

## Teaching US Healthcare Organization and Delivery: Two Models of Instruction

Jefferson is uniquely positioned to educate leaders who will help transform the U.S. healthcare system. For Jefferson School of Population Health (JSPH), the study of the current state of healthcare organization and delivery in the United States provides an indispensable framework for research, analysis, problem solving, and professional growth.

Jefferson School of Pharmacy (JSP), a sister school to JSPH, shares the goal of delivering transformational education. For students in both schools, a systems perspective is essential. The complexity and rapid pace of change in today's healthcare market necessitates a deeper understanding of the system and the expanded role of pharmacists and other healthcare professionals in new team-based models of care.

This discussion describes two comparable healthcare delivery courses offered by JSPH (HPL 500) and JSP (PHRM 519) in response to the challenges facing today's healthcare practitioners. While the larger goals of these courses are broadly equivalent, and both courses are requirements for students in their respective Schools, they differ in terms of content and learning techniques. This article illustrates two different approaches for delivering this material as options to readers who may be engaged or interested in healthcare systems training for today's healthcare professionals.

Throughout this paper we'll point to the success of discussion, formal debate, stakeholder analysis, and policy analysis as learning strategies particularly conducive to the shared goals of both courses.

### JSPH Course: HPL 500 "US Healthcare Organization and Delivery"

HPL 500 is the first course students take upon entering JSPH, and it is the only course required across all of our degree and certificate programs. Various healthcare professionals (including a physician, a health services researcher, a health economist, a pharmacist, a physician executive, and a strategic consultant) serve as instructors for HPL 500. As a group they reflect much of the spectrum of the healthcare industry. In order to reach an equally diverse group of students (ranging from healthcare professionals working around the country, to graduate students residing locally, and corporate clients), HPL 500 is offered online, on campus, and off campus. Our instructors have also taught versions of HPL 500 in Italy.

HPL 500 aims to provide students with a shared understanding of the contemporary healthcare landscape in the U.S. including the Patient Protection and Affordable Care Act (PPACA), providing an overview of how health care is organized, delivered, and financed. It helps participants explain current issues related to healthcare access, cost and quality while taking into account diverse stakeholder interests. In this way the course serves the overarching mission of the School, our "population health mandate" to improve care coordination, promote healthy lifestyles, reduce waste and medical error, eradicate disparities in health outcomes between populations, and improve transparency and accountability throughout the healthcare system.<sup>1</sup>

Interviews conducted in 2013 with HPL 500 instructors reflect a common commitment to this mandate, and an awareness of a central

challenge: students often have a narrow exposure to the healthcare system. To expand upon their perspectives, students need guidance in developing a systems view—one through which they can interpret the structure and behavior of the working component parts of the system and the forces that influence the relationships between those components.

In the online version of HPL 500, students construct a profile of the U.S. healthcare system in order to begin outlining these components and relationships for themselves. The profiling assignment calls for students to represent the system in both narrative and graphic forms. The profile is expected to encompass such aspects of the system as its size, infrastructure, and human resources—both in public and private settings. On-site versions of the course also draw out the systems perspective through presentations made by faculty and students.

A review of student feedback on this assignment over the past 3 years indicates that students recognize the gap in their prior preparation, and that they come away with a framework for relating components of the system to each other and to the daily life of healthcare providers (Figure 1).

#### **Figure 1.** Student feedback on HPL 500 – need for "systems thinking"

"All I ever needed to know [before] was how to best care for the patient—not understand a system or organization."

"The most useful part of this course for me was learning more about the underlying structure of the healthcare system. There is very little discussion in medical school or residency about topics like insurance, hospital organization, and physician pay and how those entwined parties interact and affect patients."

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**Figure 2.** Student feedback on HPL 500 – value of debate from multiple stakeholder perspectives

“I too found the discussion board exchanging of ideas and experiences far richer and educational than I expected. It dawned on me how important it is for everyone involved in any kind of reform process to have this kind of broad exposure to different perspectives and experiences in order to make balanced, informed decisions. Even though we think we know what we’re talking about as physicians when it comes to healthcare, each of us invariably works within a tiny fraction of the scope of healthcare in general. Without this kind of experience, we end up looking at these issues only from our own narrow perspective by default, which would make it impossible to come to any kind of consensus.”

Policy debates in the HPL 500 classroom are the second most commonly used instructional technique. Whether conducted in live classrooms or in asynchronous discussions online, the debates help students craft positions that account for complexities of the existing system and the stakeholder perspectives influencing the system. Debate topics can include Supreme Court rulings, the healthcare market and social justice, alternative payment systems, integrated delivery systems, long-term care, and healthcare quality improvement initiatives. Historical and international perspectives are deliberately introduced by faculty in order to facilitate a broad understanding.

The combination of a systems framework and expanded understanding of diverse stakeholder perspectives that comes from the discussions and debates with faculty and peers enhance each participant’s intellectual grasp of healthcare issues, and it empowers them to envision action paths for themselves (Figures 2 & 3).

## JSP Course: PHRM 519 “Healthcare Delivery Systems”

The JSP course in Healthcare Delivery Systems is delivered in a traditional classroom setting during the first semester of the PharmD curriculum. The course provides pharmacy students with a critical foundation in the U.S. healthcare delivery system by addressing the social, political, and economic contexts. Like HPL 500, PHRM 551 begins with developing students’ knowledge of the system’s working

components and the stakeholders which influence these components. Health reform is introduced approximately mid-way through the semester, once students have a sense of the history and context of healthcare delivery. Material is specifically designed to address the issues relevant to pharmacists, emphasizing the development and delivery of pharmaceuticals, sources of public and private pharmaceutical coverage, evolution and trends in pharmacy benefit management, and the role of the pharmaceutical industry pre- and post-drug approval.

PHRM 519 is driven by applied learning which is operationalized through two major team assignments: 1) health policy team debates and 2) health policy analysis. For the team debates, assigned groups of 3-5 students orally present and prepare arguments on either the supporting or opposing side of the assigned controversial policy issue. Examples of topics include insurers’ restriction of access to costly pharmaceuticals, FDA limiting opioid dispensing to REMS-certified pharmacies, and CMS implementing bundled Medicare payments for end-stage renal disease. The debates are organized as follows: 1) two groups participate in a debate on a pre-assigned topic related to material covered in the previous week’s lecture, with each team assigned to argue either the “pro” or the

“con” side of the issue; 2) the debates take place in the final 30 minutes of designated lectures and adhere to a structured format: opening statements (7 minutes), Q&A (12 minutes) and closing statements (2 minutes). Grading is done using a rubric encompassing the following domains: time, organization, questions asked and responses given, knowledge base, closing statement, presentation skills, and teamwork.

Student feedback indicates that they enjoy the lively format of debates. The assignment not only requires an in-depth analysis of topics introduced in class lectures, but also enables students to develop informed opinions on pharmacy-related issues and fosters their ability to develop evidence-based solutions. One lesson learned from the technique is that questions should be solicited from each team and distributed to the other 1-2 days prior to the scheduled debate to allow teams to formulate more thorough and informed responses to questions.

The second applied assignment is a formal healthcare policy analysis, in the form of a formal paper along with in-class team presentation. This serves as the culminating event, with students expected to integrate concepts covered during the semester. Students work in teams of 3-5 continuously throughout the semester. Together, they examine their assigned issue from the perspective of all relevant healthcare stakeholders, applying knowledge obtained from class to inform the presentation of their recommendations for addressing it.

**Figure 3.** Student feedback on HPL 500 – personal, professional, real-world impact

“This course has changed the way I view my role as the director of a community radiology department within a large university department. Whereas I had blindly followed the party line that this small hospital has to provide everything to everybody, straining resources on fabulously expensive procedures performed maybe annually, I have completely changed my attitude—hopefully more responsibly—and try to argue for consolidation with our parent university. Also, the intellectual stimulation provided by this course has given me a couple of research ideas having to do with utilization and physician behavior and performance and productivity.”

The paper is graded using a rubric which includes the following domains: mechanics and vocabulary, conceptualization, organization of content, recommended solution, and quality of references; the oral presentation is not formally included in the grade but serves as practice in presenting a team project. As with the debate assignment, topics are geared towards issues relevant to future pharmacists. Recent topics have included HPV vaccine as a mandatory childhood immunization, propofol drug shortages, off-label use of antipsychotics, the significant time and cost of bringing a new drug to market, ensuring manufacturing quality of imported drugs, and growth of the pharmacist workforce. The project necessitates team communication and creative brainstorming to formulate potential policy solutions. Students are urged to consider policy solutions which are new, creative, and represent their own best thinking. This approach enables students to develop a deep understanding of their topic while fostering team skills and cultivating students' oral and written communication abilities. Teams completing exceptional papers have been invited to re-format their analysis for submission to a healthcare journal.

Student feedback from evaluations indicates that the debates and policy paper are valued (Figure 4).

## Summary and Next Steps

Both the JSPH and JSP healthcare delivery courses provide students with an overview of the U.S. healthcare system and rely upon active learning techniques, though the courses differ in that content is tailored to suit the focus of each curriculum. Fostering a systems view through debate and discussion has emerged as critically important to class engagement and to achieving the desired learning outcomes. Equally important, in-depth analysis of policy issues has allowed students to consider the perspectives of different healthcare stakeholders and evaluate evidence relevant to national policy.

Given the rapid pace of change in our healthcare system and the availability of new information at our fingertips, it is increasingly important for healthcare students to be adaptable and to develop critical thinking skills. This can only be accomplished with a thorough understanding of the system. We posit that the material delivered in these courses is not only important to Jefferson

students, but also to its employees—particularly those on the front lines of patient care. In the future, a primer on these topics can be implemented to meet the growing need for basic training on campus. As for JSPH and JSP, we plan to continue offering this critical foundational coursework, while continuously updating content and testing new learning approaches. In addition, we are furthering our commitment towards health systems training by offering a dual PharmD, MPH degree. If you have experience or ideas to share, we welcome your comments and suggestions.

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#### Figure 4. Student feedback on PHRM 519 Debates and Policy Paper Assignments

“The debate and the policy analysis paper did a tremendous job in teaching us current news of the topics that we were learning in class.”

“This course did an excellent job at presenting various issues and current concerns with the healthcare system. The debates and final presentations were helpful because we could learn from our fellow classmates.”

“The debates and policy analysis present-ations were really helpful because I got to learn about a lot of the issues in health care.”

“The debate and the policy paper are great ways to allow other students to see some issues in the healthcare system and creatively sparks students' interest.”

## REFERENCES

1. Nash DB. The population health mandate. In: Nash et al, eds. *Population Health. Creating a Culture of Wellness*. Sudbury, MA: Jones and Bartlett Learning; 2011; xxxv – lii.