Expanding Undergraduate Curriculum to Increase Preparedness for Work in Population Health

Matthew Lazari, MHA, FACHE, Ashley Parks, DrPH, MPH, MBA, MTech

Introduction

Background

- Historically many undergraduate and graduate health services administration programs have focused on training individuals for administrative roles in inpatient, ambulatory, and health plan administration settings.
- As integrated delivery systems begin to offer promising results in the areas of cost and quality, an opportunity exists for universities to transition to providing curriculum that trains students to work along a broader continuum of care.
- There is also an opportunity to increase workforce preparedness through integrating population health based curriculum elements into health services courses covering subjects such as ethics, law, quality, finance, etc.

Learning Objectives:

- As a result of reviewing this presentation:
  - participants will consider opportunities to expand their curriculum and integrate population health into their traditional health services administration courses.
  - participants will be prepared to discuss current curriculum norms in undergraduate healthcare programs and challenge peers and institutions to broaden the scope of their curriculum.

Abstract

- The core health services administration courses at a California based university were re-designed for instruction using population health and systems thinking perspectives incorporating case studies and case studies for each course focusing on post-acute care, integrated delivery systems, ambulatory innovation, and expanded continuity of care.
- Instructors integrated knowledge and challenges specific to the financing, legal issues, and quality issues related to managing the health of a patient population.
- In order to evaluate the impact of this change, students completing their final culminating experience course both before and after the curriculum change were surveyed.
- Narrative feedback was also captured from senior health services administration professionals.

Curriculum Updates

- Core health services administration courses were re-designed for instruction using population health and systems thinking perspectives including modules and separate case studies for each course focusing on post-acute care, integrated delivery systems, and ambulatory innovation.
- Characteristics for teaching population health as also seen in recent JHAE articles (Carron, et al., 2018) were integrated into courses taught in 2017-2018.
- Instructors integrated knowledge and challenges specific to the financing, legal issues, ethics, and quality issues related to managing the health of a patient population.
- Team based approaches and case studies were used to prepare students for work in population health as defined as “an opportunity for health care systems agencies and organizations to work together in order to improve the health of the communities they serve” (Centers for Disease Control and Prevention, 2018).

Analysis & Results

Comparison of Student Confidence Levels Pre and Post

<table>
<thead>
<tr>
<th>Course</th>
<th>Fall 2019</th>
<th>Spring 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-post</td>
<td>4.5</td>
<td>5.0</td>
</tr>
<tr>
<td>Post</td>
<td>4.6</td>
<td>5.1</td>
</tr>
</tbody>
</table>

Note: The Independent Student T-Test showed a significantly different scores in the mean self-reported confidence levels between those who completed the program before and after the curriculum changes.

Results: Increases in Perceived Confidence

- Students surveyed in fall 2019 reported higher confidence (m=4.6, SD=1.1) with population health, prevention, and post-acute care management scenarios as compared to those surveyed in fall 2017 prior to the implementation of the broader curriculum (m=3.3, SD=0.7) (p=.02).

The greatest difference in student perceived confidence was specifically in the area of post-acute care with a mean score increase of 2.1 (p=.01) indicating a significant confidence deficit had been addressed through the program revisions.

Conclusion

Summary

- Integrating a broader spectrum of scenarios, settings, and perspectives may better prepare students and increase their confidence to address health services administration challenges as entry level professionals.
- Narrative feedback was also captured from senior students in Fall 2019 with a wide array of positive comments being provided regarding the applied constructivist nature of the updated curriculum.

Lessons Learned:

- Students provided a wealth of positive feedback regarding the use of a variety of case studies and interactive assignments.
- Students also noted challenges with addressing problems using a systems thinking and population health perspective. Continuously improving the scaffolding within and between classes could alleviate some of the concerns regarding preparedness and confidence completing assignments.

Limitations

- Small sample size (n=47 pre and n=62 post) limits the generalizability of these findings.
- Potential for bias and higher levels of positive feedback anticipated when students are asked about understanding and readiness based on recently covered content.

About the Presenters:

Matthew Lazari has over 15 years’ experience working in post-acute, acute care, and managed care organizations, including 10 years at the Thompson Autism Center, an outpatient center designed to provide care and resources to children with autism and their families. Matthew teaches in the MHA program at USC, and previously worked as the VP, Operations and Finance at Children’s Hospital Los Angeles.

Ashley Parks is an experienced educator and health administrator with a background in population health and quality and risk management. Dr. Parks currently serves as the Director of the Master of Public Health Program and as an Associate Professor teaching healthcare administration courses at California Baptist University (CBU). Prior to her current role, Dr. Parks worked primarily as a Director of Managed Care at the AIDS Healthcare Foundation and as an Assistant Director of Health Policy at the Institute of Innovation and Environmental Management.

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Method of Instruction

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References

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Comparison of Student Confidence Levels Pre and Post

Based on the pre-post design, mean confidence scores of the fall 2017 and fall 2019 students were compared utilizing independent samples t-tests.

Table 1: Independent Samples T-Test for Comparison of Self-Reported Confidence with Regard to Population Health, Prevention, and Post-Acute Care Management Scenarios for Students Before and After the Curricular Updates

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>T</th>
<th>p</th>
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<tbody>
<tr>
<td>Pre (Fall 2017)</td>
<td>47</td>
<td>4.6</td>
<td>1.1</td>
<td>3.817</td>
<td>.023</td>
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<tr>
<td>Post (Fall 2019)</td>
<td>62</td>
<td>5.0</td>
<td>0.7</td>
<td></td>
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