

Healthcare systems research and reforms



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WORK PACKAGE 3

COURSE

Healthcare systems research and reforms: integrative approaches

Syllabus

for students of Master program „Innovations and Society“

PAST – Centre, Tomsk State University

9 ECTS

Project “Bridging Innovations, health and societies: Educational capacity-building in Eastern European neighbouring countries”

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Healthcare systems research and reforms

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Modern developed countries, including Russia, characterized by impressive progress in how public institutions have come to care for people's health. It is more stunning because healthcare system is a relatively recent invention. Not long ago states did not take much responsibility for caring for people's health. And yet now we see complex systems involving education, political and legal system, economy, work with information, ethics and cultural attitudes, etc.

The reverse side of the process of complicating healthcare system is that the present day healthcare system is characterized by strong segmentation where elements function in silos. Massive use of hi-tech equipment in some areas is downplayed by poor supporting infrastructure and general low accessibility of healthcare services. This leads to inefficient use of new technologies and ineffective management decision-making process which in turn results in the lack of control over medical problems at large. This has a negative impact on patients who cannot receive the full necessary healthcare. It should be mentioned that lack of integration in health systems is a problem everywhere. Specialties do not collaborate, public is not given active role in prevention and rehabilitation, patients do not receive important supportive services.

This is a challenge that is faced by health systems everywhere, this course would explore the integration problems with a particular focus on Russian health system and, especially in its second part, will focus on opportunities to overcome these problems, using insights from research and practices from all over the world.

Analyzing the root of the problem the students will get knowledge of the healthcare systems, how they come about, and will look for possible solutions focusing on integrated healthcare. It requires to know and use special methodology - system thinking

REQUIREMENTS/GRADING

Course requirements include reading of course literature, lecture attendance, active work during seminars, preparation of two group presentations and a development of individual short review on last discussed group projects.

Course evaluation/assessment consists of four assignments:

- Work on tutorials and master-classes 2 points for each (19 classes) 38%
- Analytical project after 1st part – 17%
- Final group project– 33%
- Individual short review on discussed group projects – 12%

STRUCTURE

Unit 1: HEALTHCARE PARADIGM SHIFT

Lecture "Caring for people's health in the XXI century"

Tutorial "From curative healthcare model to social healthcare model"

Required literature:

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1 L. Kodner, D., & Spreeuwenberg, C. (2002). Integrated care: meaning, logic, applications, and implications – a discussion paper. *International Journal of Integrated Care*, 2, e12.

2. Sandra Mounier-Jack, Susannah H Mayhew, Nicholas Mays; Integrated care: learning between high-income, and low- and middle-income country health systems, *Health Policy and Planning*, Volume 32, Issue suppl_4, 1 November 2017, Pages iv6–iv12

3. Kuluski, K et al 2017 Community Care for People with Complex Care Needs: Bridging the Gap between Health and Social Care. *International Journal of Integrated Care*, 17(4):2, pp. 1–11

4. World Health Organization (2016) Framework on integrated, people-centred health services

5. WHO Framework on integrated people-centred health services: an overview (scheme)

Unit 2. System thinking

Lecture. History of system thinking approaches

Tutorial. Hard and soft system approaches

Required literature:

- Jackson M.C. (2003). Systems Thinking: Creative Holism for Managers. John Wiley & Sons Ltd
- Savigny D. and Taghreed A. (2009). Systems thinking for health systems strengthening / edited by Don de Savigny and Taghreed Adam. WHO Library Cataloguing-in-Publication Data.

Practicum. Applying system thinking

Part I: What the policy-maker should know about Russian healthcare system?

This part provides students with basic concepts and tools of health systems analysis. We study the Russian healthcare system from point of fragmented and integrated approaches, find the differences from other systems existing in the world. We will look into the main players involved, combination of payment structure and organizational arrangements, types of incentives given by state bodies. We'll get to know how decisions on reforms are made and what state instruments are used for it.

Unit 3. Russian system of health government: regional and national levels

Lecture: Russian healthcare system: from A to Z

Tutorial «Finding weak points on the national level of healthcare»

Required literature:

- Introduction to Public Health 4th Edition by Mary-Jane Schneider, Worst-case scenario. 2017

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- From assurance to insurance in Russian health care: the problematic transition. E. J. Burger Am J Public Health. 1998 May; 88(5): 755–758.
- Integrated health care in Russia: to be or not to be? Mikko A. Vienonen, and Ilkka J. Vohlonen, Int J Integr Care. 2001 Jan-Mar; 1: e38.
- Addressing the epidemiologic transition in the former Soviet Union: strategies for health system and public health reform in Russia. Tulchinsky TH, Varavikova EA. Am J Public Health. 1996 Mar;86(3):313-20. Review

Tutorial. Accessibility of the care on local level

Required literature:

- Gulliford M. What does 'access to health care' mean? J Health Serv Res Policy. 2002 Jul;7(3):186-8.
- Access To Healthcare In Russia: A Pilot Study In Ekaterinburg. N. Antonova. Cent Eur J Public Health 2016; 24 (2): 152–155
- <http://vestnik.mednet.ru/content/view/732/30/lang,ru/>
- <https://www.equaltimes.org/doctors-and-patients-battle-to?lang=en#.Wa1kXMhJbIU>
- <http://vestnik.mednet.ru/content/view/833/30/lang,ru/>

Unit 4. Instruments of health care policy: orders and standards of medical care vs Clinical guidelines

Lecture. Health economics structure in Russia

Lecture. Instruments of health care policy: Standards of medical care and Clinical guidelines

Literature:

- Federal Law of November 21, 2011 No. 323-FL "The fundamentals of health care in the Russian Federation"
- <https://www.rosminzdrav.ru/documents/7025-federalnyy-zakon-ot-21-noyabrya-2011-g-323-fz-ob-osnovah-ohrany-zdorovya-grazhdan-v-rossiyskoy-federatsii>
- Methodical recommendations for the development of clinical guidelines (treatment protocols) on the provision of medical care
- <https://www.google.ru/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwjO47n41cXYAhXIEiwKHbUNA2oQFggvMAE&url=http%3A%2F%2Fxn---9sbdbejx7bdduahou3a5d.xn-->

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[p1ai%2Fupload%2Fmetodika_sozdaniya.doc&usg=AOvVaw29B4nG82kK272uETJMs1e8](#)

- Starodubov V.I. Efremova T.A. Korobov N.V. Loshakov L.A. Standards of medical care in the healthcare system of the Russian Federation: status and prospects [in Russian]. Health of the Russian Federation 2015; 59(4), C 4-9.
- Shevchuk E.P. Standards of medical care: history of development, concept, species and legal nature [in Russian]. Siberian Legal Bulletin 4(51) 2010, c. 80-85.
- Shevchuk EP Procedures and standards of medical care as tools in assessing the quality of medical services in Russia [in Russian]. Siberian Legal Bulletin 4 (16) 2016, pp. 89-93.

Practicum. Main regulatory documents in health care organization

Required literature:

- Starchenko A.A. Dialectical interaction of standards of medical care, the order of rendering medical aid and clinical recommendations [in Russian]. Manager of Health. 2014. No. 12. P. 44-47.
- Kalashnikov V.Y Provision of quality medical care on the basis of medical and economic standards, when the myth becomes a reality [in Russian]. Problems of standardization in health care. 2005. № 7. P. 44-47.
- Baginenko S.V. Reasonable N.V. The role of clinical recommendations (protocols), procedures for the provision of medical care and standards of medical care in ensuring the quality of medical care for patients with gastroenterological diseases [in Russian]. Experimental and clinical gastroenterology 2013, №6, P. 47-51
- Bokeria LA, Salagai OO, Samorodskaya IV, Sokolskaya NO, Son IM, Volkova II, Krupianko SM Standards of medical care in observing the balance of quality and cost in cardiovascular surgery: legal and organizational aspects [in Russian]. Thoracic and cardiovascular surgery. 2012. № 4. With. 4-8.
- Obukhova OV Planning, monitoring and evaluation of state guarantees for free medical care in the Russian Federation [in Russian]. The organization and informatization of public health. 2013. No. 4 (77). Pp. 11-23

Electronic resources:

- Federal Law of November 21, 2011 No. 323-FL "The fundamentals of health care in the Russian Federation"

<https://www.rosminzdrav.ru/documents/7025-federalnyy-zakon-ot-21-noyabrya-2011-g-323-fz-ob-osnovah-ohrany-zdorovya-grazhdan-v-rossiyskoy-federatsii>

- The orders of medical care to the population of the Russian Federation
<https://www.rosminzdrav.ru/ministry/61/4/stranitsa-857/poryadki-okazaniya-meditsinskoy-pomoschi-naseleniyu-rossiyskoy-federatsii>

- The standards of medical care

<https://www.rosminzdrav.ru/ministry/61/22/stranitsa-979/stranitsa-983>

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- Clinical guidance

<http://www.pediatr-russia.ru/news/recomend>

http://cr.rosminzdrav.ru/clin_recomend.html

Unit 5. Medical information: its importance and sources

Practicum . Gathering information on medical problem

Required literature:

1. Health information management concepts, principles, and practice. Chicago, Illinois: American Health Information Management Association.)(LaTour, & Maki, 2010).
2. Schildkraut J.M., Alberg A.J, Bandera E.V, et al. A multi-center population-based case-control study of ovarian cancer in African-American women: the African American Cancer Epidemiology Study (AACES) // BMC Cancer. – 2014. – 14: 688.
3. Kamsaard S., Wiangnon S., Suwanrungruang K., et al. Trends in liver cancer incidence between 1985 and 2009, Khon Kaen, Thailand: cholangiocarcinoma //Asian Pac. J. Cancer Prev. – 2011. – T. 12. – C. 2209–2213.

Literature for case 1:

1. Doll R, Hill AB. Smoking and Carcinoma of the Lung. British Medical Journal. 1950;2(4682):739-748. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2038856/>)
2. Doll R, Hill AB. The Mortality of Doctors in Relation to Their Smoking Habits. British Medical Journal. 1954;1(4877):1451-1455. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2085438/>)
3. Doll R, Hill AB. Mortality in Relation to Smoking: Ten Years' Observations of British Doctors. British Medical Journal. 1964;1(5395):1399-1410. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1814562/>)

Lecture: Sources of medical information

Required literature:

- Health information management concepts, principles, and practice. Chicago, Illinois: American Health Information Management Association.)(LaTour, & Maki, 2010).
- Order of the Ministry of Health of Russia of 15.12.2014 N 834n "On the approval of unified forms of medical records used in medical organizations providing medical care in outpatient settings and procedures for filling them"
- <https://cyberleninka.ru/article/n/epidemiologicheskie-issledovaniya-klinicheskaya-epidemiologiya-i-dokazatelnaya-medsina>
- <https://www.rosminzdrav.ru/documents/6686-statisticheskaya-informatsiya>
- <http://rospotrebnadzor.ru/>

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- <http://ieaweb.org/good-epidemiological-practice-gep/>

Unit 6. Decision-makers in Russian healthcare

Tutorial. Agents, Institutions-possibilities for collective action

Lecture. Healthcare management in medical organization: view of the chief physician, by Ivan Deev, professor, former chief doctor of local hospital

Practicum. Case studies. Wearing the head physicians' white coat.

Required literature:

- Polikowski M., SantosEggimann B. How comprehensive are the basic packages of health services? An international comparison of six health insurance systems // Journal Health Serv Res Policy. 2002. - Vol. 7. - No. 3. - P. 133-142
- Чубарова Т.В. Система здравоохранения России: экономические проблемы развития. <http://www.socpolitika.ru/rus/conferences/9970/9998/10000/document10312.shtml>
- Краткий обзор экономических реформ российского здравоохранения. Экономика здравоохранения № 3-4, 2006 г., с.55-59<http://www.rosmedstrah.ru/articles.php?show=1&id=473&offset=60&theme=37>
- Shekelle PG, Woolf SH, Eccles M, Grimshaw J. Developing clinical guidelines. West J Med. 170(6):348-51, 1999
- Eccles M, Rousseau N, Freemantle N. Updating evidence-based clinical guidelines. J Health Serv Res Policy. 2002 Apr;7(2):98-103.
- Hutchinson A, McIntosh A, Cox S, Gilbert C. Towards efficient guidelines: how to monitor guideline use in primary care. Health Technol Assess. 2003;7(18):iii, 1-97.
- <https://www.rosminzdrav.ru/ministry/61/22/stranitsa-979/stranitsa-983>

Unit 7. Challenges in healthcare and their integration into medical education

Lecture: A history of medical education

Tutorial. «Reasons of recent changes in the system of medical education»

Required literature:

- Geoff Norman. Medical education: past, present and future. Medical education: past, present and future. Perspect Med Educ (2012) 1:6-14.
- Reform of medical education. <http://yaa2017.com/edu/otmena-internatury-2017/>
- Thomas J. Lawley. Medical Education: Time For Reform. Transactions of the American clinical and climatological association, vol. 116, 2005.

Tutorial. Towards the challenge: what is happening now?

Required literature:

- Universities will be able to open departments based on industry throughout Russia. September 15, 2015, Pavel Panov. The newspaper "Izvestia"

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- Akulova Olga Vladimirovna, Kharitonova Olga Vladimirovna Network Master Programs: Innovative Experience of Herzen University // Universum: Bulletin of the Herzen University. 2013. №1. URL: <http://cyberleninka.ru/article/n/setevye-magisterskie-programmy-innovatsionnyy-opyt-gertsenovskogo-universiteta> (reference date: 27.12.2017).
- Bliss J. Chang. Problem-based learning in medical school: A student's perspective. *Ann Med Surg (Lond)*. 2016 Dec; 12: 88–89.
- Al-Azri H1, Ratnapalan S. Problem-based learning in continuing medical education: review of randomized controlled trials. *Can Fam Physician*. 2014 Feb;60(2):157-65.
- AMA PRA Frequently Asked Questions for Physicians. <https://www.ama-assn.org/sites/default/files/media-browser/public/physicians/cme/physician-faq.pdf>
- <https://www.ssmu.ru/ru/obrazovanie/elite/>

Unit 8. Training “Problem Sensitivity”

Required literature:

H. S. Fogler and S.E. LeBlanc, *Strategies for Creative Problem Solving*, Prentice Hall, 1995.
E. Sickafus, *Unified Structured Inventive Thinking*, Ntelleck, 1997.

Look about reorienting the problem

<https://www.youtube.com/watch?v=HiB9L3dG-Aw> (redefining of the problem)

<https://www.youtube.com/watch?v=P0Zji0suK3w> (in Russian)

Innovative approach the problem solution

<https://www.youtube.com/watch?v=JwjMXtI5oIU> (case of innovative solution)

https://www.youtube.com/watch?v=lK_cdm3aPX4 (in Russian)

Unit 9. Medical Ethics and Bioethics in Russian and international healthcare practices

Tutorial: The role of medical ethics in regulation of doctor-patient relationships in Russian health care system

Preliminary reading:

Abbott, A. 1983. Professional Ethics. *The American Journal of Sociology* 88 (5): 855-885

Beauchamp, T.L., Childress J.F., (2001). Professional-Patient Relationships. In Beauchamp, T.L & Childress, J.F., *Principles of biomedical ethics* (pp. 283-337). New York: Oxford university press.

Юдин, Б., Тищенко, П. 1998. *Введение в биоэтику: учебное пособие*. М.: Прогресс-Традиция. *Введение*, с. 7-20; *История медицинской этики в России*, с. 110-126

Practicum. Medical ethics in the context of post-soviet transformations in healthcare

Preliminary reading:

Петров, Н. 1956. *Вопросы хирургической деонтологии*. Л.: Медгиз, с. 5-33.

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Петровский, Б. 1988. *Деонтология в медицине*. Т. 1. М.: Медицина, 1988;

Swann, G.M. P. (2009), *The Economics of Innovation. An introduction*. Edward Elgar: Cheltenham UK; Northampton, MA, USA

Глава 1 «Деонтология как один из важнейших элементов воспитания в медицине», с. 9-72.

Lecture. Dilemma of beneficence and patient autonomy in the age of new technology

Unit 10. Russian Healthcare System: What insights from System Thinking?

As the end of the first part “What the reformer should know about Russian healthcare system?” students will present and discuss with other course participants and the tutor their analytical project. For doing it group of 2-3 students works on analytic paper of describing current situation around a specific disease or management problem in the medical sphere focusing on (des)integration in a selected region of Russia. The requirements to the presentation: problem statement and description, list of stakeholders and their relation to the problem, financial flow, regulatory documents, research data.

Part II. Paradigm shift: lessons for Russian reformers

Unit 11. Integrated healthcare in practice

Tutorial. Integrating what?

Required literature:

1.Amelung V., Stein V., Goodwin N., Balicer R., Nottle E., Suter E. *Handbook Integrated Care*. – Springer International Publishing, 2017. – 612 p.

2.Shaw S., Rosen R., Rumbold B. *An overview of integrated care in the NHS: What is Integrated care?* – Nuffieldtrust. – 2011. – 23 p.

3.Maruthappu M., Hasan A., Zeltner T. *Enablers and Barriers in Implementing Integrated Care*. – *Health Systems & Reform* - Vol. 1(4). – 2015. – Pp. 250-256

Lecture. Chain of planned care

Required literature:

1.Åhgren B. *Chains of care: a counterbalance to fragmented health care*. - *Journal of Integrated Care Pathways*. - №5. - 2001. Pp. 126–132.

2. Amelung V., Stein V., Goodwin N., Balicer R., Nottle E., Suter E. *Handbook Integrated Care*. – Springer International Publishing, 2017. – 612 p.

3. Simmons D., Wenzel H., Zgibor J.C., *Integrated Diabetes Care: a multidisciplinary approach*– Springer International Publishing Switzerland, 2017. – 254 p.

Unit 12. Integrated approaches from economics perspective

Tutorial. Integrated approaches and economy

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Required literature:

1. Swann, G.M. P. (2009), The Economics of Innovation. An introduction. Edward Elgar: Cheltenham UK; Northampton, MA, USA
2. Thaldorf, C. & A. Liberman (2004), Integration of health care organizations. Using the power strategies of horizontal and vertical integration in public and private health systems, The Health Care Manager, 26(2): 116-127
3. Drummond M, McGuire A. Economic evaluation in health care; merging theory with practice. Oxford University Press 2001

Additional sources:

<http://www.countyhealthrankings.org/take-action-improve-health/funding-guide/identifying-and-accessing-funding-opportunities>

<https://phpartners.org/grants.html>

Evers, S. M., Goossens, M. E., Ament, A. J., & Maarse, J. A. (2001). Economic evaluation in stroke research. An introduction. Cerebrovasc Dis, 11(2), 82-91

Unit 13. Master-class. Risk management in healthcare.

Required literature:

Юрлова Н.С., Скачок И.В Управление рисками // Вестник НГИЭИ. 2014. №3 (34). URL: <http://cyberleninka.ru/article/n/upravlenie-riskami-1>

Крючков Д.В., Бацина Е.А., Данильченко Я.В., Карась Д.В., Артамонова Г.В. Опыт перехода на риск-ориентированную модель системы менеджмента качества медицинской организации// Здравоохранение Российской Федерации. 2017. №6. 309-315.

Unit 14. Technology in integrated healthcare

Lecture. Engaging patients and communities in work of integrated healthcare

Practicum. Putting technology to use in integrated healthcare

Let's go in depth with one case of working E-Health technology for patients in the world and describe advantages and disadvantages, barriers of implementation and required infrastructure. You can choose case by your own or take one of examples bellow.

Possible examples:

Omron (blood pressure)

ReSound (hearing)

RightEye (vision)

Additional sources:

- <http://healthcare-communications.imedpub.com/digital-health-and-doctorpatient-communication-in-nepal.php?aid=10046>

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- <http://www.sciencedirect.com/science/article/pii/S0033350611003982?via%3Dihub>
 - Lupton, D. (2013). *The Digitally Engaged Patient: Self-Monitoring and Self-Care in the Digital Health Era*. *Social Theory & Health*. online first. 10.1057/sth.2013.10.
 - https://www2.deloitte.com/content/dam/Deloitte/pl/Documents/Reports/pl_deloitte-uk-connected-health.pdf
- F. Linkov, E. Shubnikov, N. Padilla, A. McCallum, R. LaPorte. *Chronic disease epidemiology, cancer and mobile global approaches to disease prevention*. *Public Health*, Vol.126, Issue 3, March 2012, Pages 206-209. <http://www.ncbi.nlm.nih.gov/pubmed/22414605>
- WARACLE: <https://waracle.com/wearable-transforming-digital-health/>

Unit 15. PLACING PATIENTS AND COMMUNITIES AT THE CENTRE

Lecture. Patient-centred care

Tutorial. Roles for patients and communities

Required literature:

1. Rabeharisoa V. and Callon M. 2004, 'Patients and Scientists in French Muscular Dystrophy Research', in S. Jasanoff (ed.) *States of Knowledge. The Co-Production of Science and Social Order*, London: Routledge, 142–60
2. Dunston, R., Lee, A., Boud, D., Brodie, P. and Chiarella, M. (2009), *Co-Production and Health System Reform – From Re-Imagining To Re-Making*. *Australian Journal of Public Administration*, 68: 39–52.
3. Moreira, T. (2015), *Understanding the role of patient organizations in health technology assessment*. *Health Expect*, 18: 3349–3357.
4. Lucy Gilson, *Trust and the development of health care as a social institution*, *Social Science & Medicine*, Volume 56, Issue 7, 2003, Pages 1453-1468
5. Martin GP. 'Ordinary people only': knowledge, representativeness, and the publics of public participation in healthcare. *Sociol Health Illn*. 2008;30:35–54.

UNIT 16. How to measure the impact of the reform? Unintended consequences of the reforms

Lecture. Healthcare reform in Russia: a series of changes or a true reform? How can we measure the impact?

Final Discussion

Presentation of final student projects; discussion with other groups, evaluation of the project from the point of feasibility, economic efficiency, implementation and risk assessment.