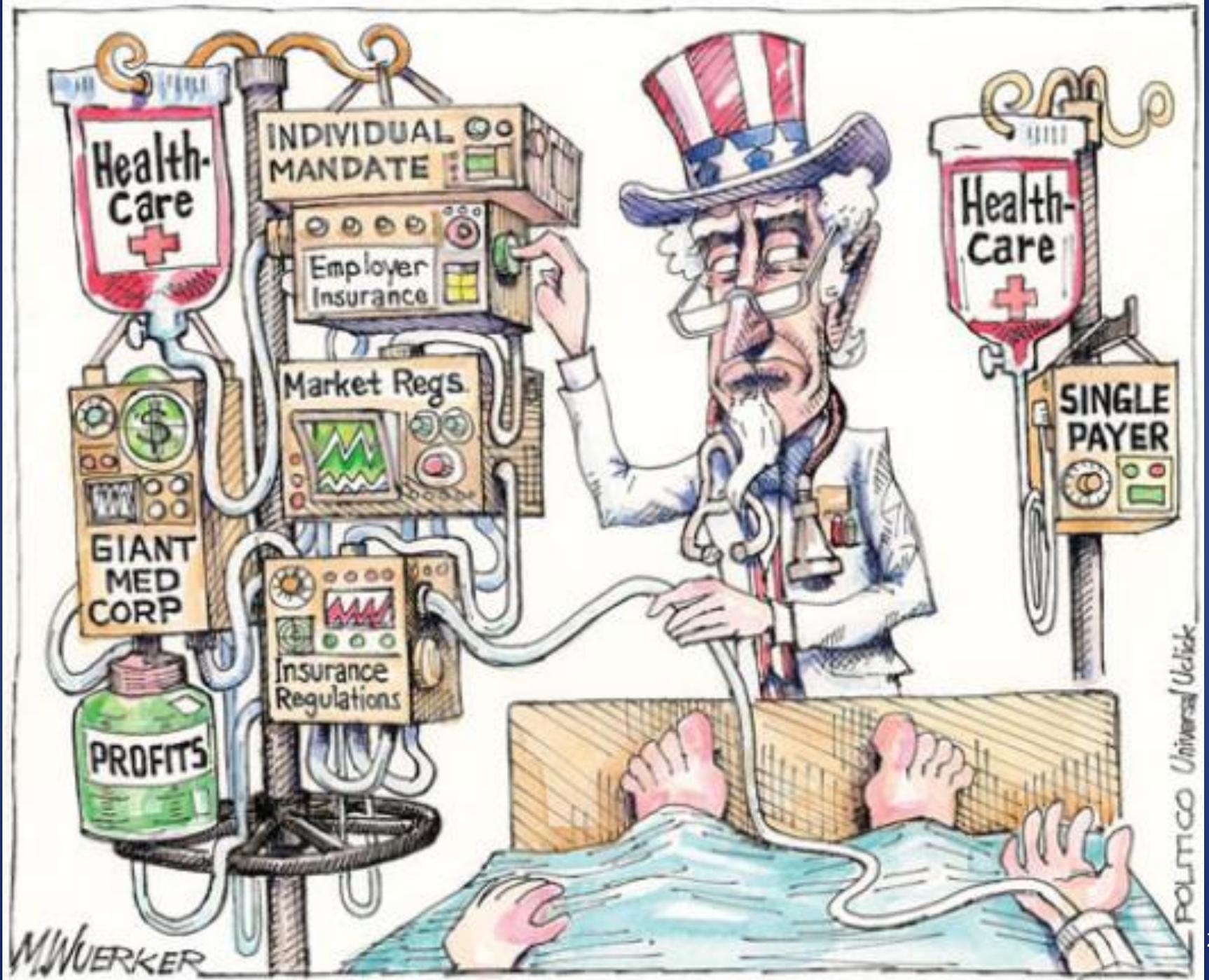
## mouse trap game



# Definition of Health

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





M. WUERKER

POLITICO Universal Uetlick

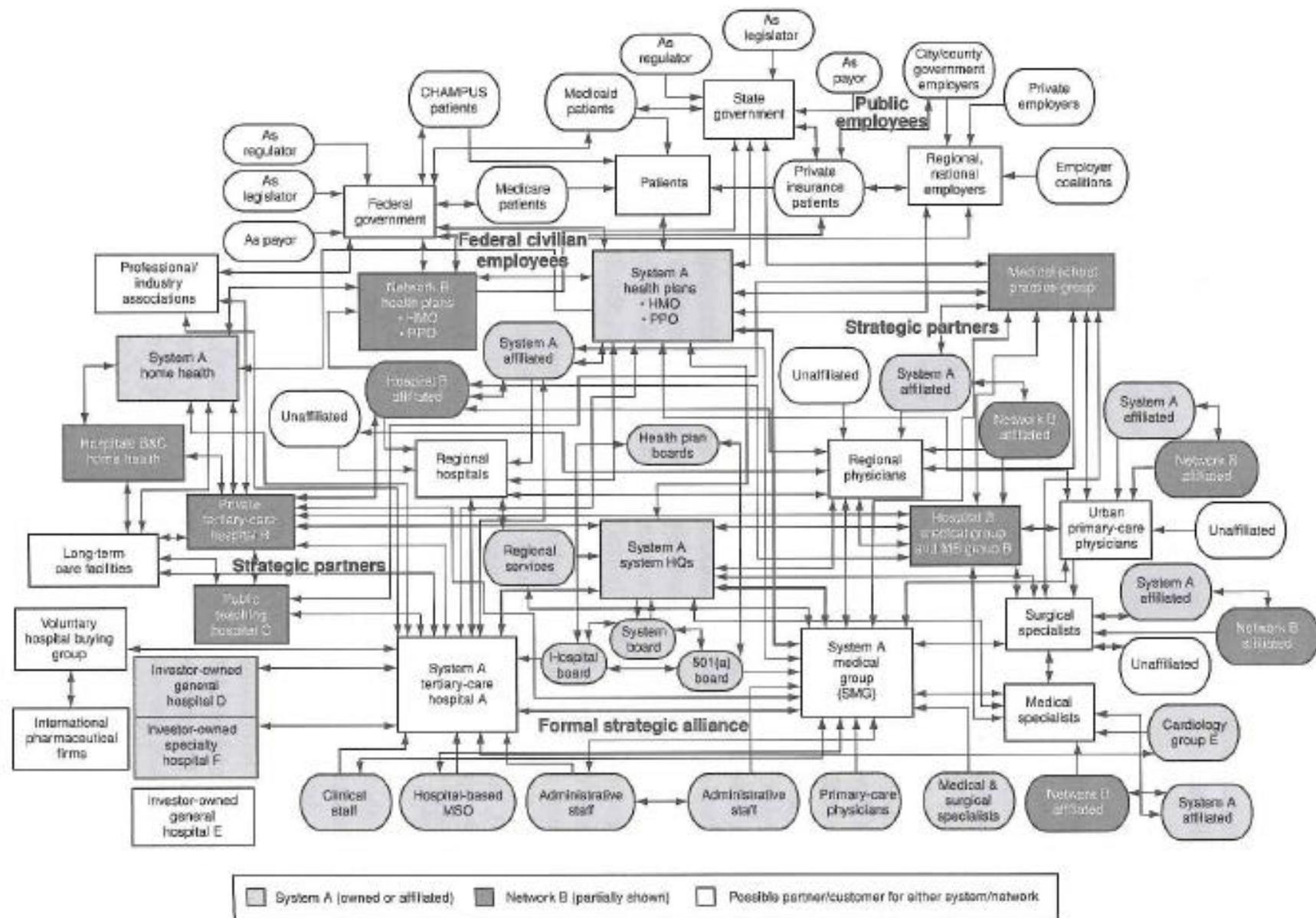
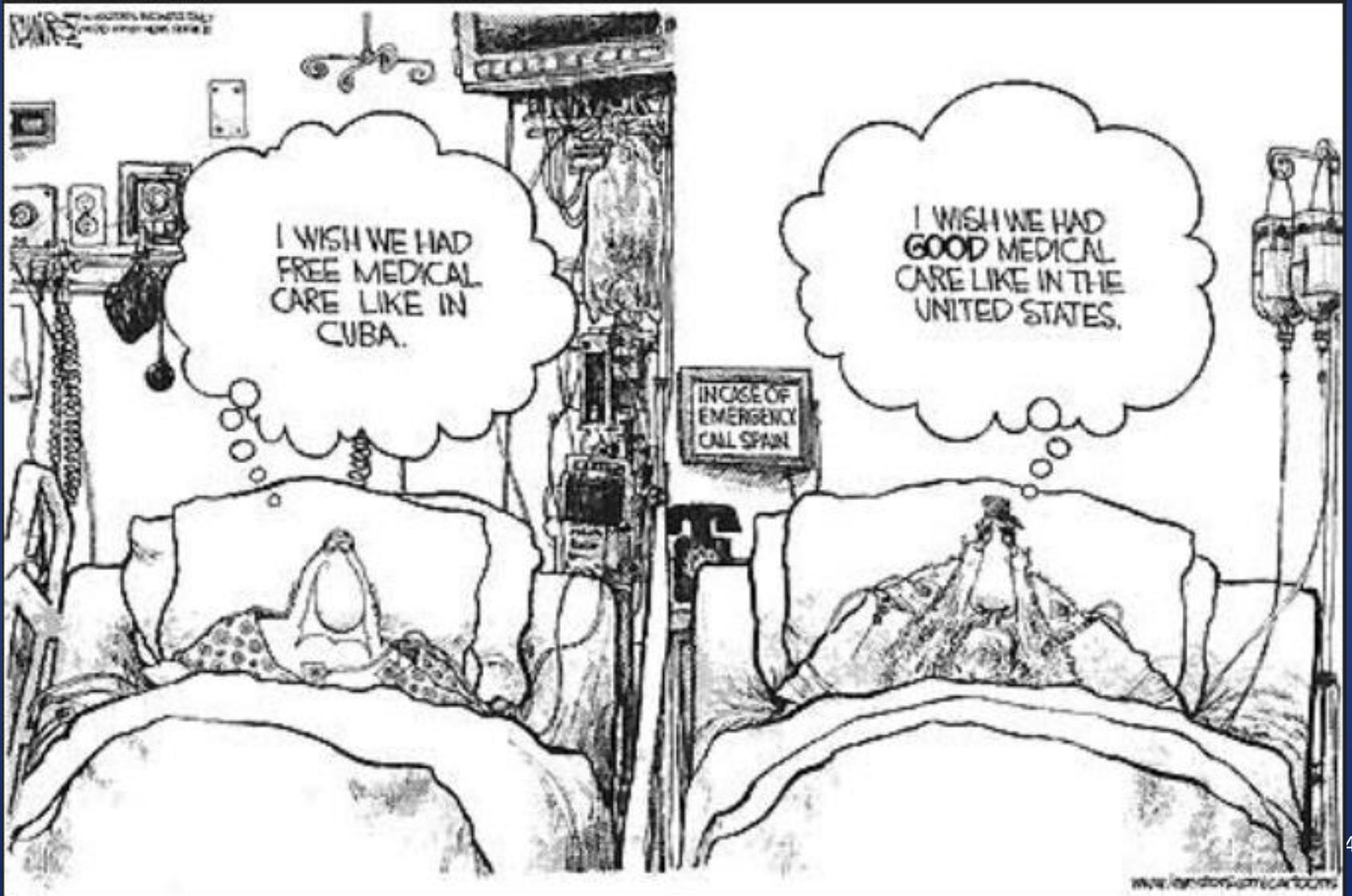


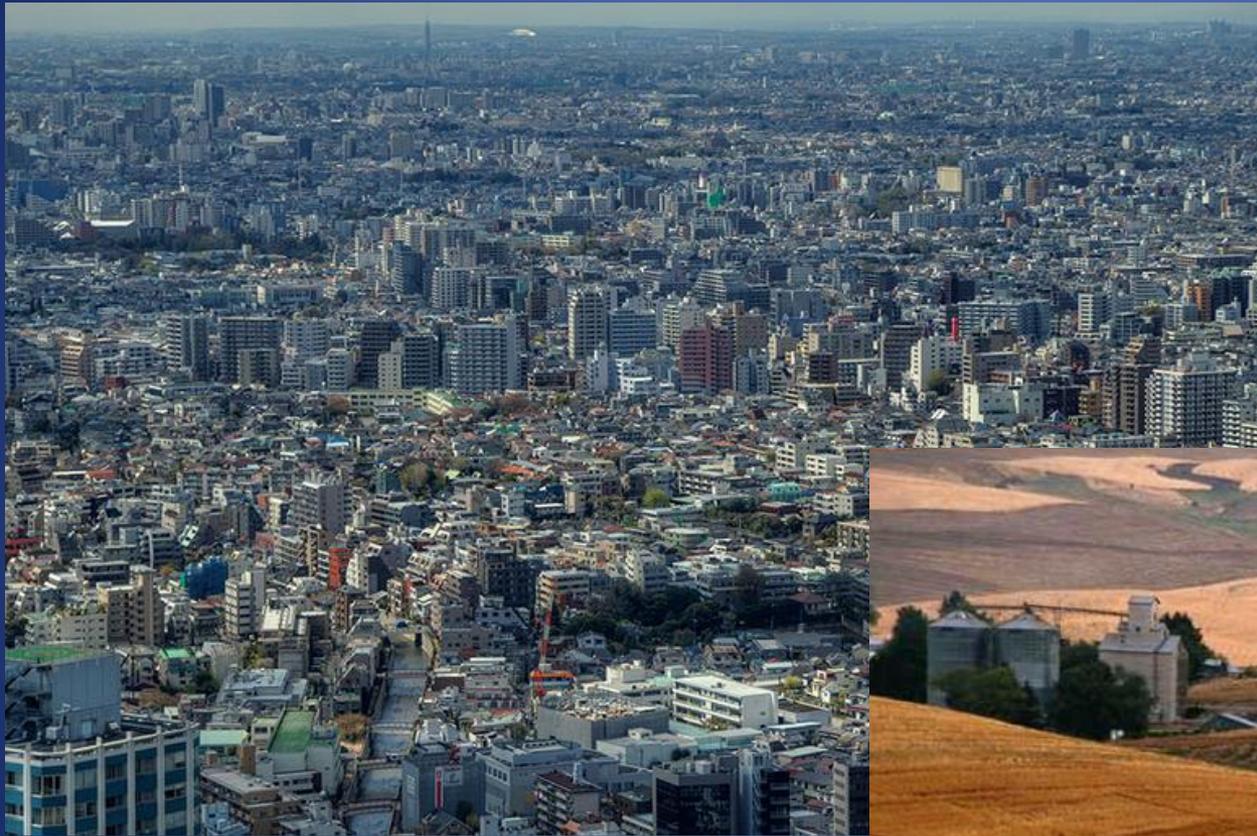
Figure 4-2 A Strategic Web Example



# Comparative Health: Cost Vs. Quality



# Urban/Rural



# System Resources

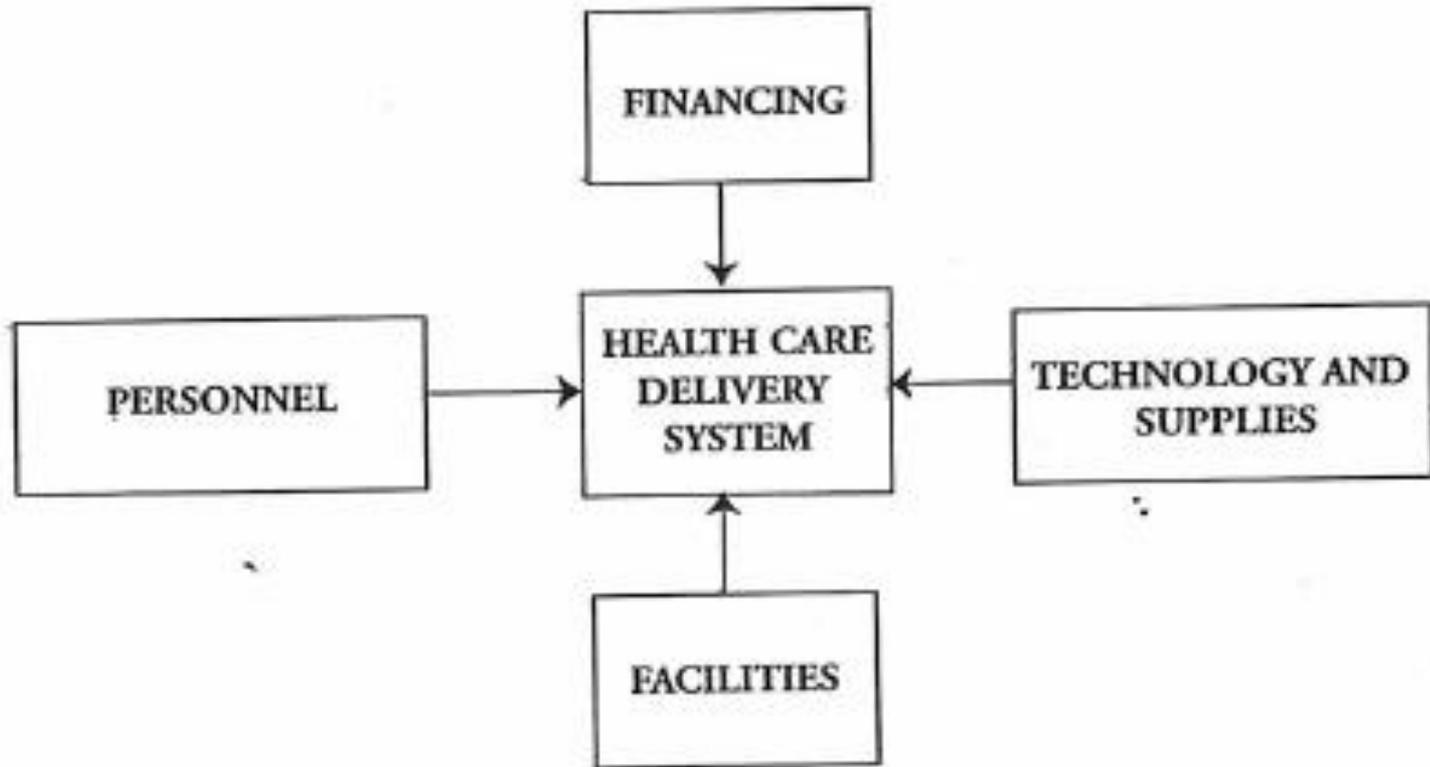
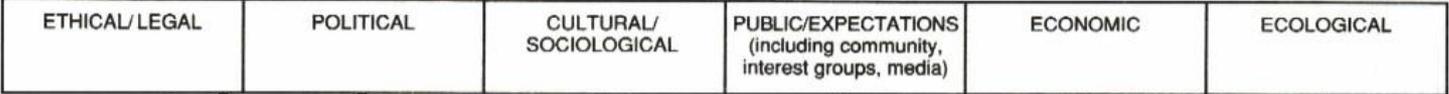
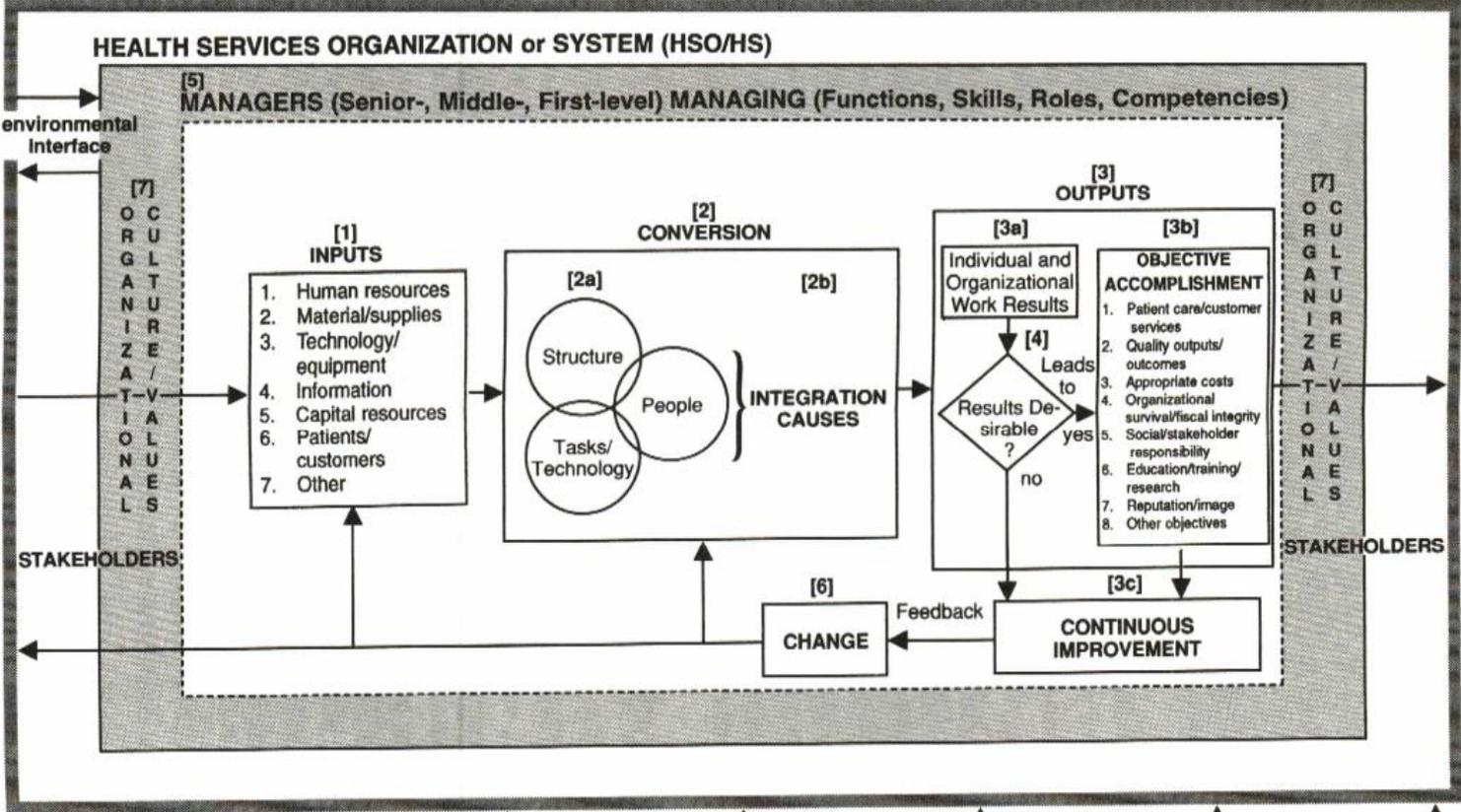


FIGURE 1-1 Resources required to maintain a health care delivery system

**[9] GENERAL ENVIRONMENT**



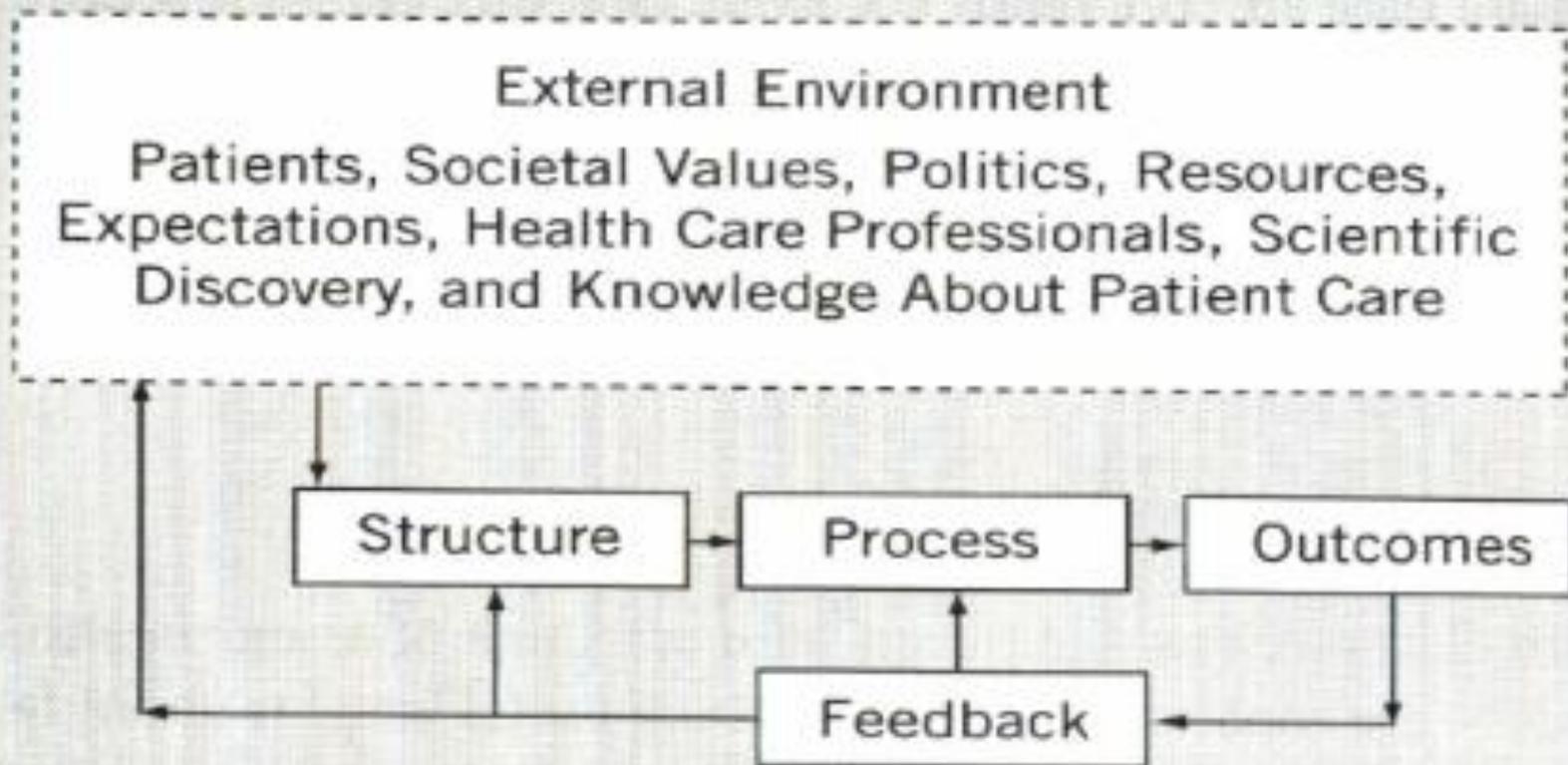
**EXTERNAL ENVIRONMENT**



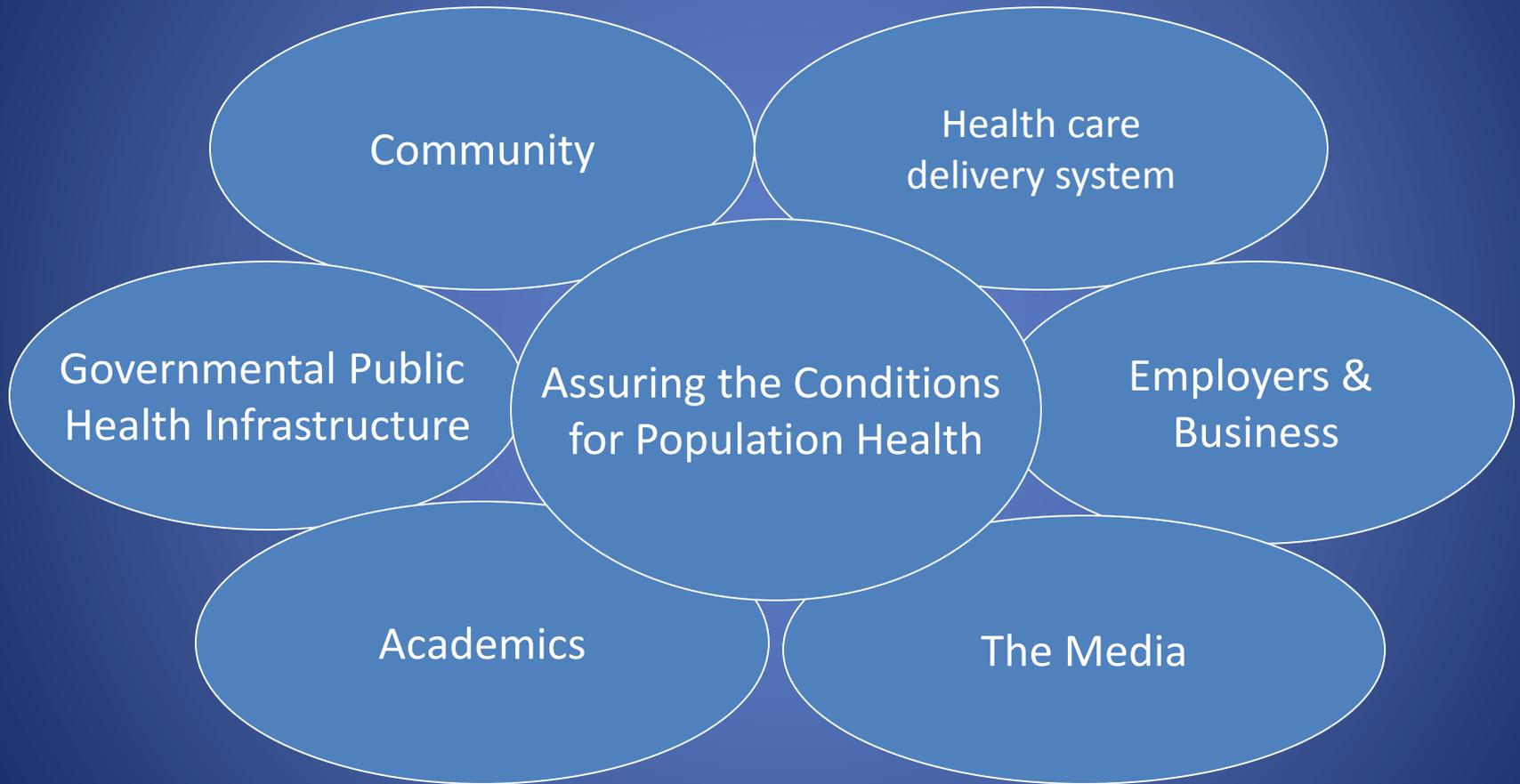
**[8] HEALTH CARE ENVIRONMENT**



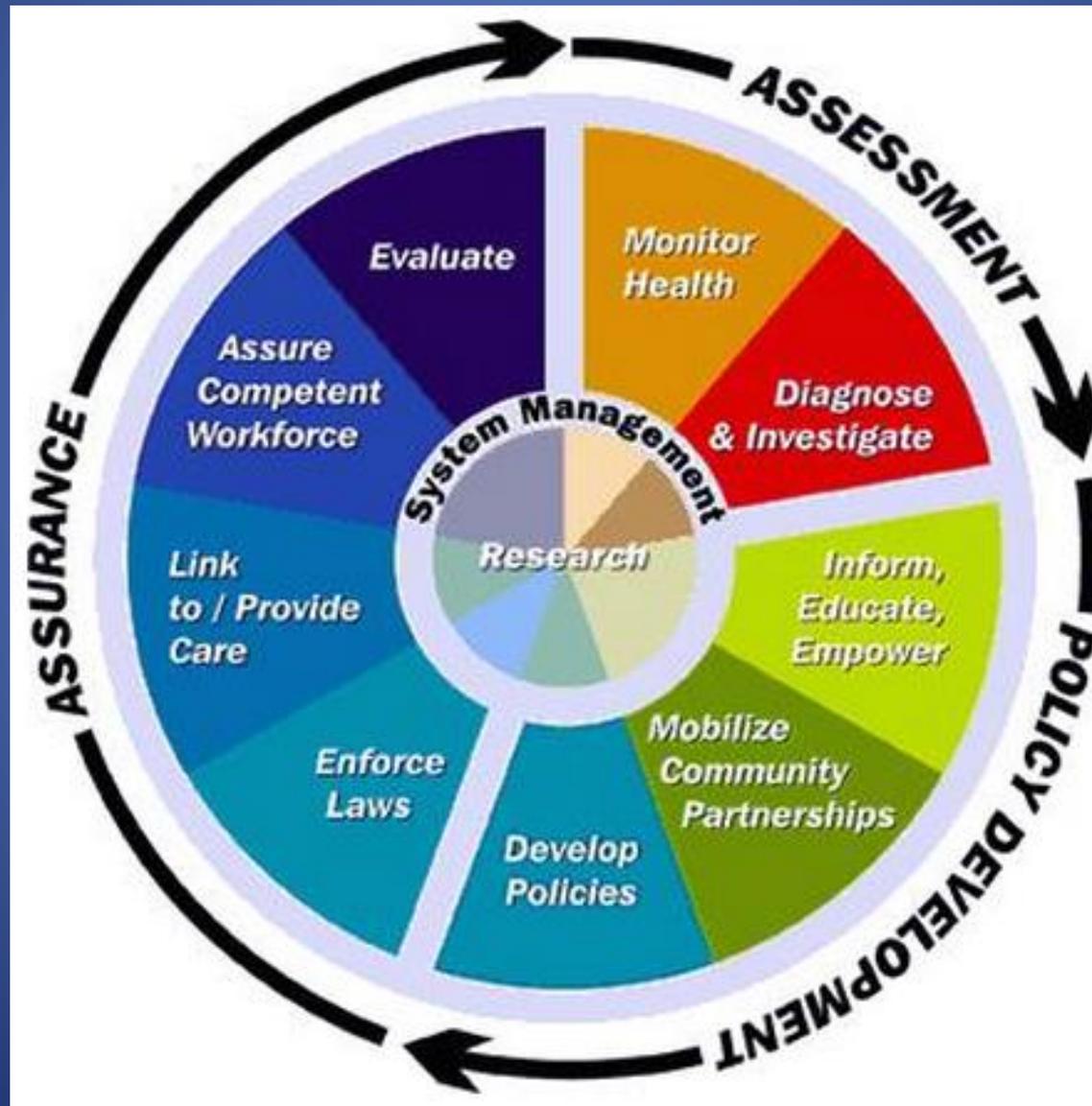
## The Donabedian Model for Quality Measurement



# The Public Health System



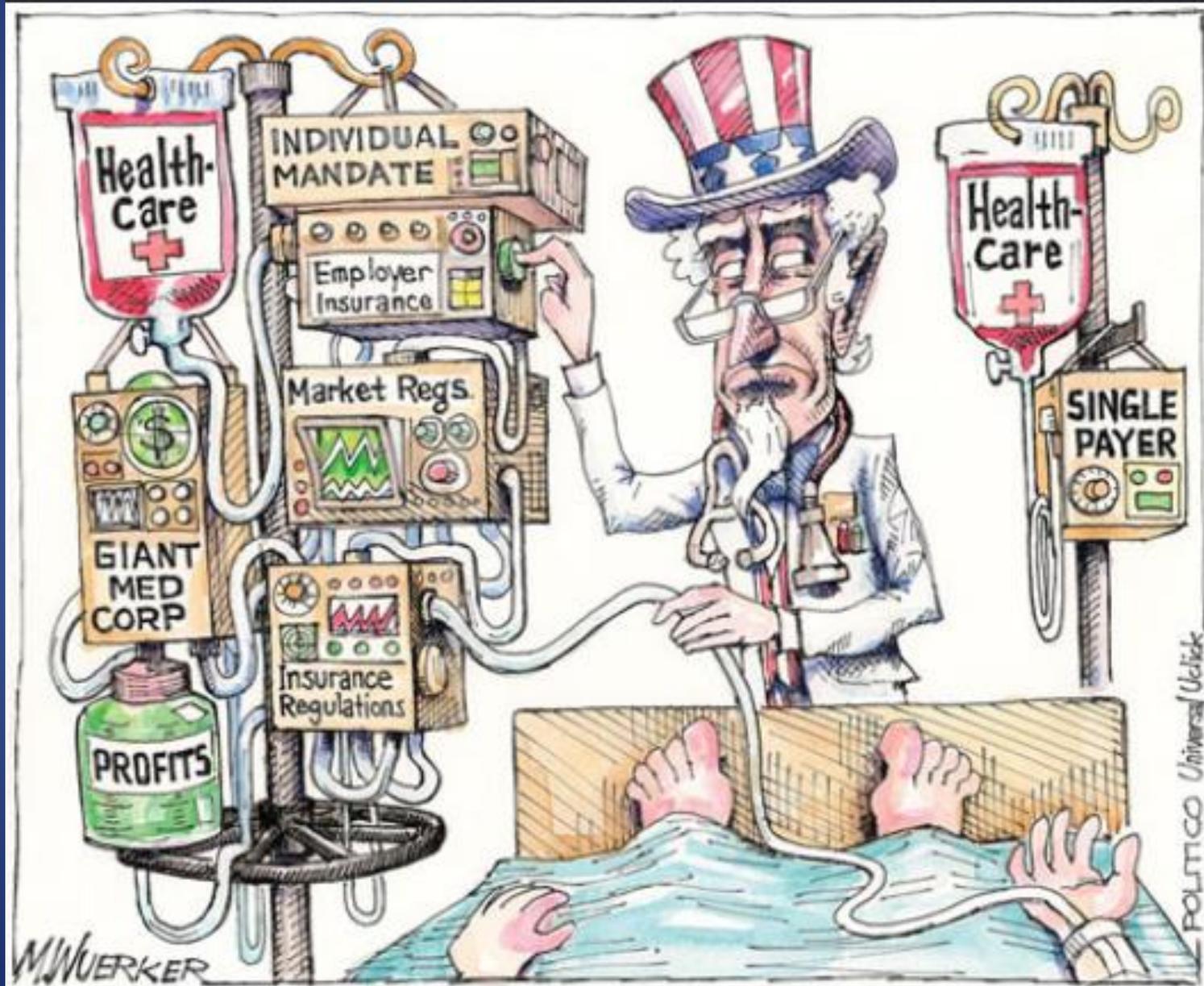
# 10 Essential Public Health Services

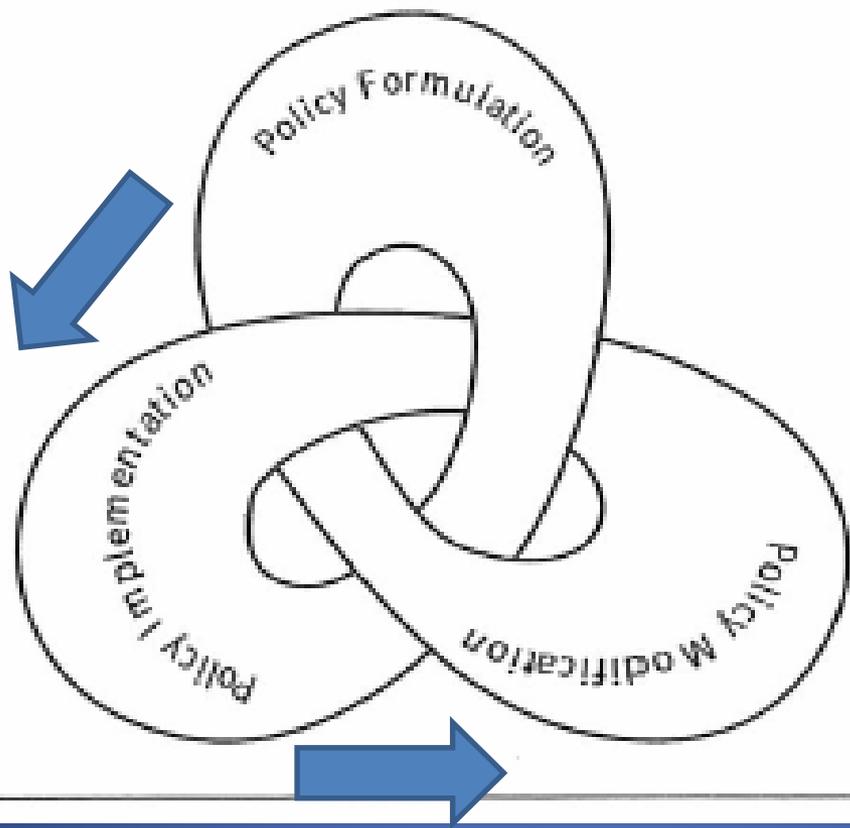


# Systems Questions



# 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 I

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?

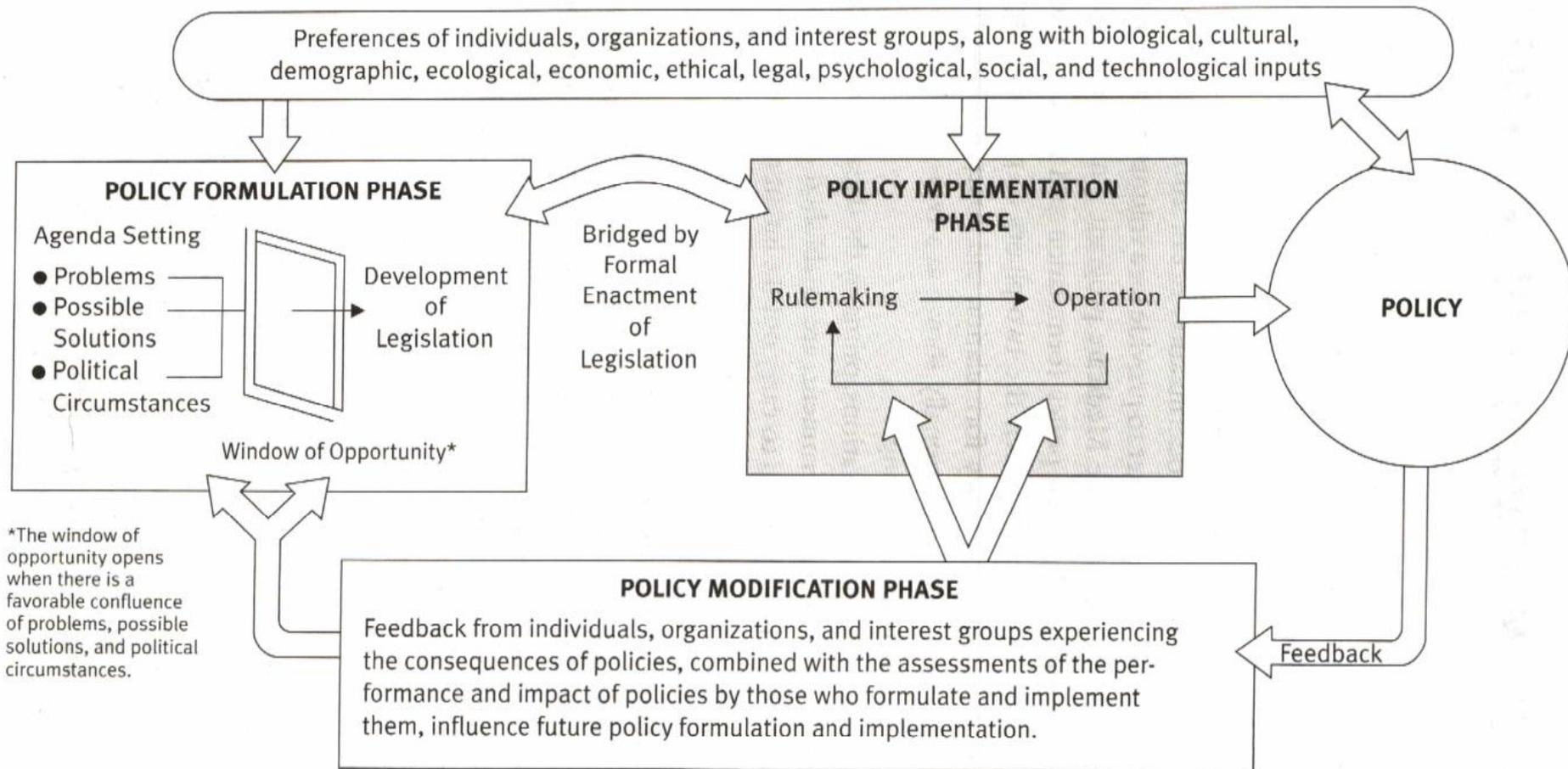
### 5. Recommendation

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.

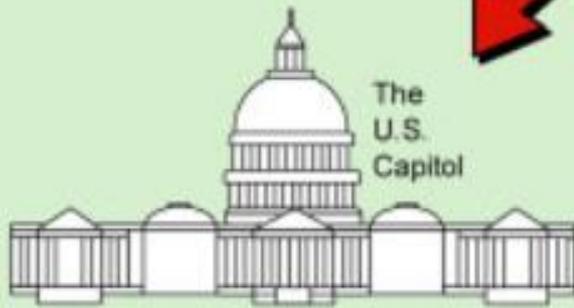
### **Primary areas of application:**

**Informed consent, Assessment of risks, and Assessment of benefits**

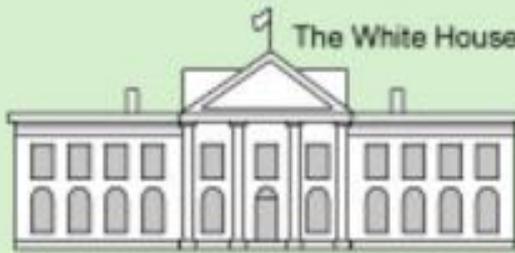
# Implementing Policy



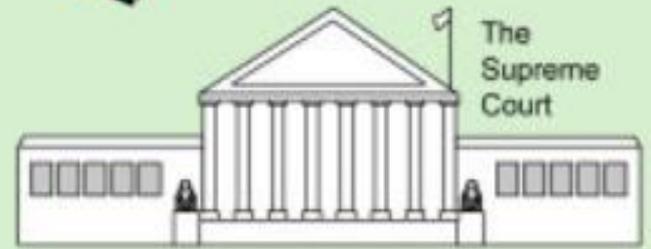
# CONSTITUTION



The U.S. Capitol



The White House



The Supreme Court

## LEGISLATIVE



CONGRESS



HOUSE OF REPRESENTATIVES



SENATE

## EXECUTIVE



PRESIDENT



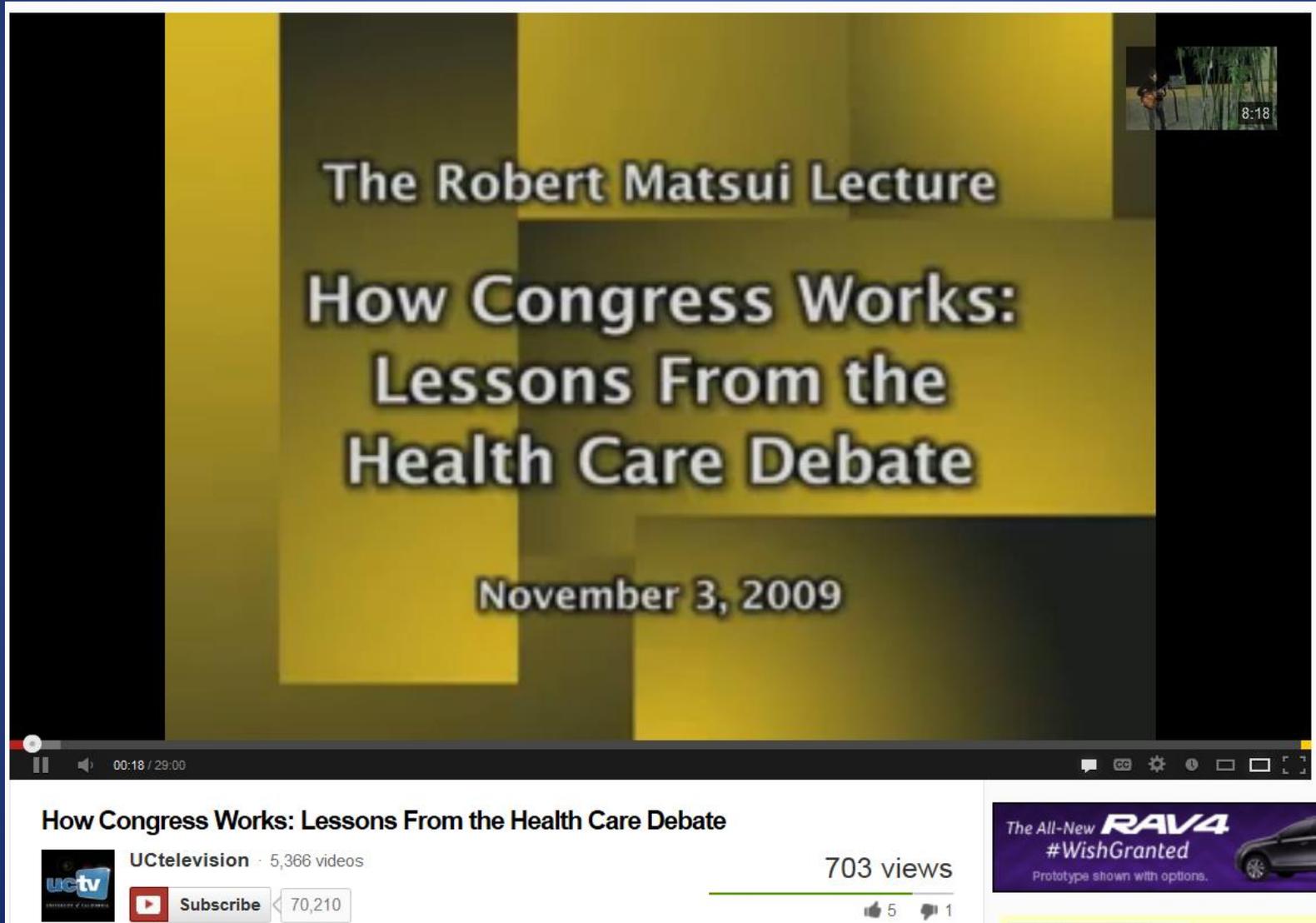
VICE PRESIDENT

## 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

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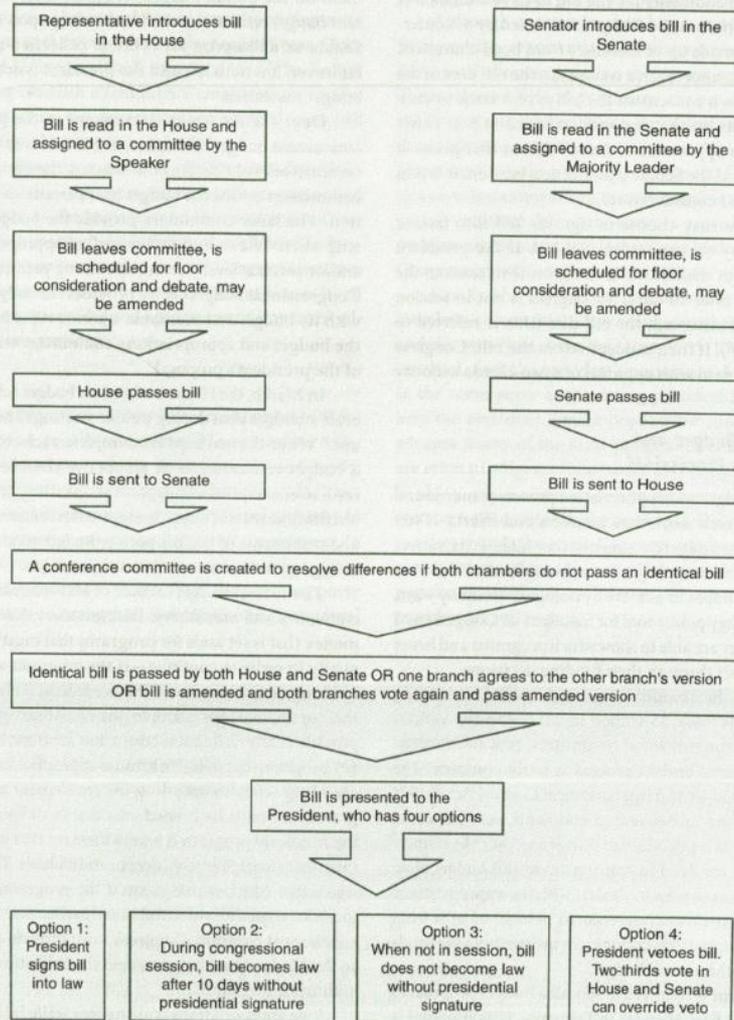
The All-New **RAV4**  
#WishGranted  
Prototype shown with options.

00:18 / 29:00

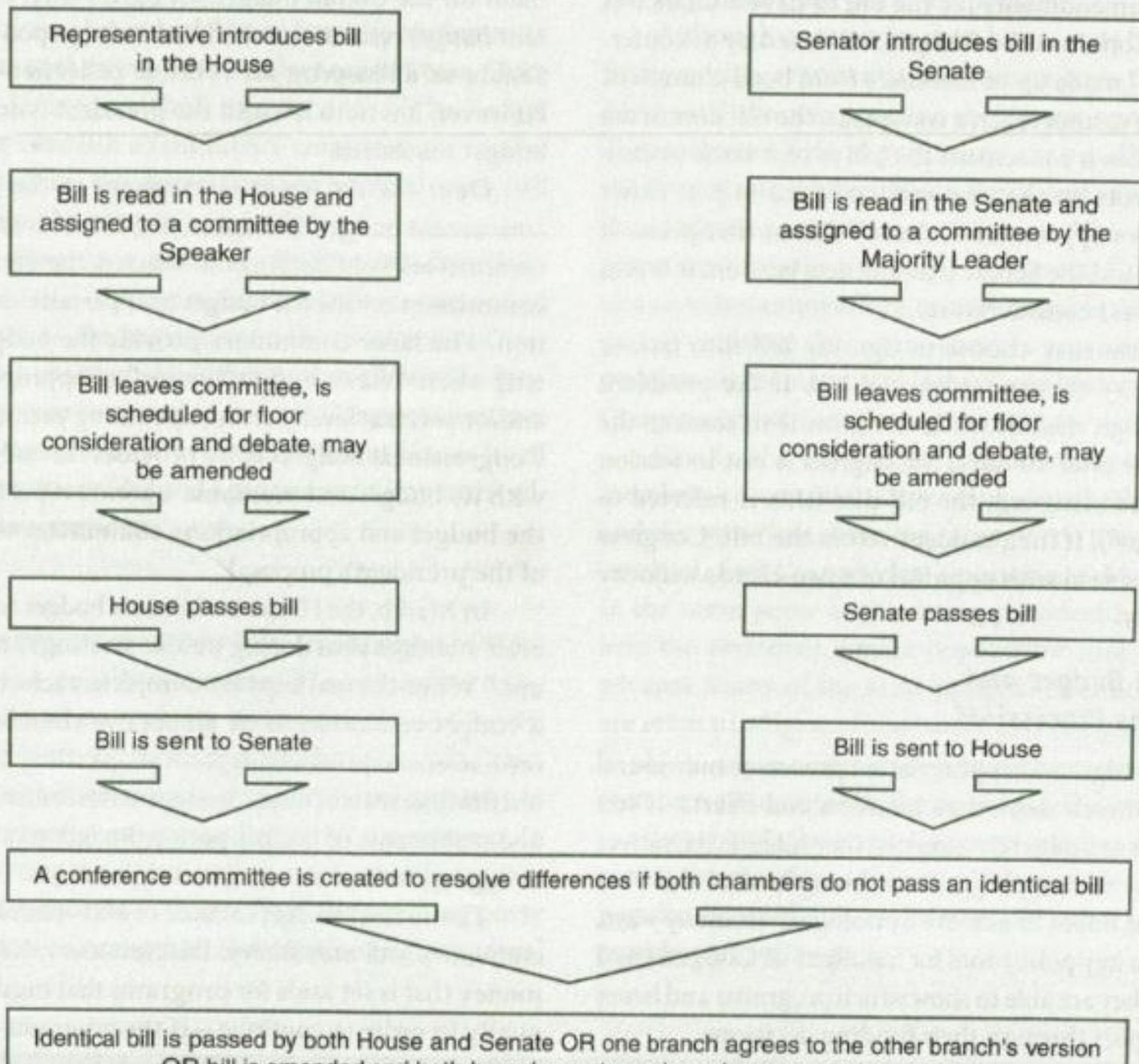
8:18

# 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

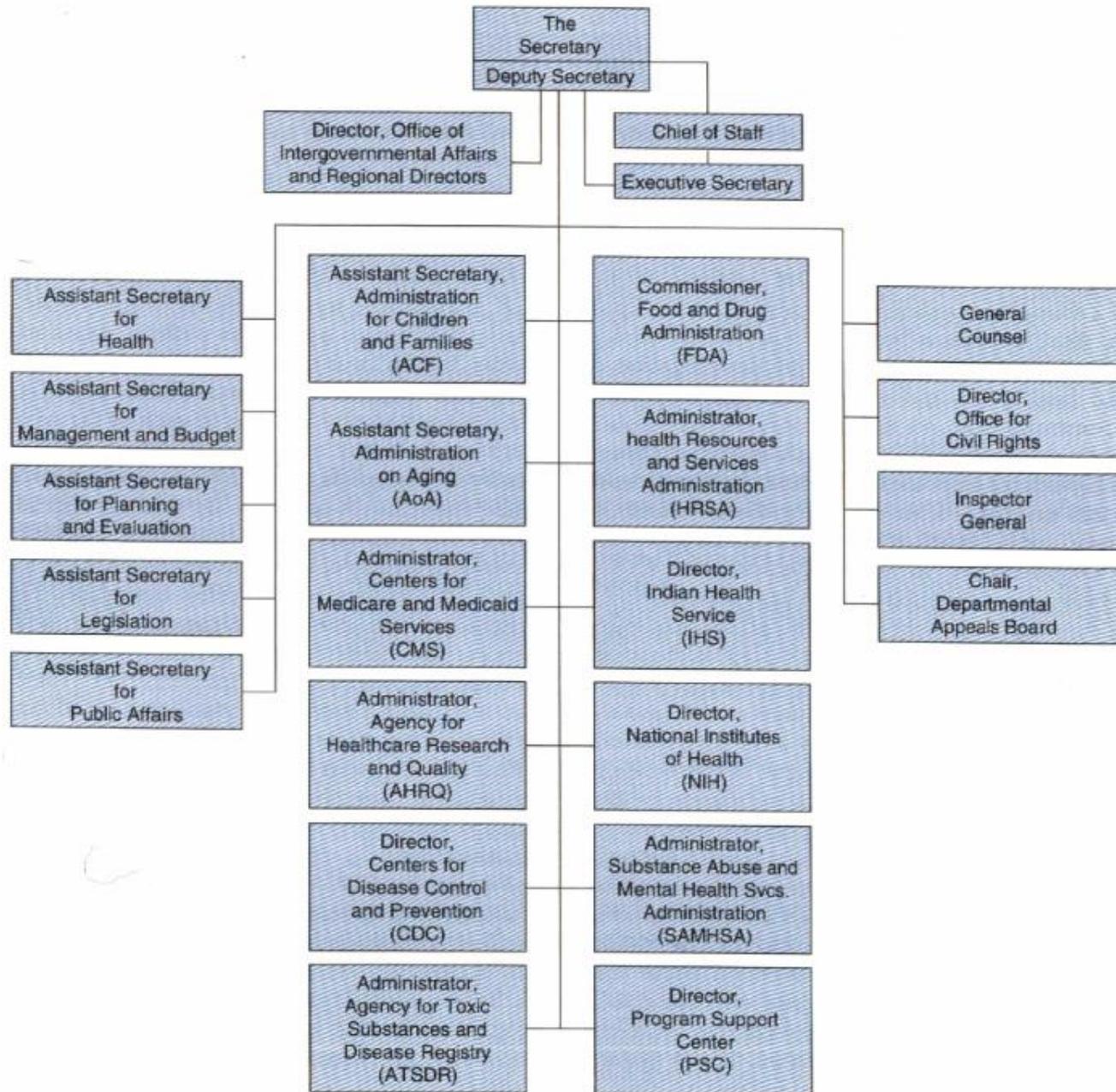
Bill is presented to the President, who has four options

Option 1:  
President signs bill into law

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

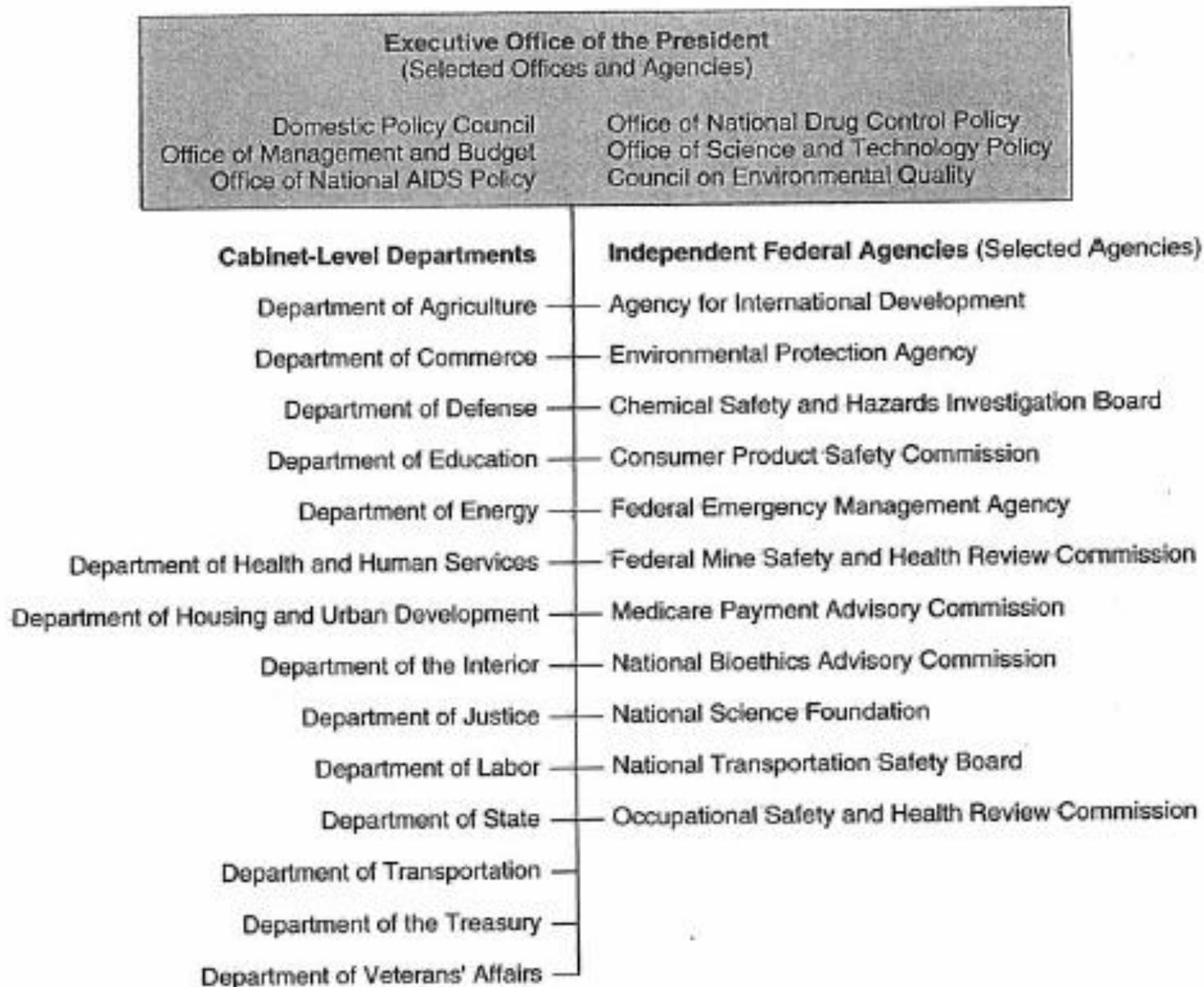
Option 3:  
When not in session, bill does not become law without presidential signature

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

Improving of Health  
Care



- 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.
- 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 course.cornell.edu

**JOHNSON**



**MEDICARE/MEDICAID**

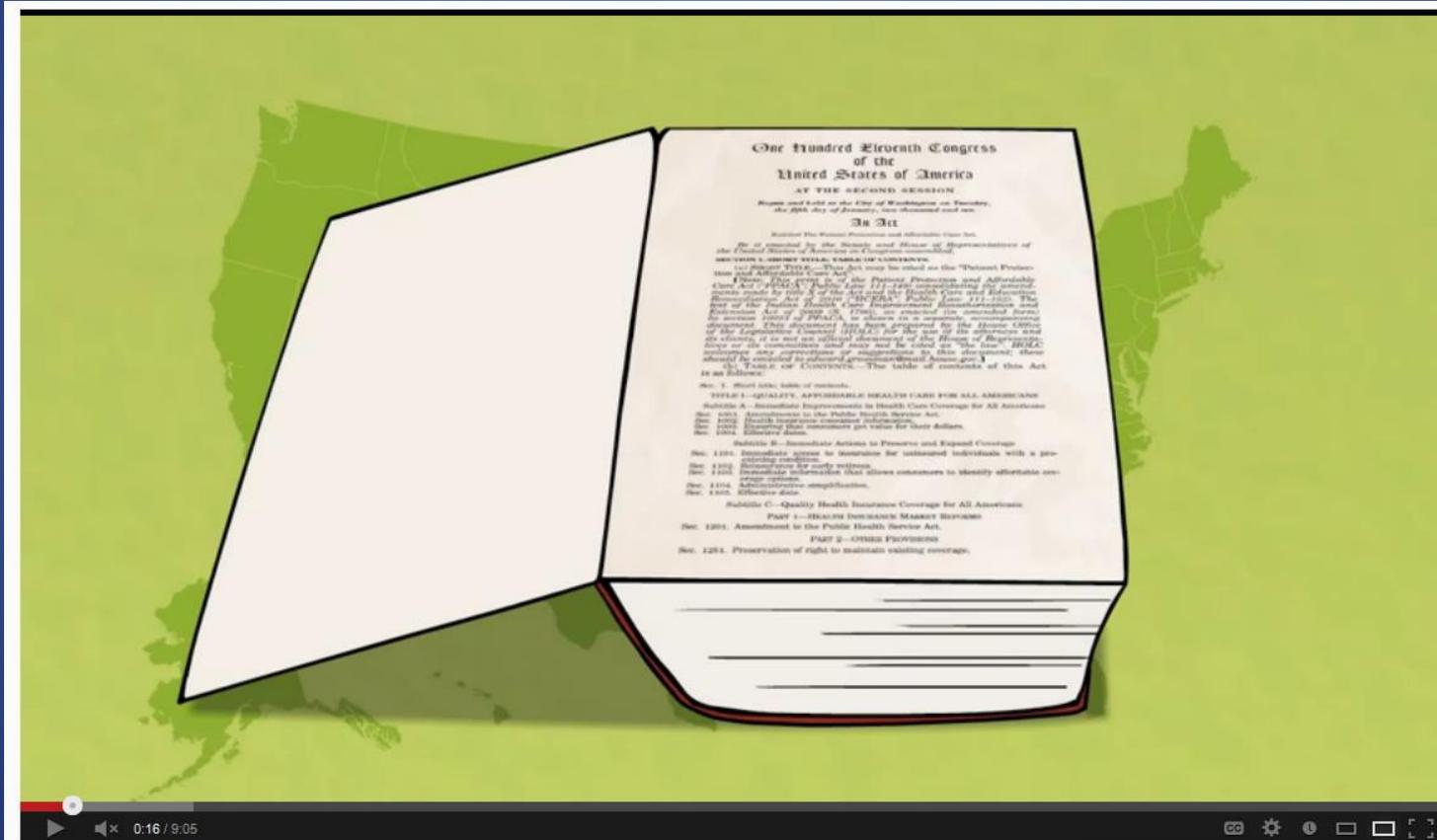
**OBAMA**



**HEALTH CARE REFORM**

# The Patient Protection and Affordable Care Act

[http://www.youtube.com/watch?v=3-llc5xK2\\_E](http://www.youtube.com/watch?v=3-llc5xK2_E)



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



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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.*

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**BE TEMPERATE IN EATING & DRINKING!**

*Avoid Raw Vegetables and Unripe Fruit!*

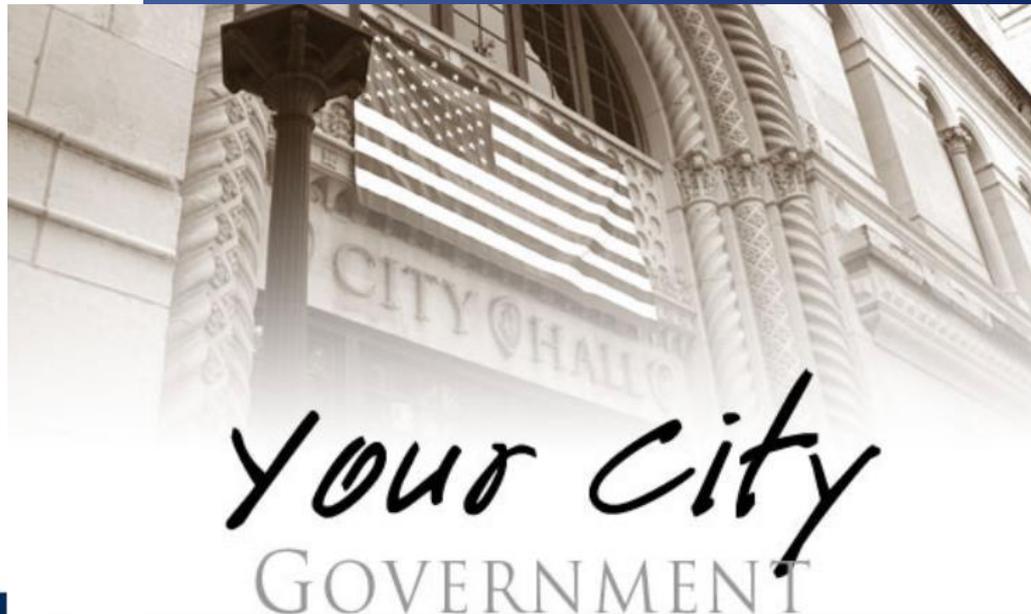
**Abstain from COLD WATER, when heated, and above all from *Ardent Spirits*, and if habit have rendered them indispensable, take much less than usual.**

- Private Sector



- Government





*Your City*  
GOVERNMENT

# Public Health

Prevent. Promote. Protect.



# Flint, Michigan



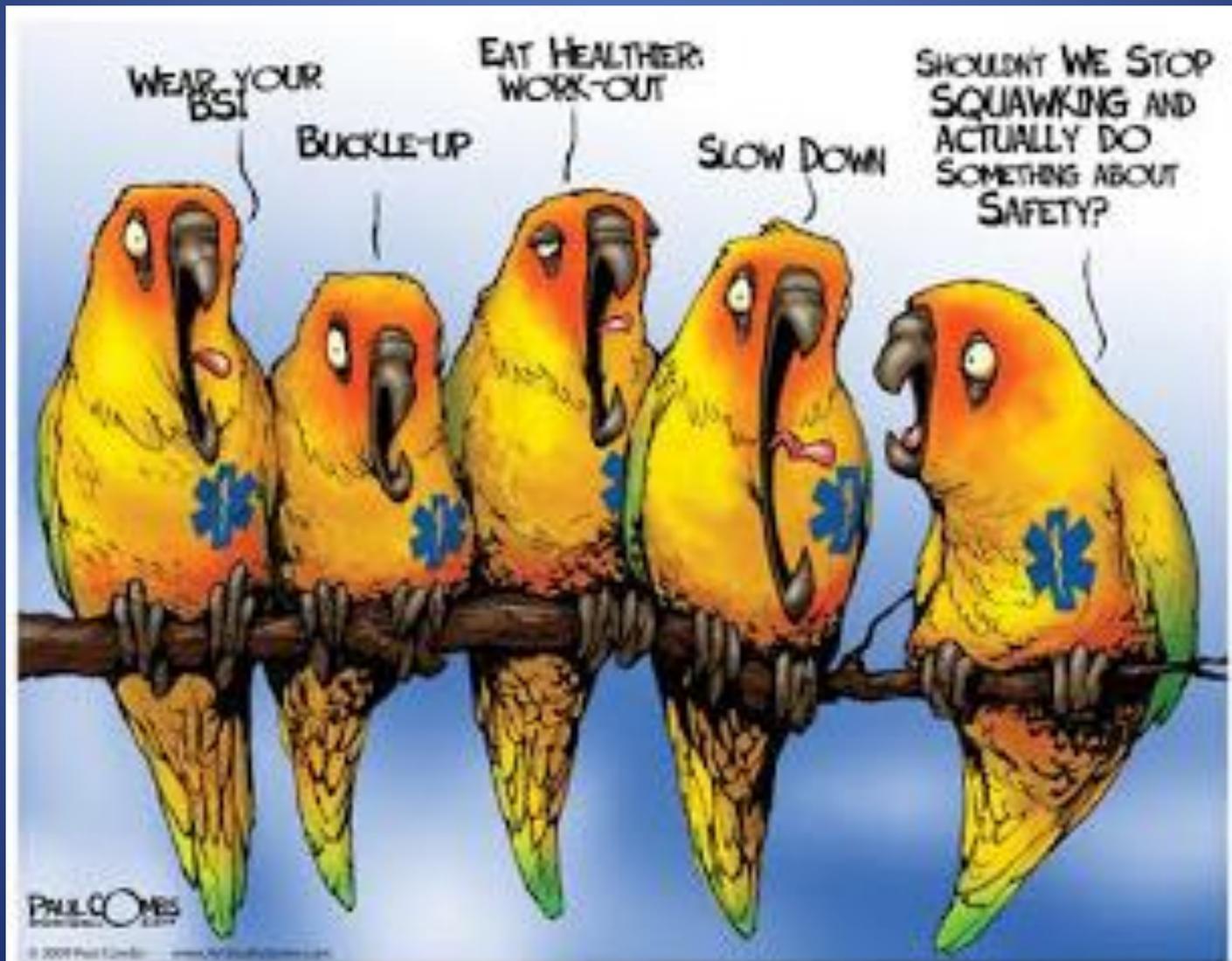
# Private Sector



# Policy Questions

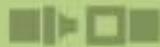


# Delivery Systems Continuum of Care

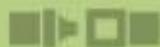




## Top 10 Achievements in Public Health



## 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

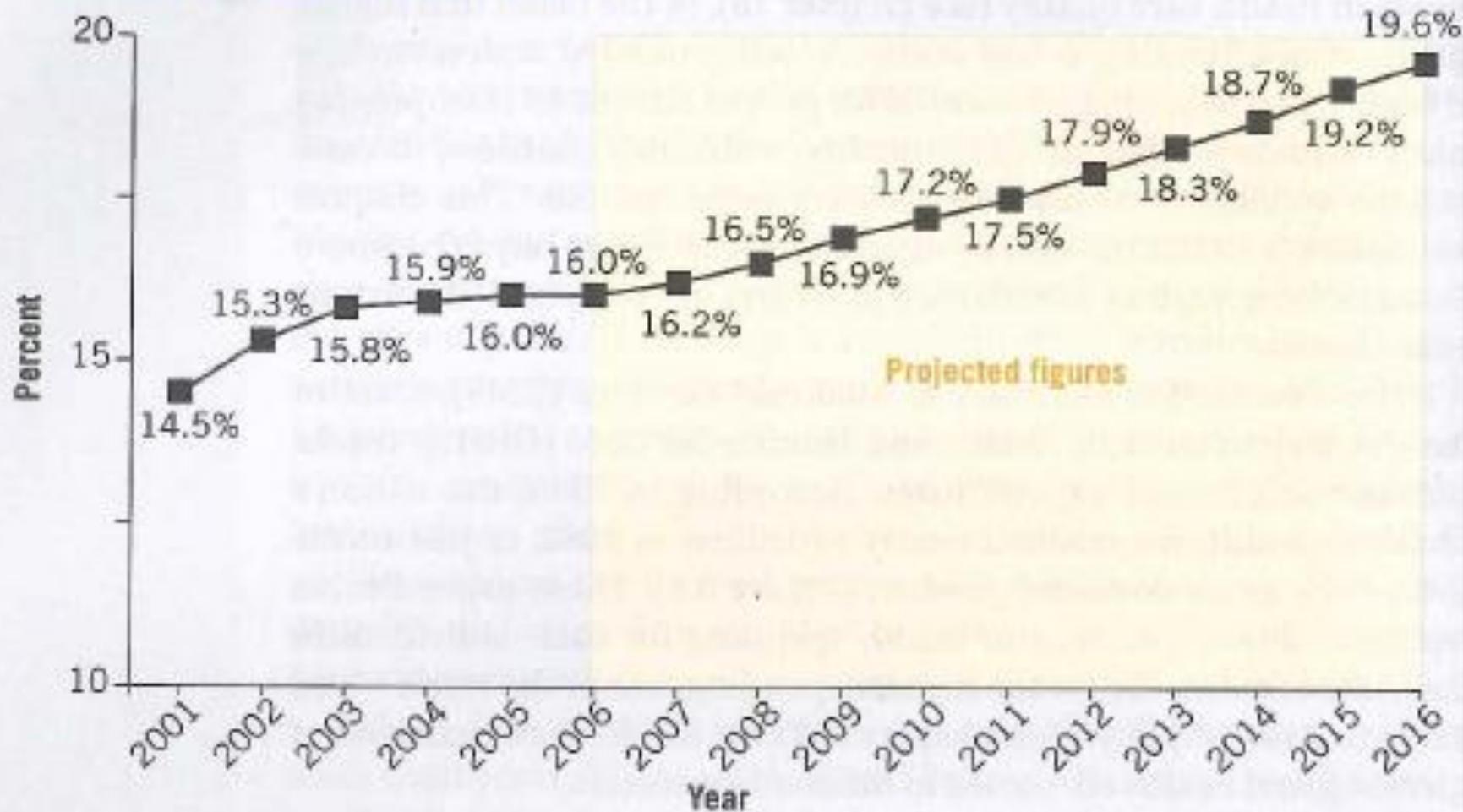
## Featured Sites

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

# Local Public Health Departments



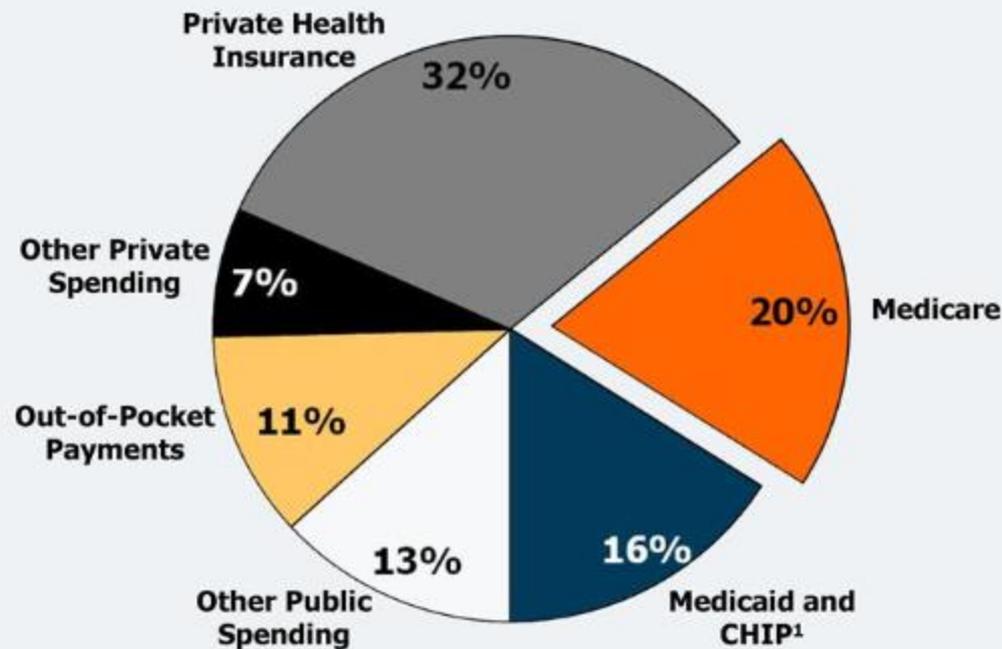
## U.S. National Health Expenditures as a Share of Gross Domestic Product, 2001-2016



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

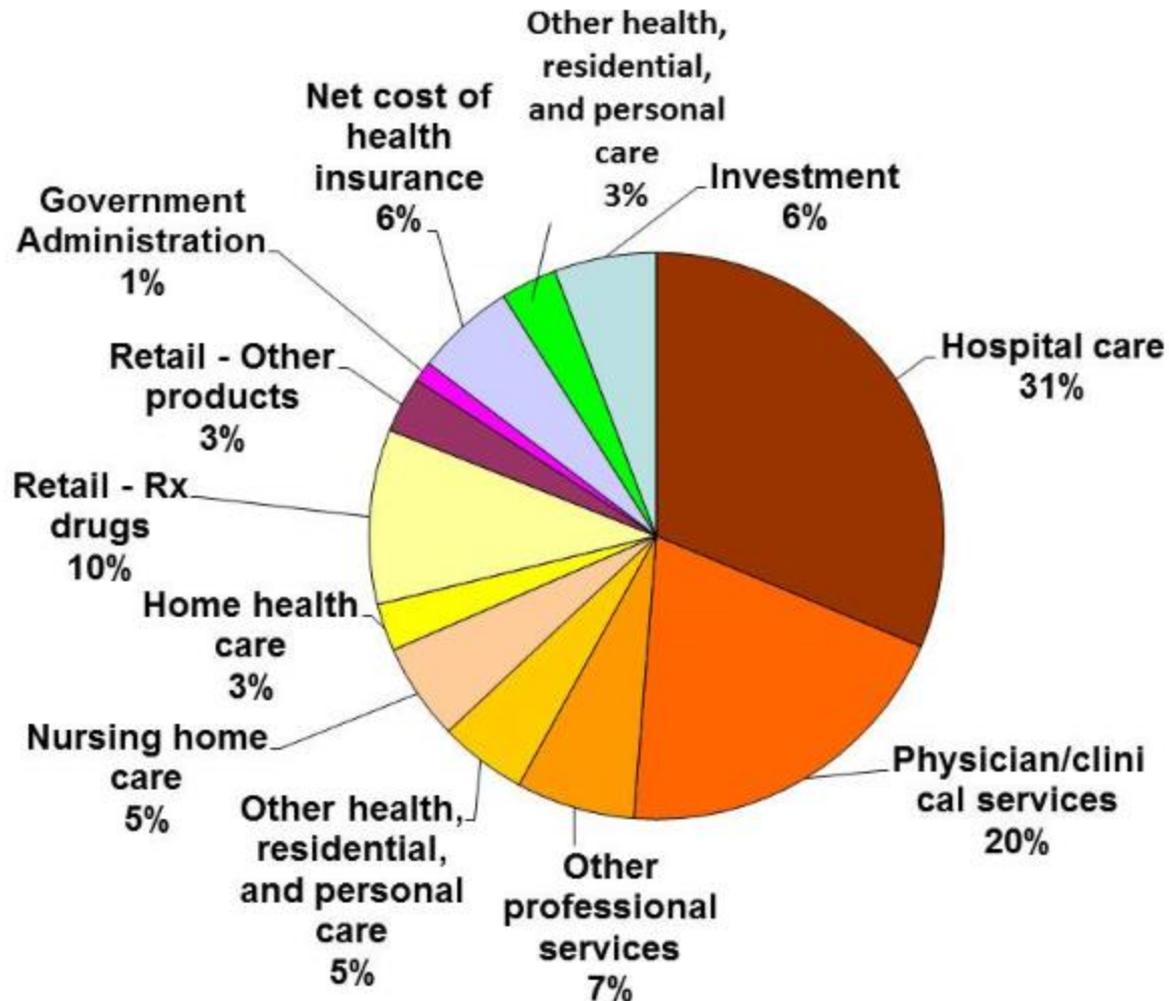
## National Health Expenditures in the United States, by Source of Payment, 2010



**Total National Health Expenditures, 2010 = \$2.6 Trillion**

NOTES: <sup>1</sup>Includes 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.

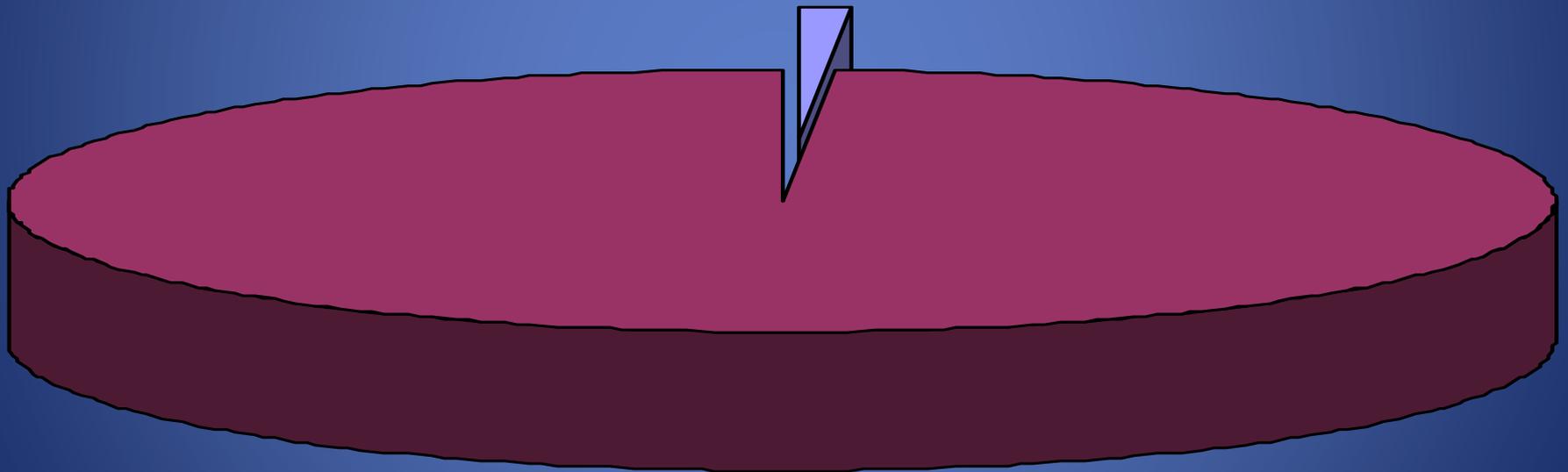
# National Health Spending 2012 by Service



# Public Health Expenditures As a Percentage of Health Expenditures

Public Health Expenditures

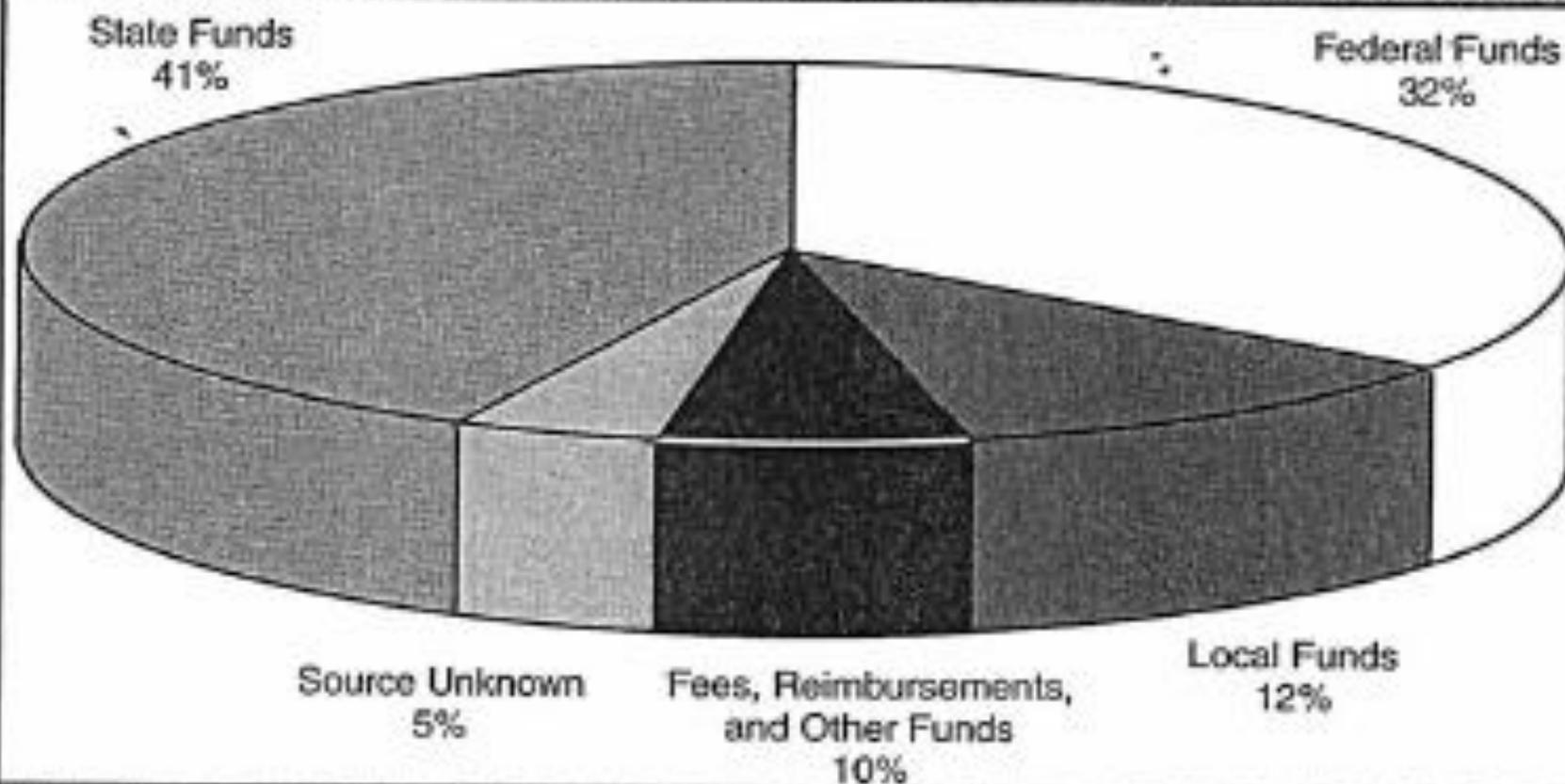
1%



Total Health Expenditures

99%

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



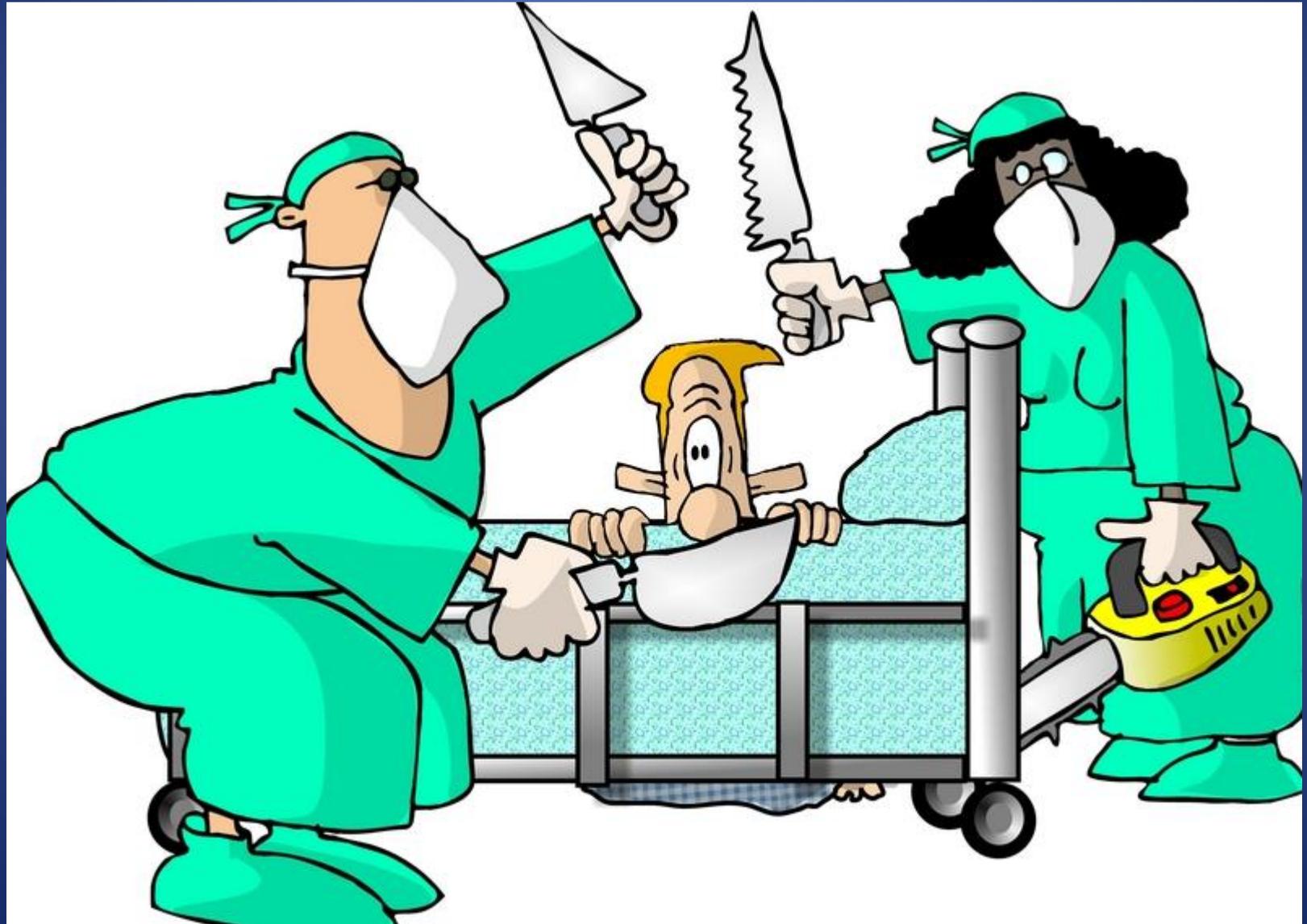
Source: Reprinted from Public Health Foundation. *Public Health Macroview*. 1995;7:1-8.

# 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



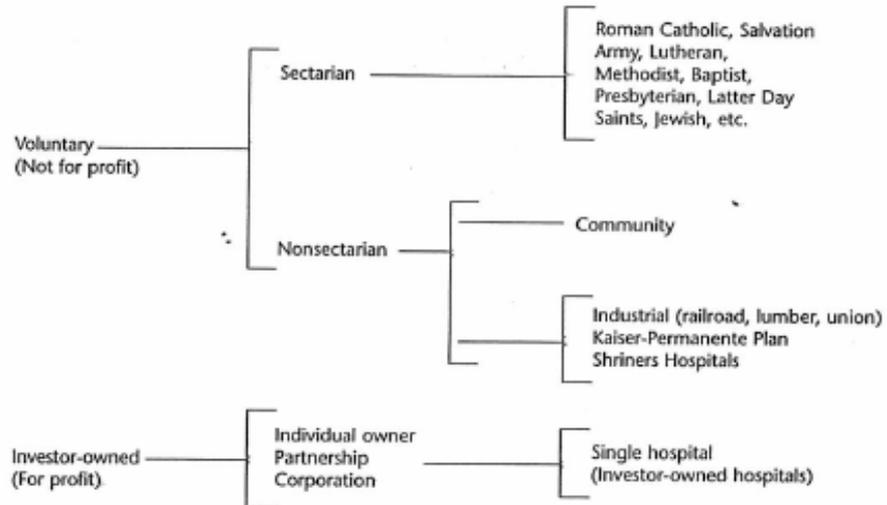
7481 Oakwood Dr.



# Hospitals



### PRIVATE (NONGOVERNMENT) OWNERSHIP



### GOVERNMENT OWNERSHIP

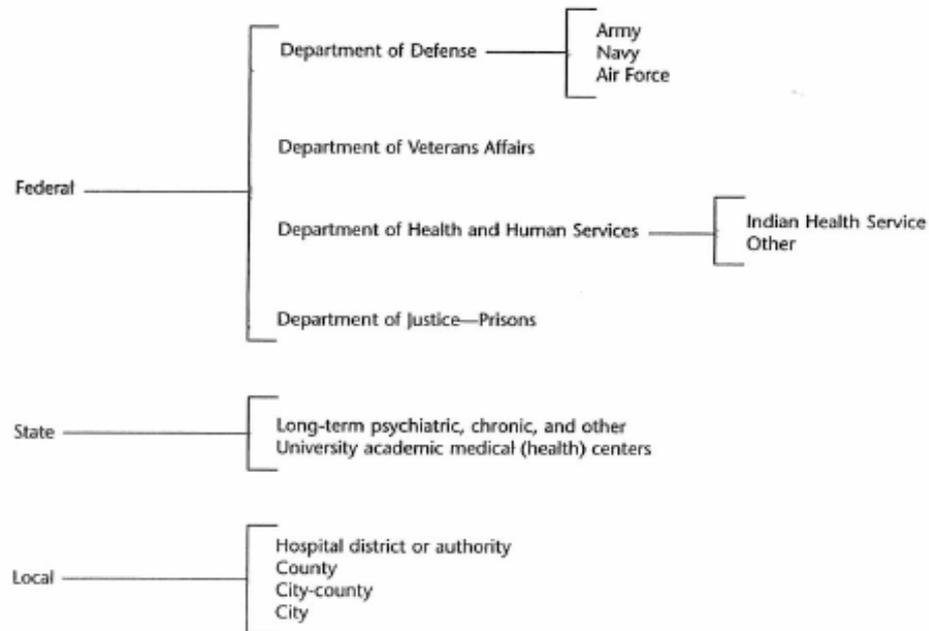


Figure 2.4. Hospital ownership.

# Elder Care/Long Term Care

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



# Payment for Care



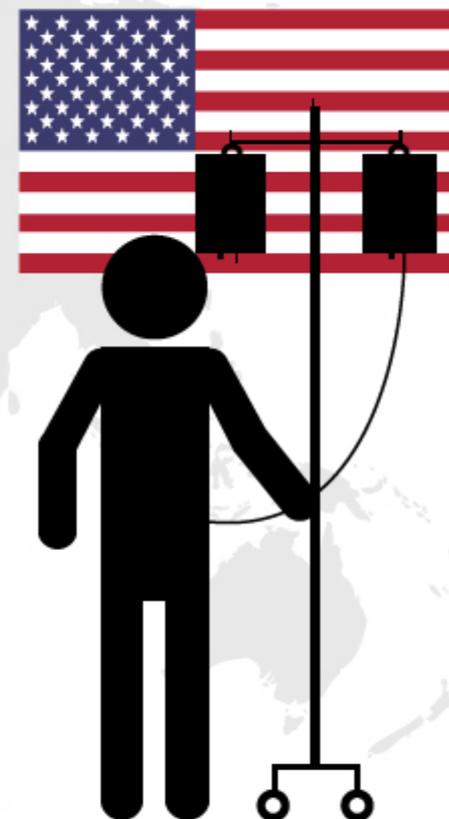
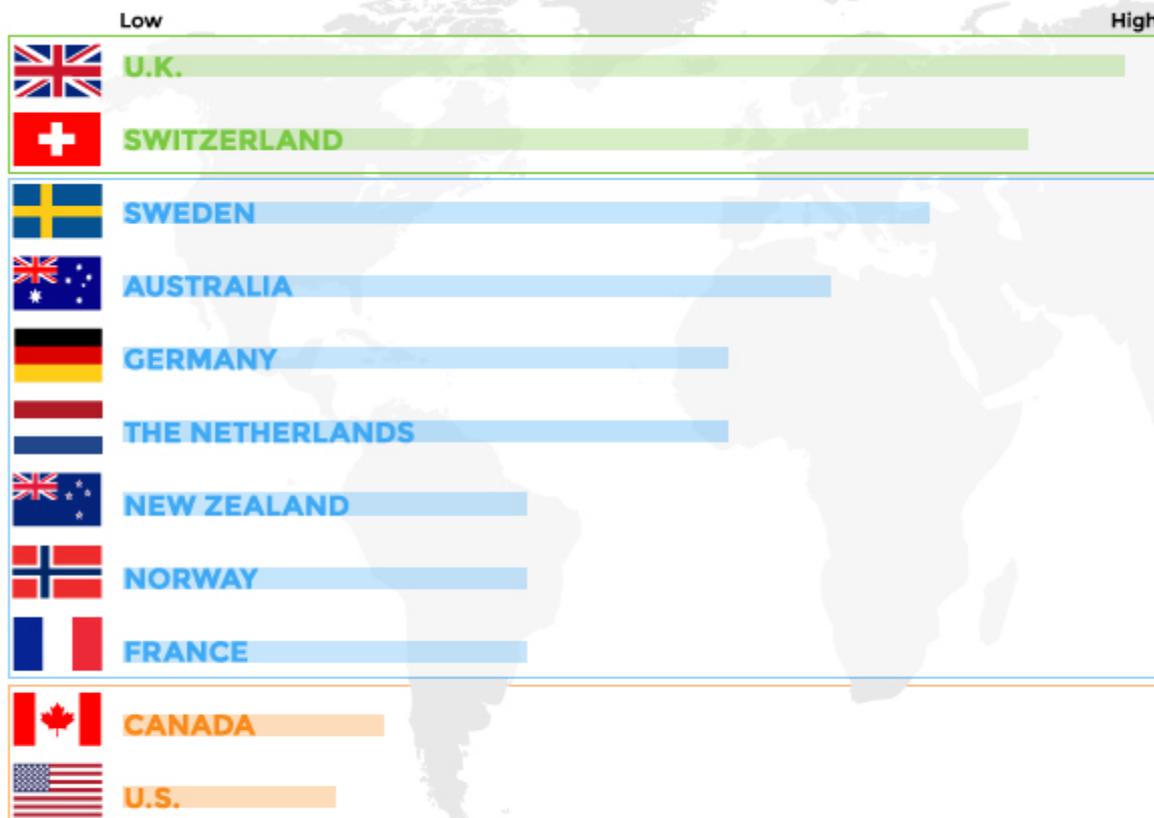
# Fee-For-Service



# 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

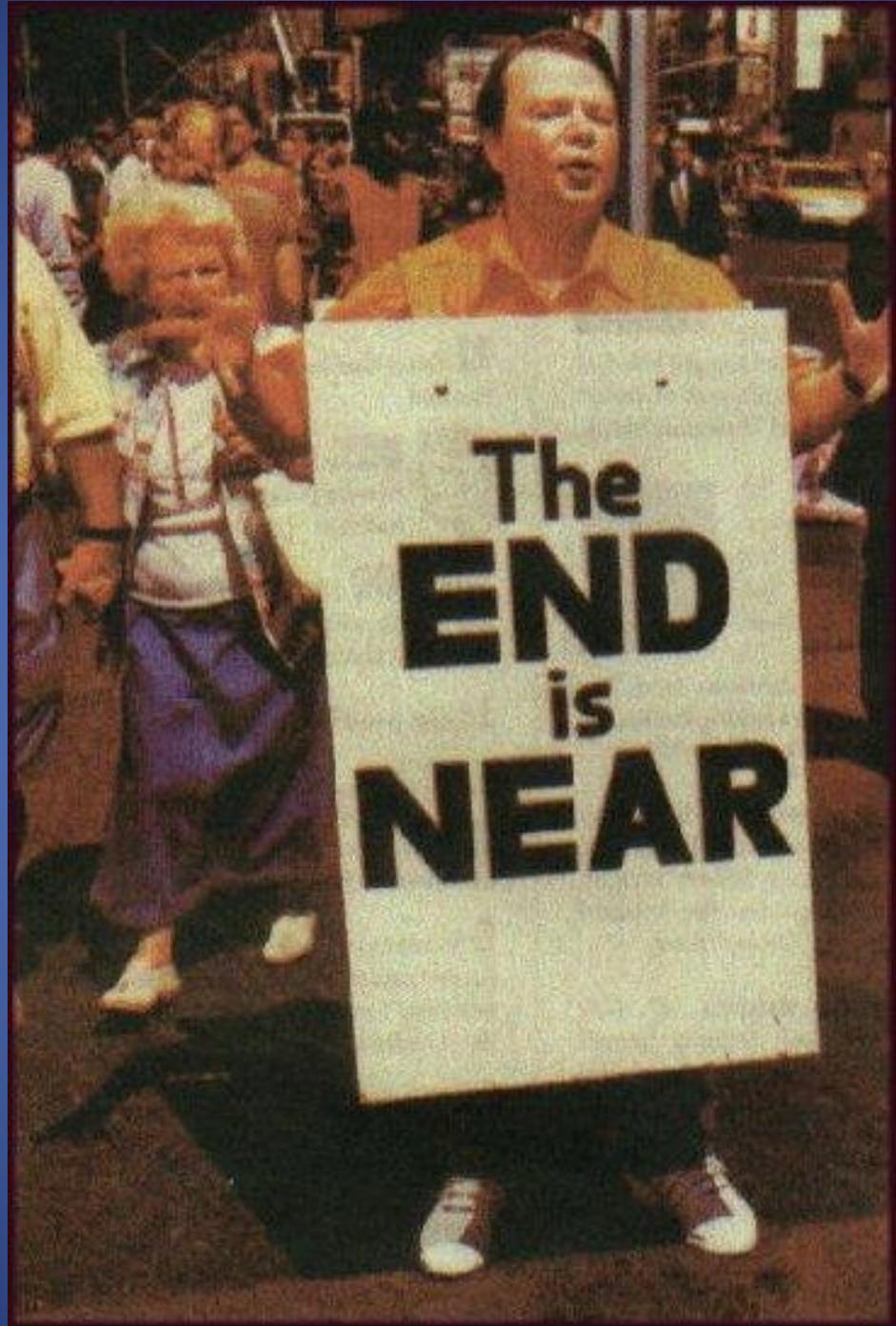
	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
<b>OVERALL RANKING (2013)</b>	4	10	9	5	5	7	7	3	2	1	11
<b>Quality Care</b>	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
<b>Access</b>	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
<b>Efficiency</b>	4	10	8	9	7	3	4	2	6	1	11
<b>Equity</b>	5	9	7	4	8	10	6	1	2	2	11
<b>Healthy Lives</b>	4	8	1	7	5	9	6	2	3	10	11
<b>Health Expenditures/Capita, 2011**</b>	\$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.

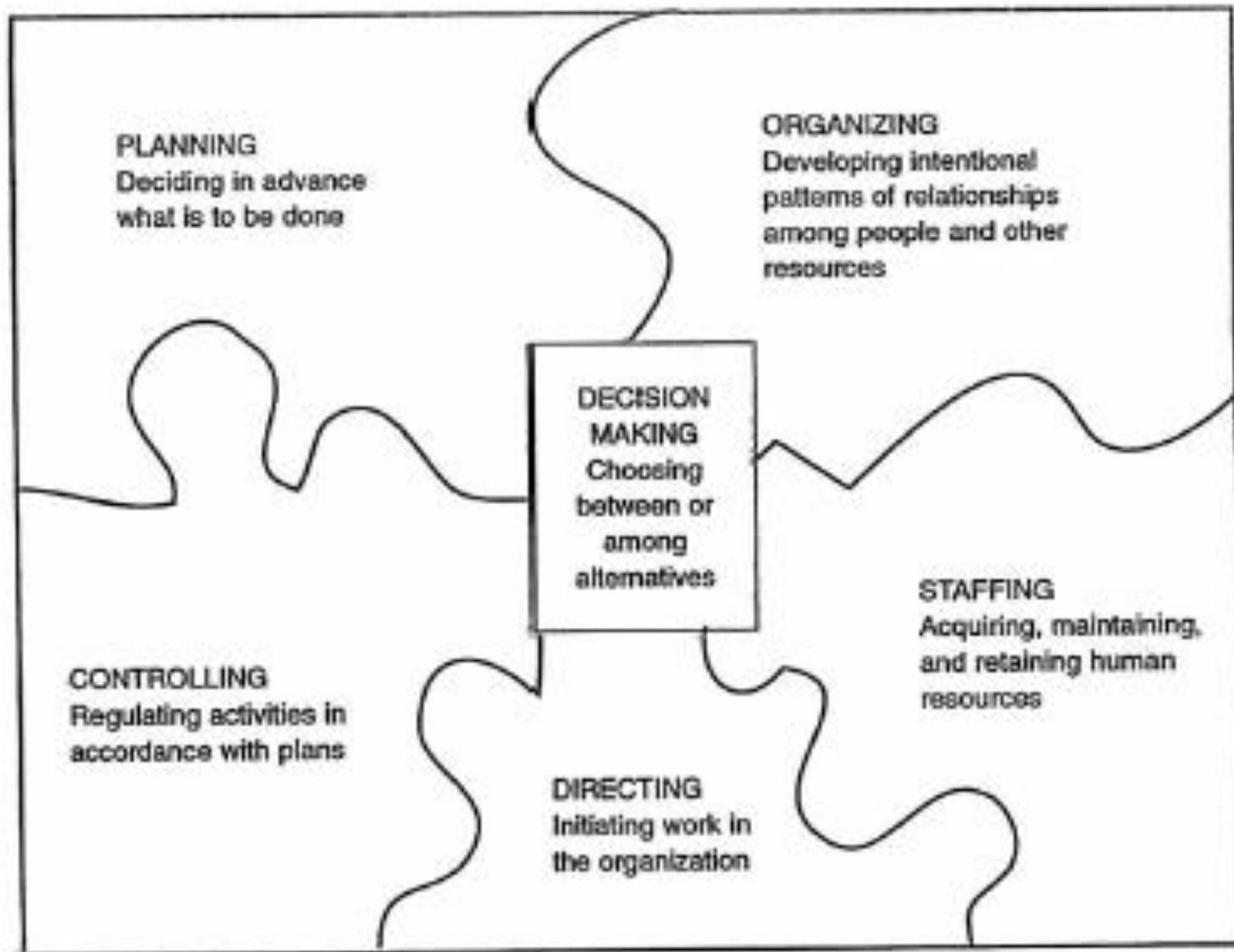


Figure 1.2. The management functions are interrelated like the pieces of a puzzle.

# Governance

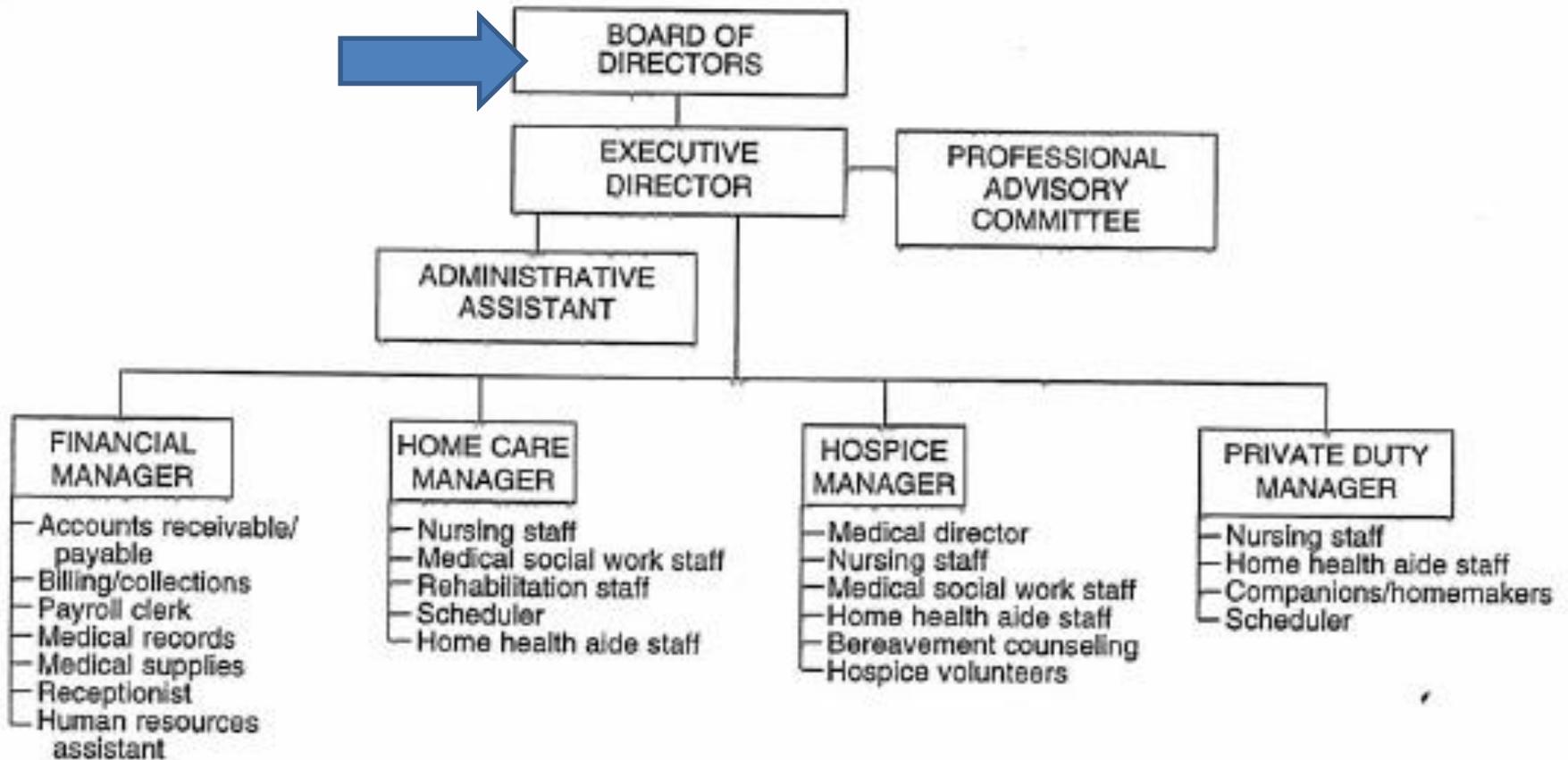
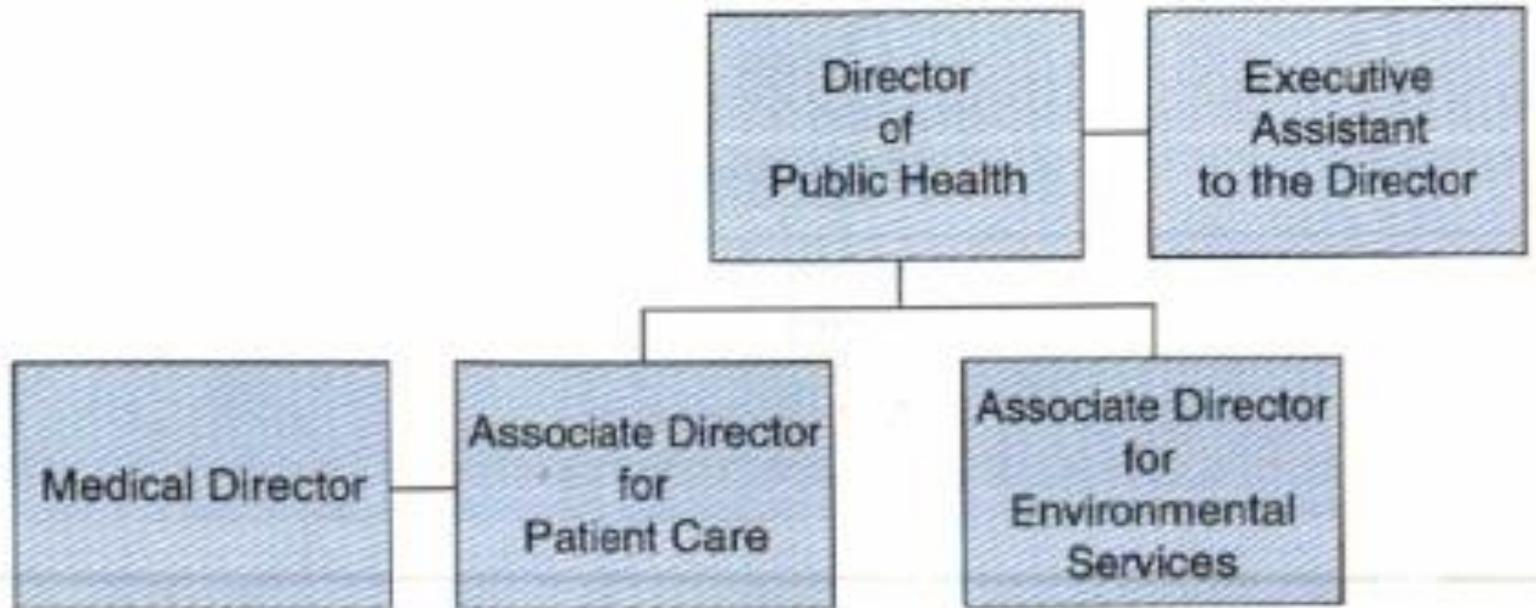


Figure 4.10. Organization chart of a freestanding home health agency.



# Line and Staff



Line and Staff Relationships

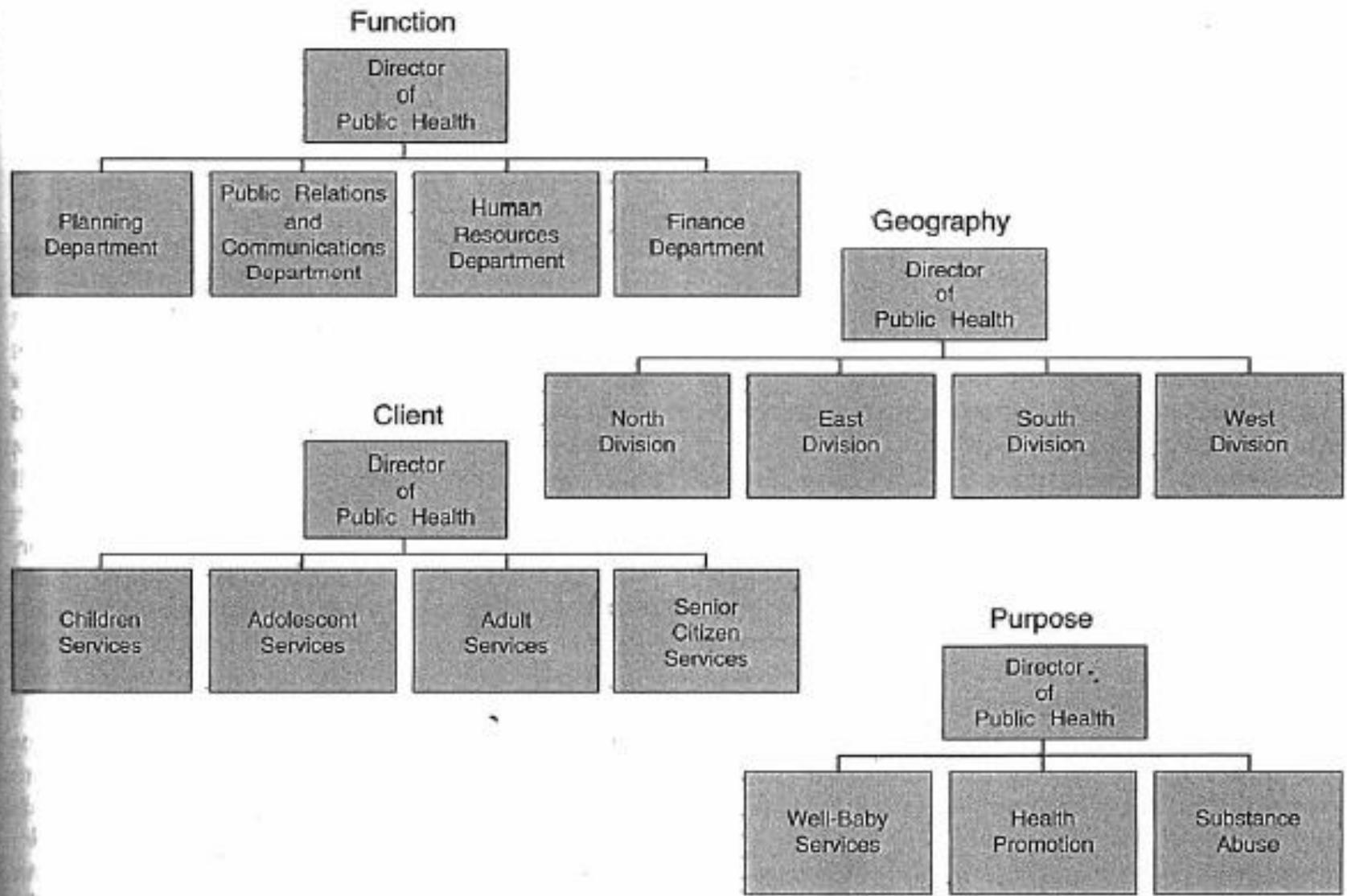


Figure 15.2. Four Models of Organization

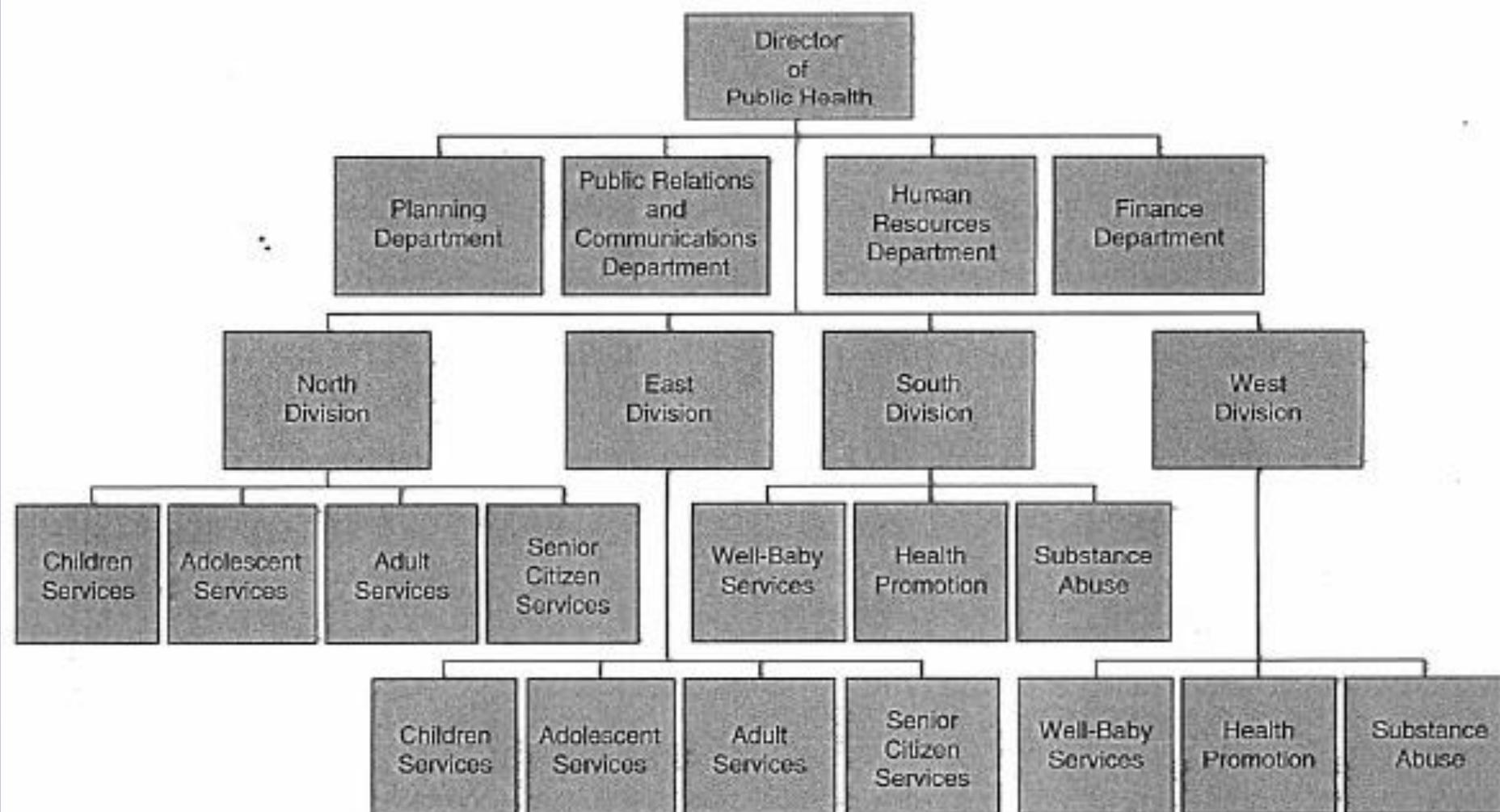


Figure 15.3. Mixed Organizational Structure

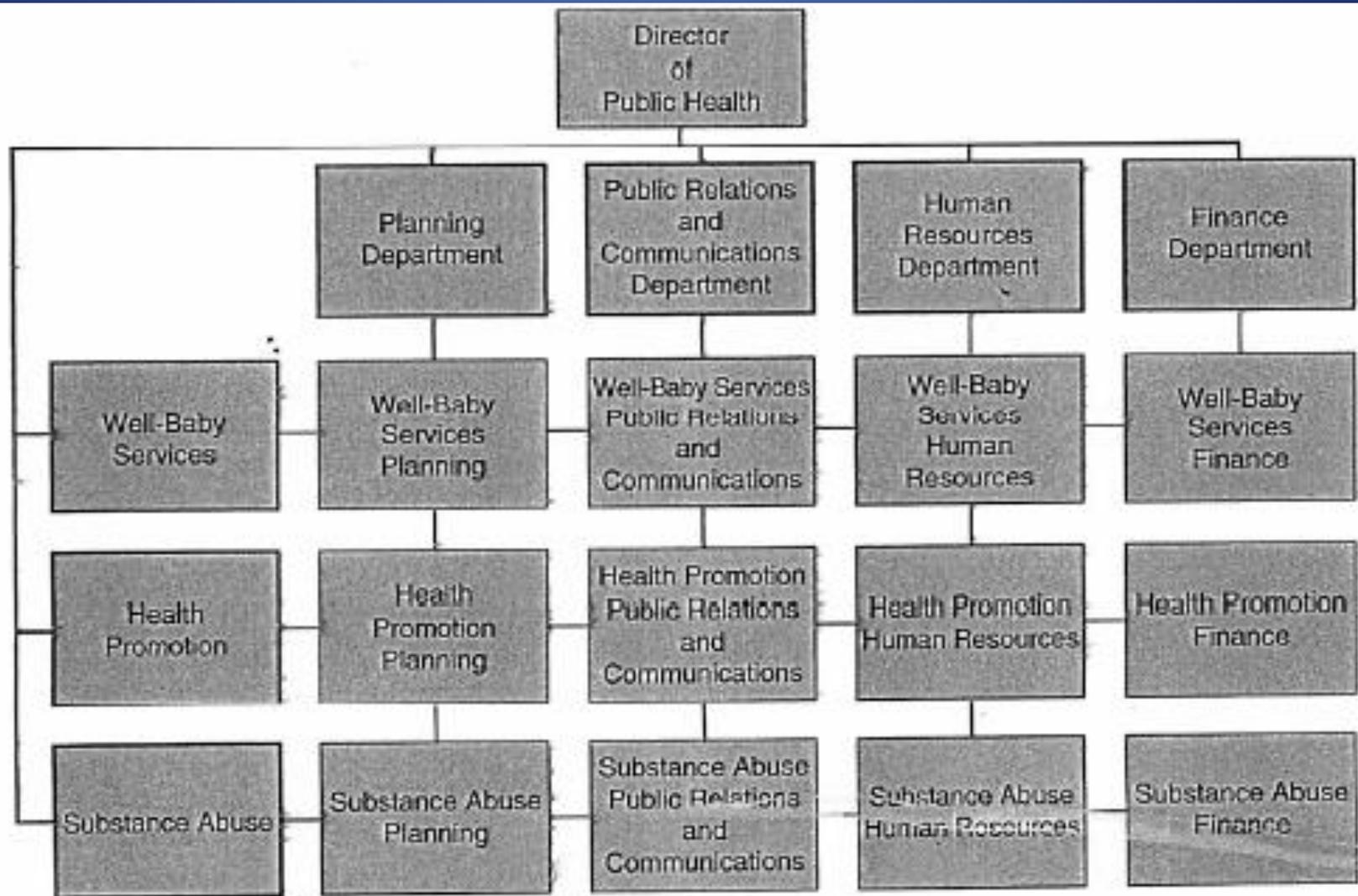


Figure 15.4. Matrix Organization

# 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



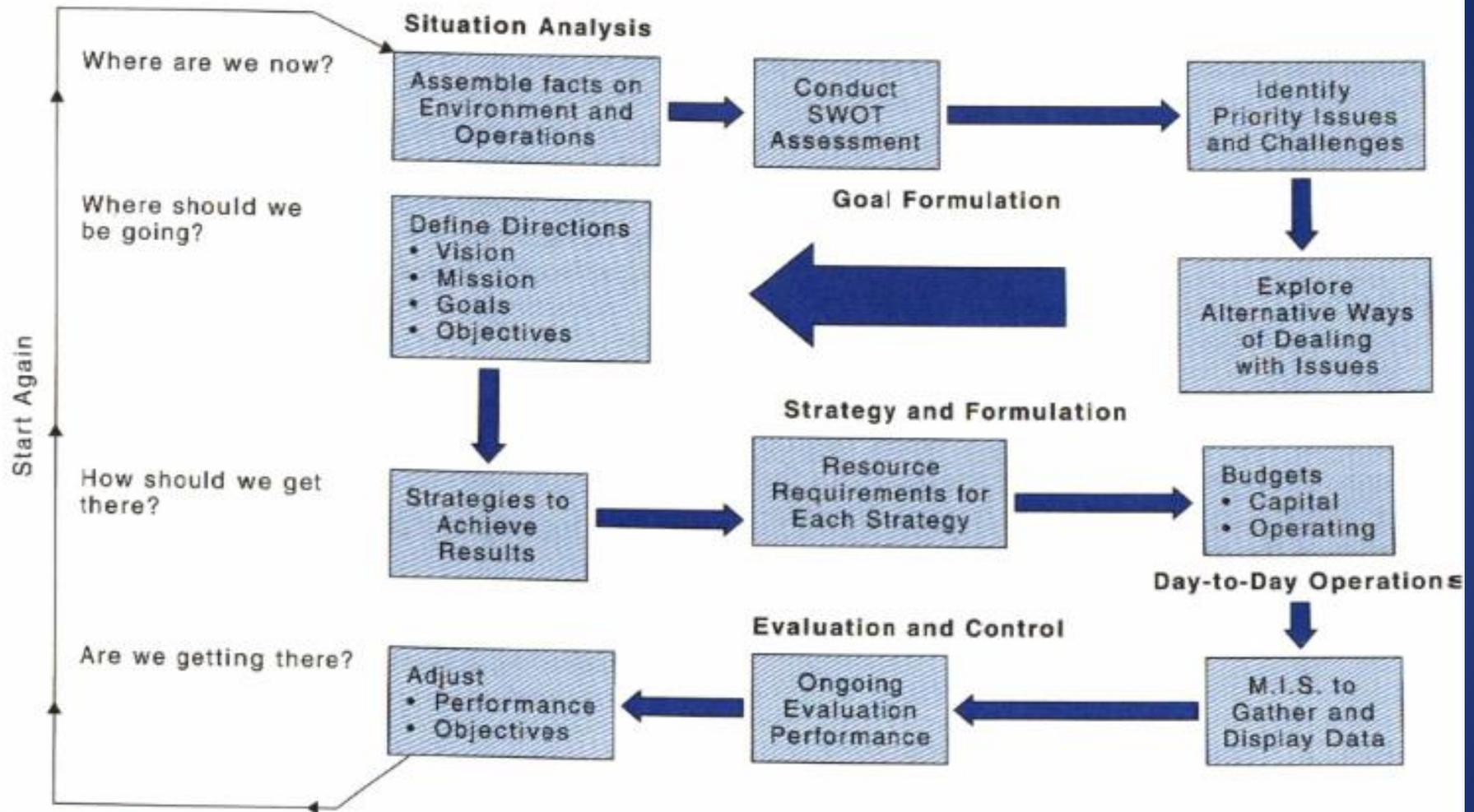
Goals



Tactics

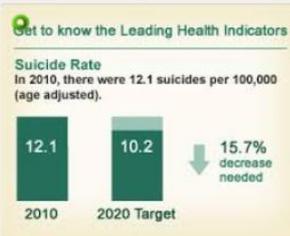


Objectives



**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



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### 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

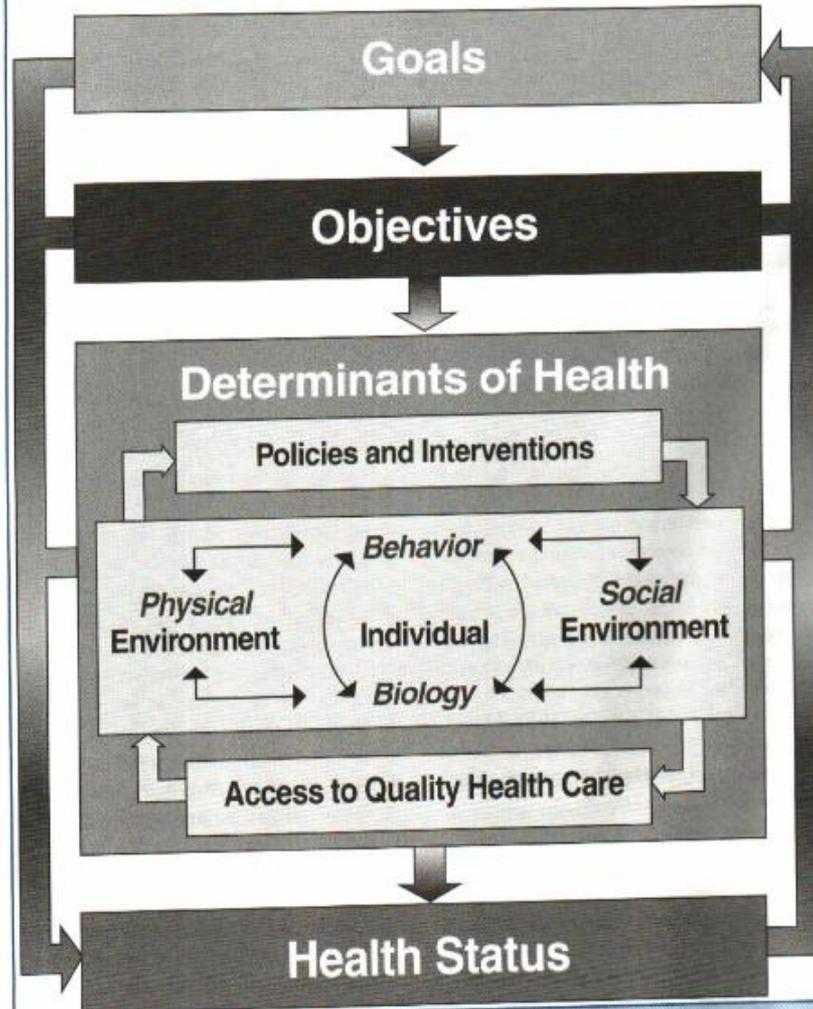
MICH-1.1	Reduce the rate of fetal deaths at 20 or more weeks of gestation	<a href="#">View Details</a> ▼
MICH-1.2	Reduce the rate of fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days after birth)	<a href="#">View Details</a> ▼
MICH-1.3	Reduce the rate of all infant deaths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

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					

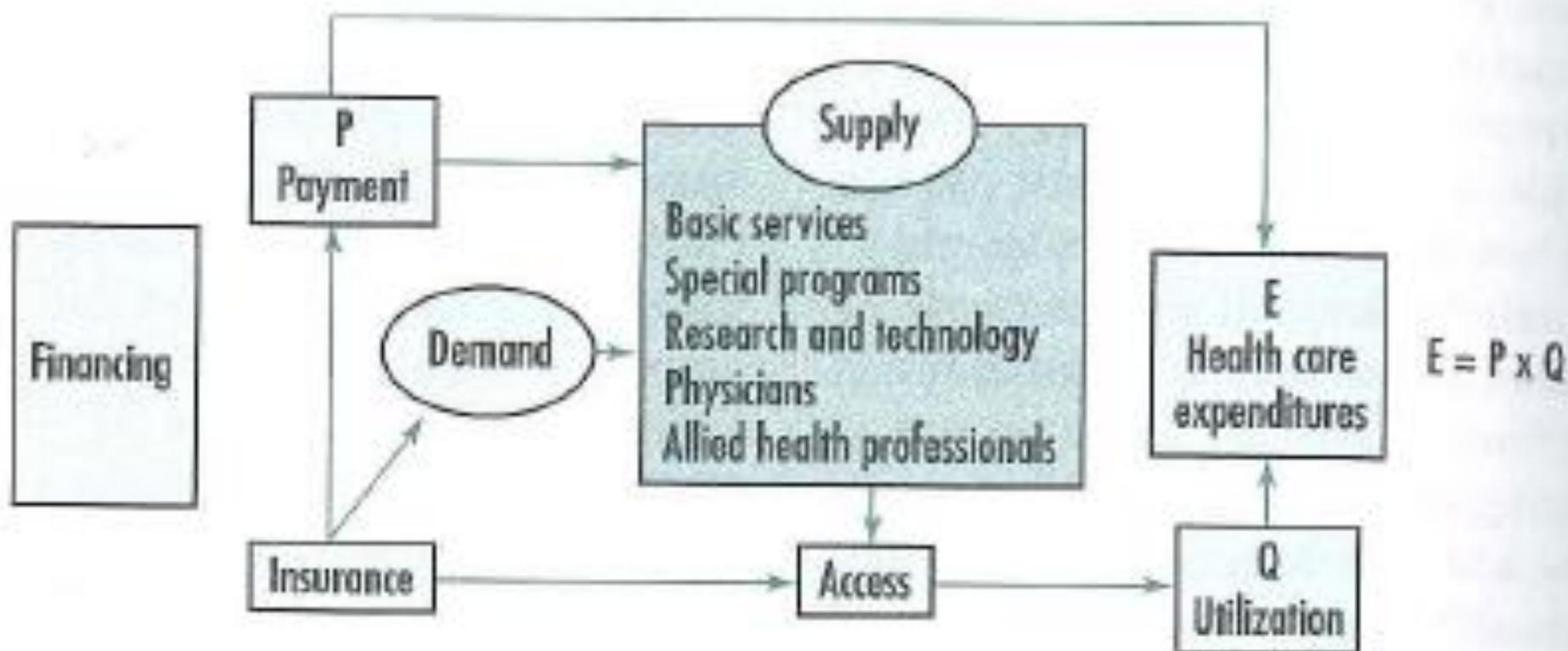
**Marketing**  
**The 5 P's**  
**(4 P's)**

# 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.

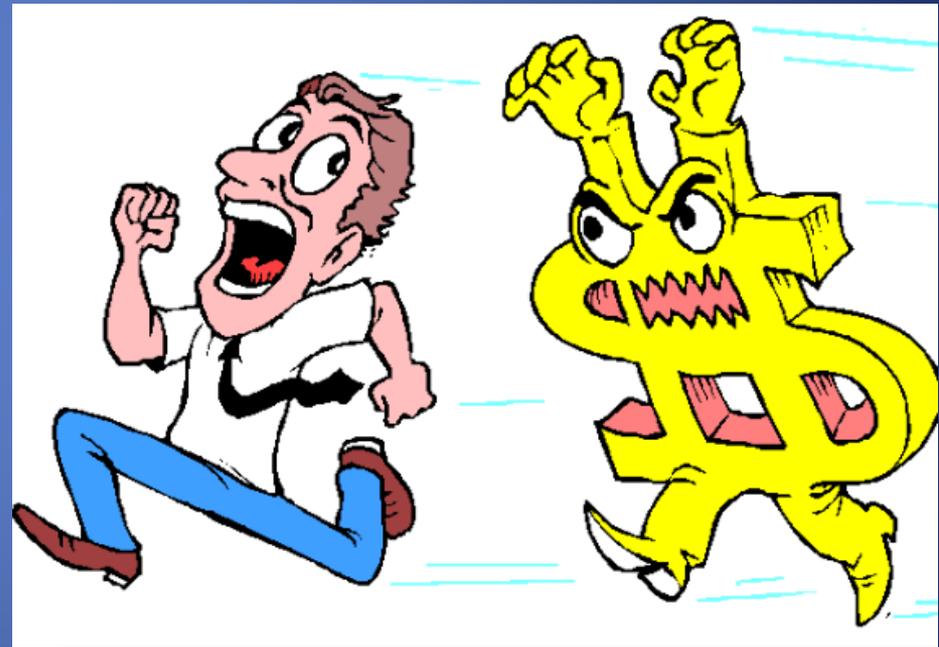


# Cost vs. Charges

The resources require to provide the good or service



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

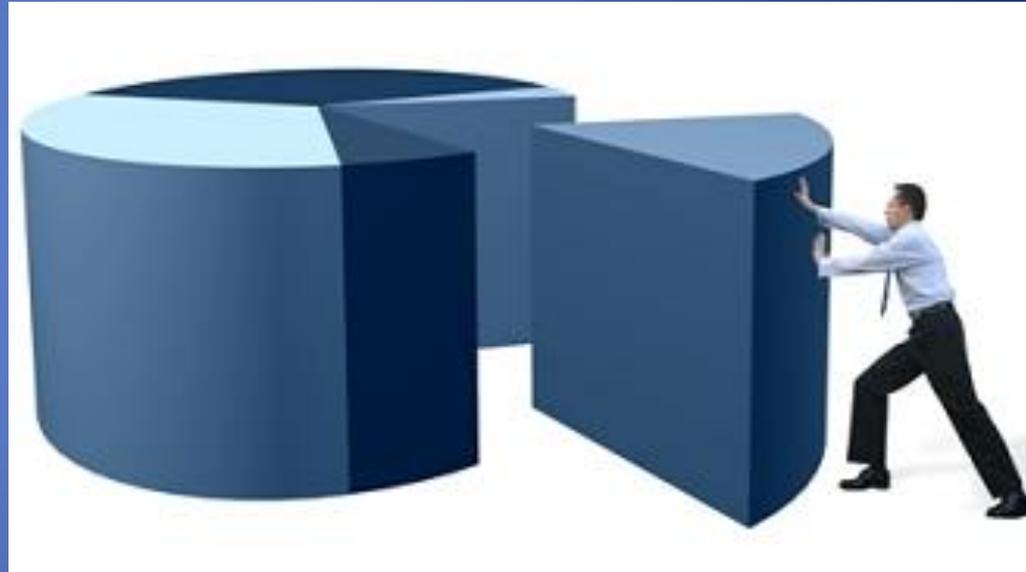


# Fixed Cost Vs. Variable Cost



# The Capital Budget

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



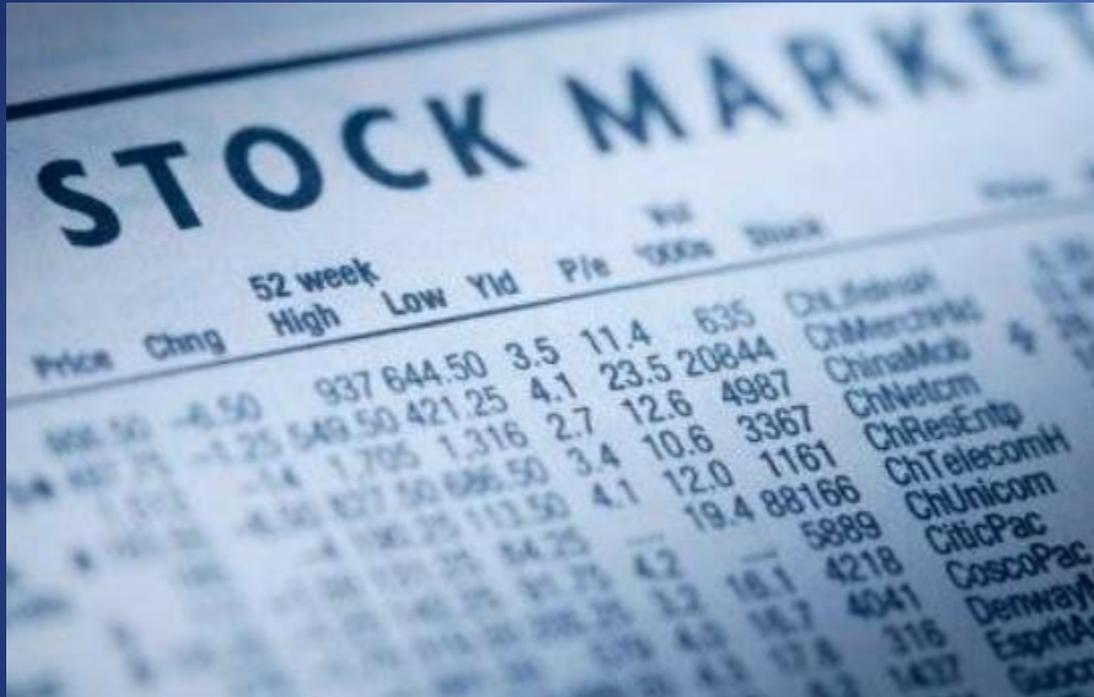
# The Operating Budget

- ▣ **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")



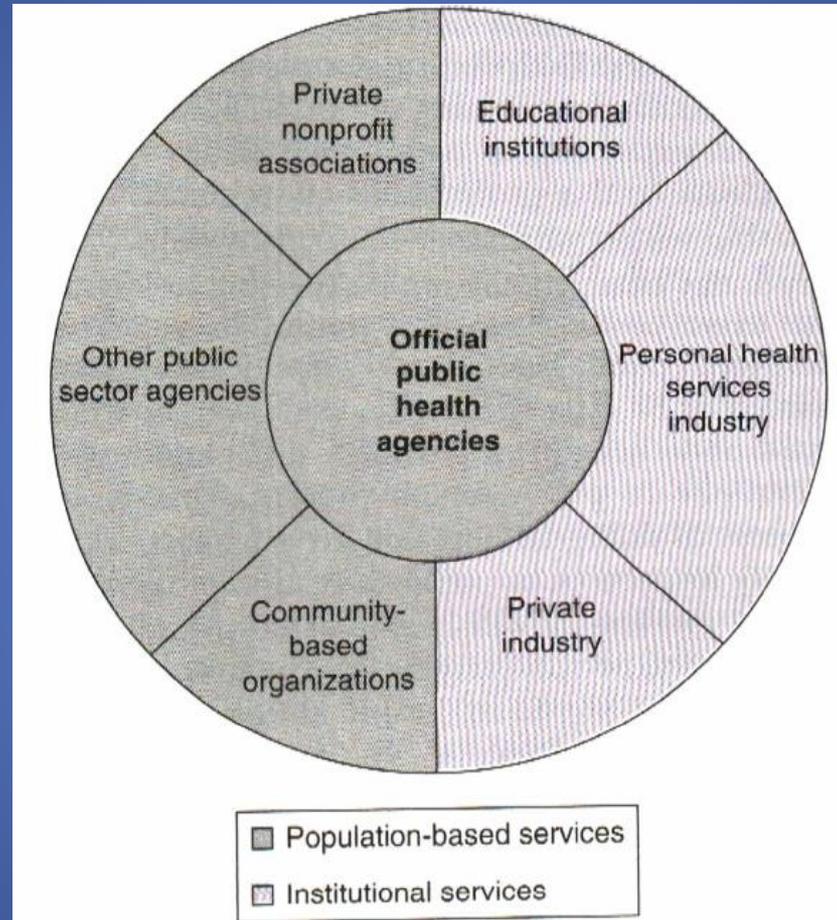
Government



# 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**



**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!

# Hospital Accreditation



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[2011 Spring International Catalogue](#)

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## Accreditation and Certification

Our standards and evaluation methods stand alone in the world as unique tools designed to provide quantifiable benchmarks for patient care quality and drive positive changes that get noticed by clinical staff, patients and management.

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Experience combined with innovation drives our clinical experts. Our team brings years of experience working inside health care organizations and will help you develop continuous improvement processes that work over the long-term.

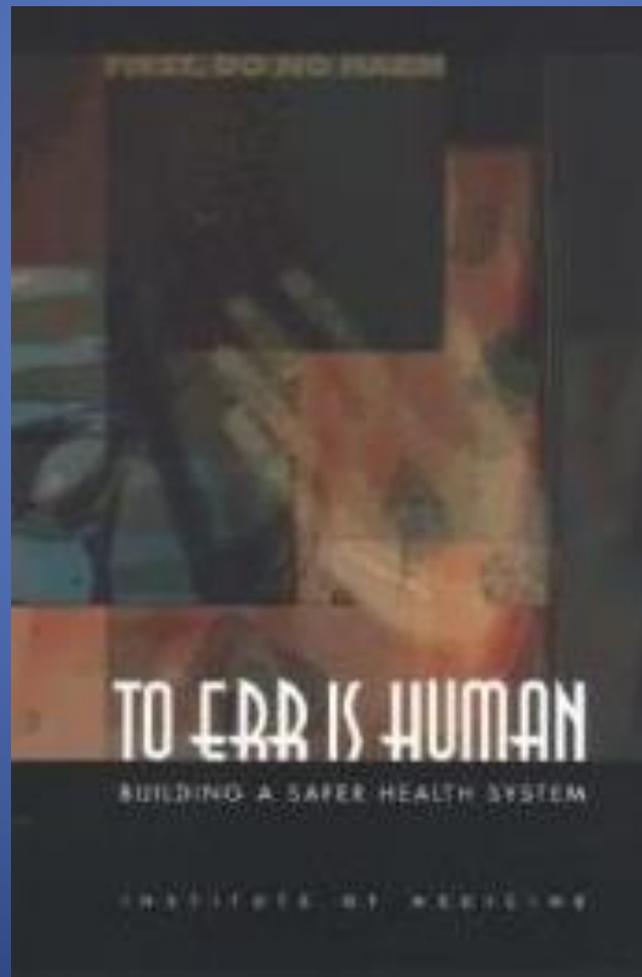
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Remain competitive with the latest quality and safety information. A proactive improvement in quality and safety protects patients and your bottom line. Our passion for sustaining improvements in patient safety translates to practical strategies and real results.

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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

In order to improve the health of the public, the Public Health Accreditation Board (PHAB) is developing a national voluntary accreditation program for state, local, territorial and tribal public health departments. The goal of the accreditation program is to improve and protect the health of every community by advancing the quality and performance of public health departments.

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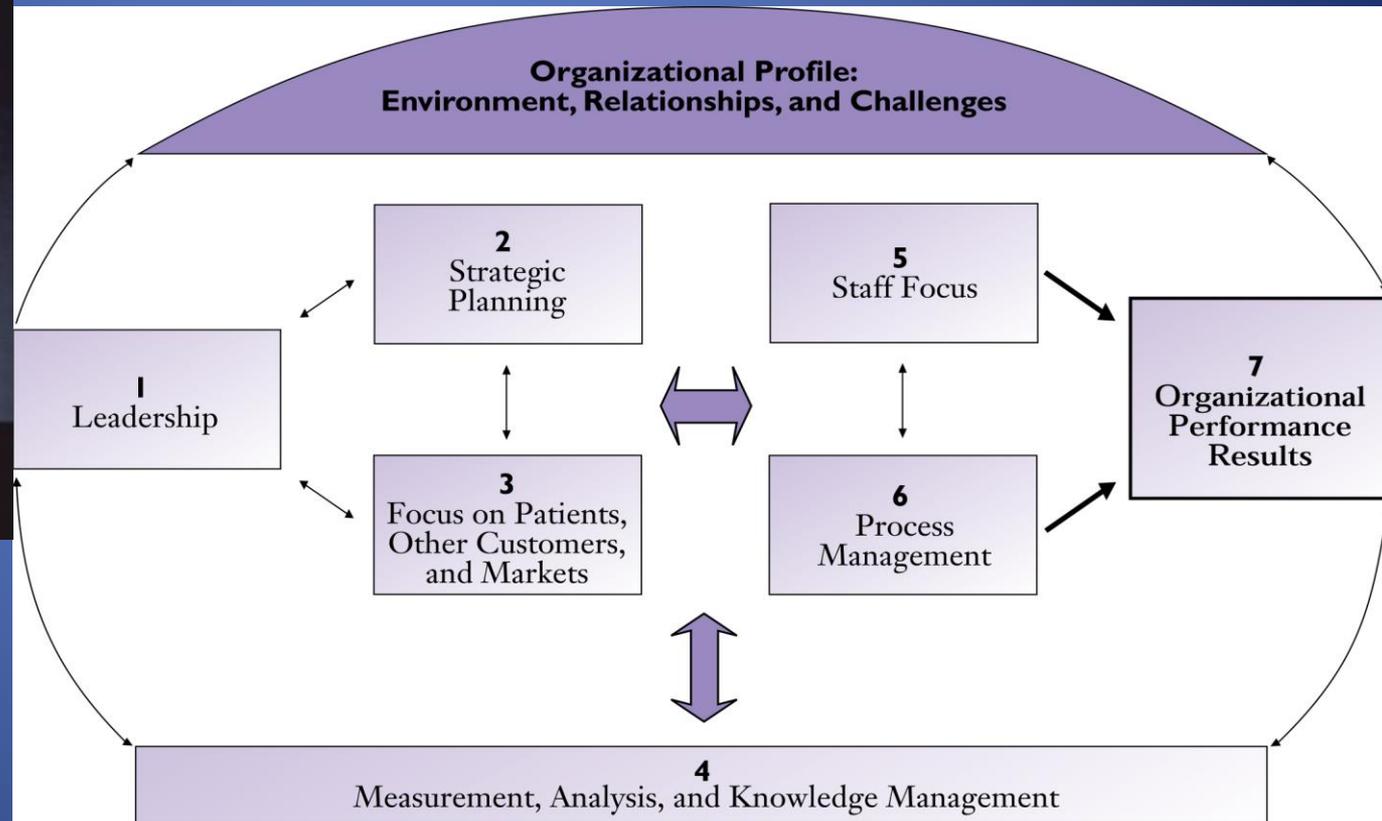
[Info for Beta Test Sites](#)



# Continuous Quality Management



# Baldrige Health Care Criteria Framework:

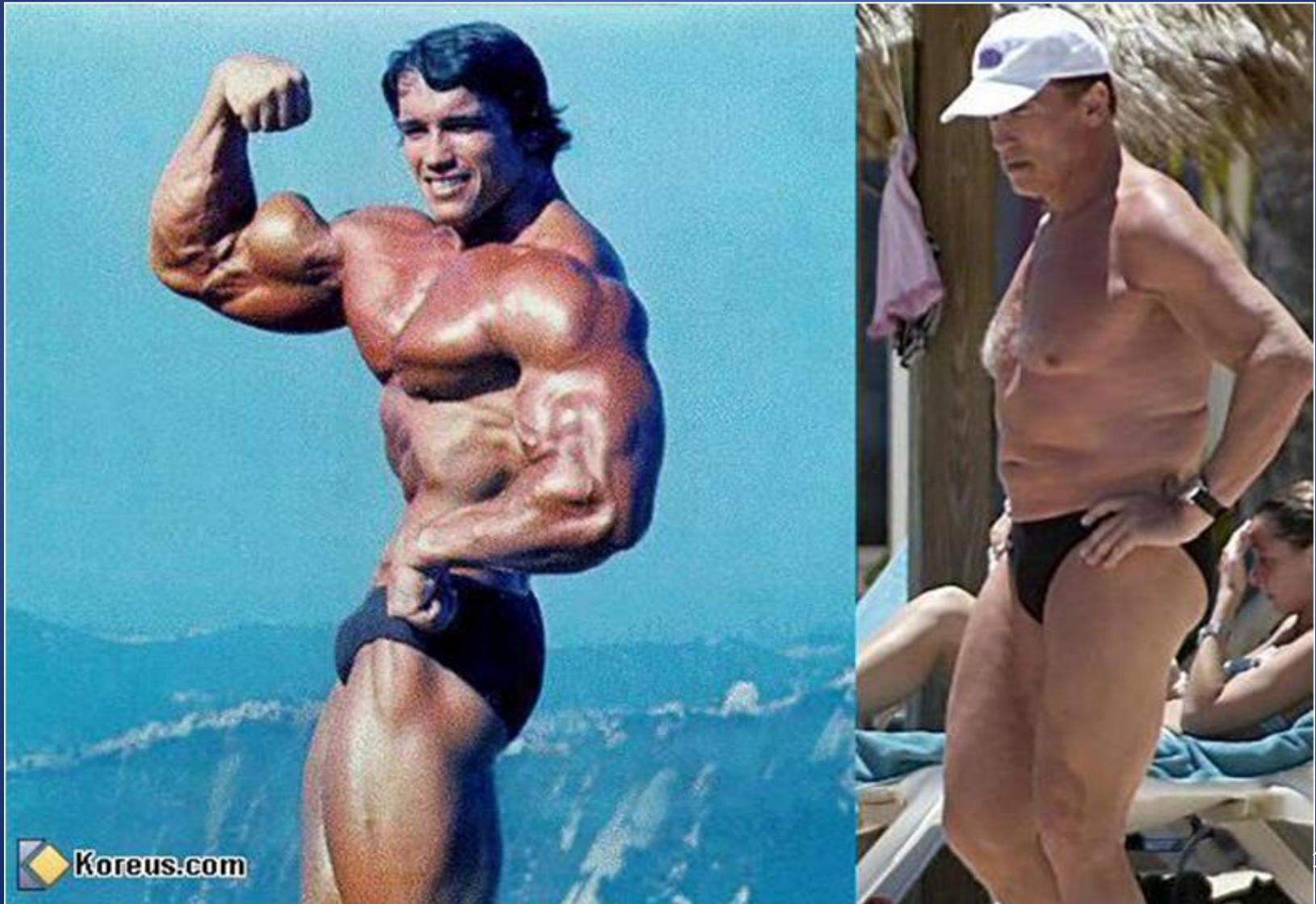


# Six Sigma

- 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**

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# DELIVERY SYSTEMS

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

- a. Fee-for-service**
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# MANAGEMENT

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

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- b. Vision
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# MANAGEMENT

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

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

# MANAGEMENT

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a. Variable cost

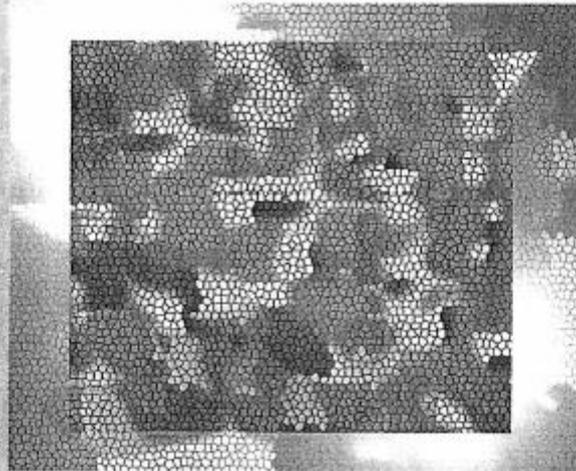
b. Charge

**c. Fixed cost**

d. General cost

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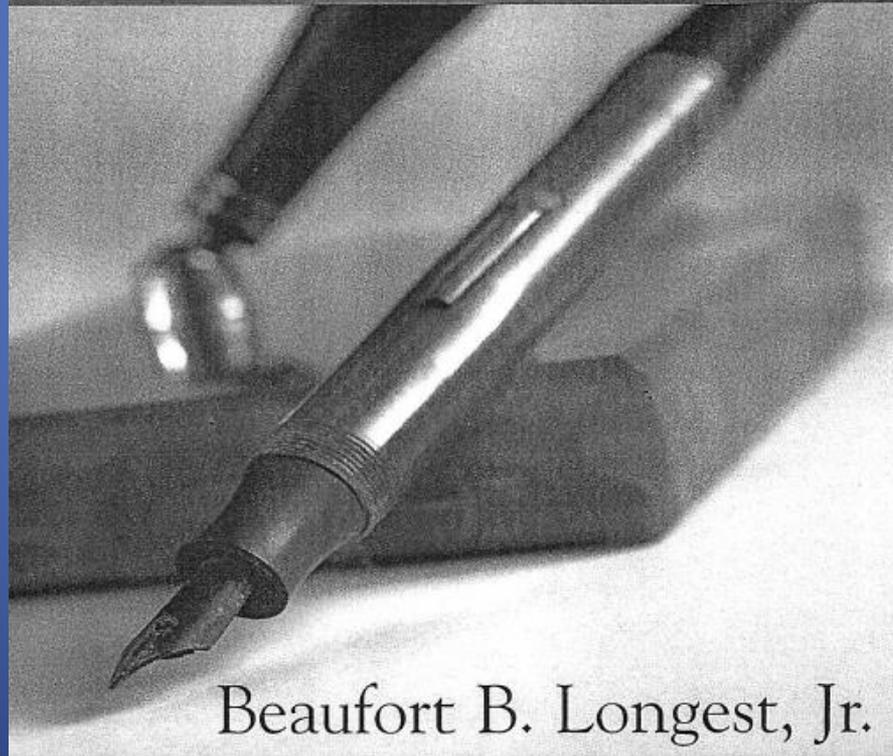
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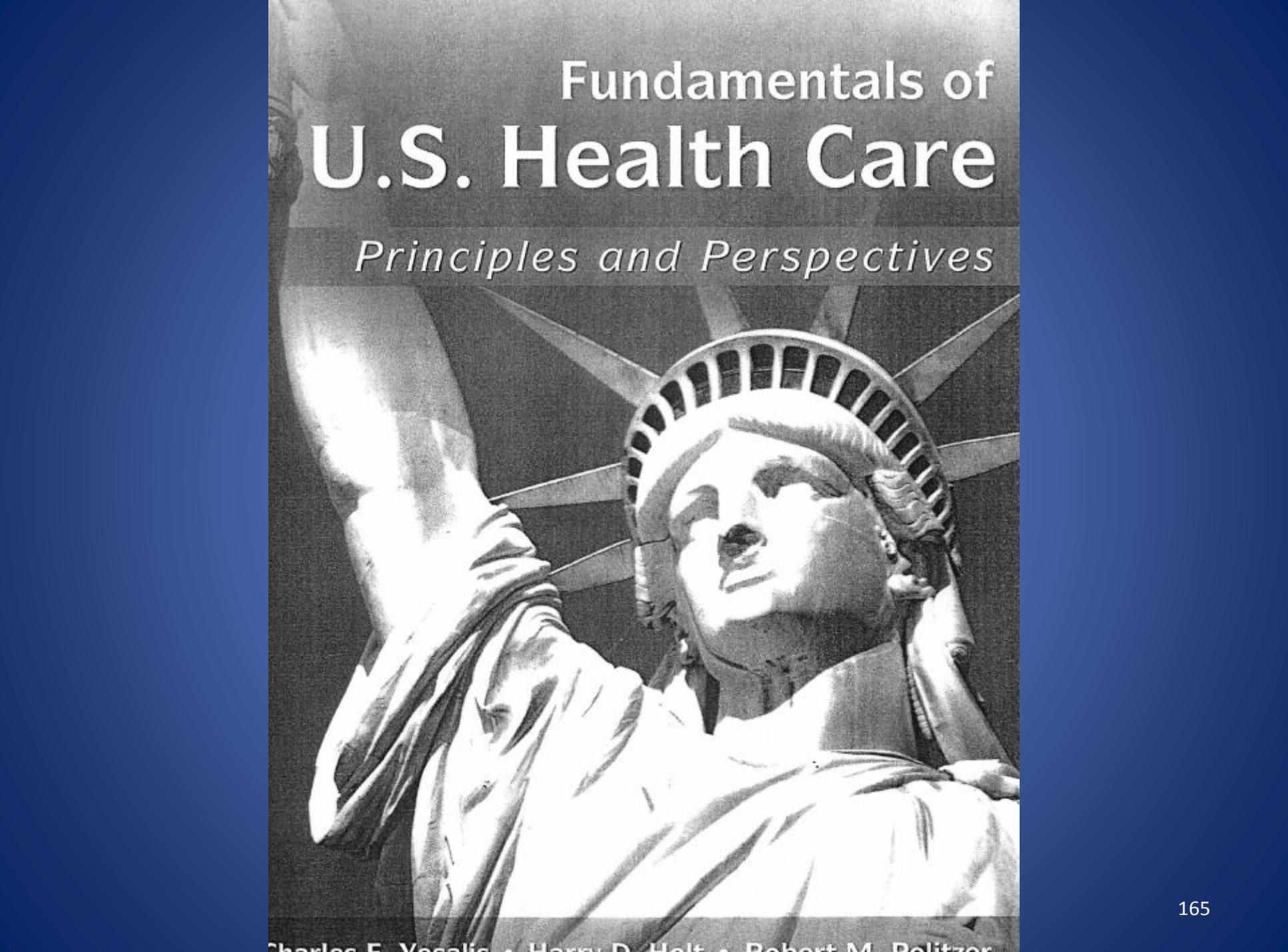


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# Thank You

