

**PUBHMMP 7678– APPROACHES TO HEALTH SERVICES RESEARCH  
3 CREDIT HOURS – SPRING 2026**

**INSTRUCTOR:** Wendy Y. Xu, Ph.D.

**OFFICE LOCATION AND PHONE NUMBER:** Cunz Hall 208, 614-292-0662

**E-MAIL:** [xu.1636@osu.edu](mailto:xu.1636@osu.edu)

**CLASS TIME AND LOCATION:** Tuesdays 1:00-4:00 PM, Caldwell Lab 109

**INSTRUCTOR’S OFFICE HOURS:** Students are very welcome to visit my office hours on Tuesdays 10:00-12:00 PM or by appointment. I am happy to meet in person or via Zoom.

**COURSE DESCRIPTION:** This course is designed to be a foundational course in the PhD specialization in Health Services Management and Policy. This course is intended to expose students to the field of health services research through an examination of classic and current research on health services delivery and health policy. Through lectures, guided discussions and reading assignments students will gain understanding of the salient questions and issues health services researchers have attempted to address and the quasi-experimental methods as well as other methods they have employed to do so. The course will stress student participation in discussions.

**CLASS FORMAT:** This is an in-person class that meets once a week.

**COURSE OBJECTIVES:**

By the end of this course, students will be able to:

1. Demonstrate familiarity with the various topics, issues, and research questions addressed in health services research studies.
2. Explain foundational concepts in health services research and describe the rationale of conducting research and appropriate design and methods to address health services questions.
3. Critically analyze and evaluate research studies, including identifying strengths, limitations, and potential sources of bias in design and interpretation.
4. Articulate threats to internal and external validity, measurement issues, and confounding, and assess how these influence study conclusions.
5. Locate, describe, and compare major health services research data sources, including understanding their structure, strengths, limitations, and appropriate use cases.
6. Organize, synthesize and integrate research drawn from a variety of disciplinary approaches into a coherent foundation for further study in health services research.
7. Identify gaps in current knowledge and describe potential ways the researchers could design studies to address those gaps.
8. Discuss the relevance of different types of health services research studies for improving care and enhancing the delivery of health services.
9. Communicate research critiques and interpretations clearly and professionally in writing and orally.

**CORE COMPETENCIES:**

The course addresses the following HSMP Ph.D. competencies #2, #3, #4, and #5.

2. Synthesize and critique existing literature in student's area of specialization to identify gaps in the evidence base and justify their importance for public health.
3. Apply relevant theories and conceptual models to inform and ground research design and interpretation.
4. Formulate hypotheses, plan and conduct a research study using appropriate research methods, and ethical approaches.
5. Communicate orally and in writing a research study's purpose, methods, results, and conclusions to an informed audience.

### **CLASS ORGANIZATION:**

This class uses a combination of didactic and experiential learning, including reading, lecture, oral presentations, discussion, and written exercises. Class will generally include 2 or 3 different activities designed to meet the objectives above. During most classes, we will spend time discussing the assigned readings with a focus on reviewing the key points, such as identifying implicit or explicit values, biases and assumptions inherent in the research design, analyzing the strengths and weaknesses of the research, and interpreting empirical results. In addition, readings in each module carry one of the classic topics in health services research. We will also consider if and how the research is valuable for health care practice and policy.

In addition to lecture and class discussion, the class will utilize a variety of other approaches including student presentations and writing assignments. Students will be responsible for writing papers, leading paper discussions, and preparing written article critiques. The full participation of every student is necessary. Students must not only come prepared to class, but they must also be active participants in all aspects of the class each week.

Should in-person classes be canceled due to unexpected events/illness, we will meet virtually via Zoom during our regularly scheduled time or reschedule. I will share any updates via email.

### **WORKLOAD:**

The workload for this class is typical for a 3-credit graduate course. For each 50 minutes in-class, students should expect a minimum of 2 hours of out-of-class work each week. That is, at least 6 hours/week should be devoted to this class.

### **TEXT/READINGS:**

The readings for this class include textbook chapters as well as journal articles and other online materials.

**Textbooks:** (1) Experimental and Quasi-Experimental Designs for Generalized Causal Inference, 2nd Edition, by Shadish, Cook & Campbell.

(2) Experimental and Quasi-experimental Designs for Research by Campbell and Stanley (1963).

**Journal articles** are available online at OSU Library <https://library.osu.edu/>

### **GRADING:**

Student evaluation for this course will be based heavily on article critiques and participation in class activities.

### Point Distribution

Article Critiques (3)	45%
Weekly Discussion Board Engagement	10%
Paper Discussion Leadership	30%
Class participation	15%
<b>Total</b>	<b>100%</b>

Assignment of letter final grades will be based on the following point (%) distribution:

A	=	94-100
A-	=	90-93
B+	=	87-89
B	=	84-86
B-	=	80-83
C+	=	77-79
C	=	74-77
C-	=	70-73
D+	=	67-69
D	=	64-67
D-	=	60-63
F	=	< 60

### ASSIGNMENTS

**Article Critiques:** Each student will complete 3 written article critiques during the semester. Each critique will be approximately 5-6 pages long in accordance with the critique instructions given. These critiques provide an opportunity to apply the lessons in methods and research design discussions to the evaluation of empirical HSR articles. This is an independent assignment. Students are allowed to discuss with peers but the article critique must be completed independently. Instructions will be posted to Carmen. The article critiques are due on Sundays by 11:59 pm to a Carmen dropbox.

**Paper Discussion Leadership:** Leading paper discussions is a very important practice to gain the skills of critically assess a research study. It also offers the discussion leader an opportunity to read a study in depth. As part of the doctoral training, students will practice peer-teaching and learning as well as leading classroom discussions. Therefore, for most of the weeks, a student will lead discussions about an assigned paper. Please make sure to go deep, especially on elements being addressed in course topics that week. You are expected to go well beyond summarizing key points of a paper accurately. Instructions will be posted to Carmen. Students will sign up to lead articles that are bolded.

**Weekly Discussion Board Engagement:** Weekly discussion board posts are intended to support in-class discussion and promote active, critical engagement with the assigned readings. These posts are a preparation exercise rather than a test of correctness. Discussion posts should demonstrate thoughtful engagement with the reading instead of merely summarizing the paper. Instead, they should reflect careful reading and analytical preparation that would meaningfully contribute to in-class discussion. Instructions will be posted to Carmen. Students serving as discussion leaders for a given paper do not need to post a discussion board response for that paper, but are still expected to post responses for the other assigned readings that week.

**Class Participation:** Because this course has heavy discussions, active class participation is extremely important. Students are expected to carefully complete all of the assigned reading, attend all sessions, and participate actively in class discussions. Because of the class size, we are essentially a small group. Thus, everyone is expected to speak up in this small group multiple times during each class. The scale below exhibits how participation aligns with the grading.

## CARMEN

The Carmen site for this course will be: <https://osu.instructure.com/courses/204788/pages/welcome-to-approaches-to-health-service-research>

## CLASS POLICIES

### Communication

The professor will communicate with students through in-class announcements, Carmen postings & announcements, and emails. You are responsible for attending classes, getting announcements from a peer if you miss class, checking Carmen at least twice/week, and checking your email at least once every 48 hours.

Students are highly *encouraged* to communicate with the professor. I would love to hear from you and encourage you to schedule one-on-one meetings or group meetings with me.

My response time for emails is 48 hours during weekdays. Please plan ahead and do not ask questions at the last minute.

### Policies for Late/Missed Assignments

As long as you turn in assignments, you will get a grade! However, to be fair, late assignments will be reduced by 10% of grade by each day of delay.

Delays due to unforeseen events (e.g., illness, death in family, etc.) will be treated on a case-by-case basis by the instructor and will require documentation for the extenuating circumstance. If for some reason you feel that events preclude you being able to complete an assignment on the scheduled date, you must arrange with the instructor ahead of time.

### Attendance

Attendance to class sessions is mandatory. However, students should not attend class if they are feeling sick. If you are ill and need to miss class, including if you are staying home and away from others while experiencing symptoms of a viral infection or fever, please let me know immediately. You will not lose participation points due to illness. I will accommodate by setting up the Zoom broadcasting in classroom as long as you are able to attend via Zoom.

In cases where illness interacts with an underlying medical condition, please consult with Student Life Disability Services to request reasonable accommodations. You can connect with them at [slds@osu.edu](mailto:slds@osu.edu); 614-292-3307; or [slds.osu.edu](http://slds.osu.edu).

### **General Rules for Classroom Discussions:**

- Criticize ideas, not individuals.
- Listen actively and with an ear to understanding others' views. (Don't just think about what you are going to say while someone else is talking.)
- Commit to learning, not debating. Comment in order to share information, not to persuade.
- Avoid blame, speculation, and inflammatory language.

- Allow everyone the chance to speak.
- Avoid assumptions about any member of the class or generalizations about social groups. Do not ask individuals to speak for their (perceived) social group.

## **HEALTH AND SAFETY REQUIREMENTS**

All students, faculty and staff are required to comply with and stay up to date on all university safety and health guidance (<https://safeandhealthy.osu.edu>).

## **ACCOMONDATIONS**

**Disability Accommodations:** The university strives to maintain a healthy and accessible environment to support student learning in and out of the classroom. If you anticipate or experience academic barriers based on your disability (including mental health, chronic, or temporary medical conditions), please let me know immediately so that we can privately discuss options. To establish reasonable accommodations, I may request that you register with Student Life Disability Services. After registration, make arrangements with me as soon as possible to discuss your accommodations so that they may be implemented in a timely fashion. SLDS contact information: [slds@osu.edu](mailto:slds@osu.edu); 614-292-3307; [slds.osu.edu](http://slds.osu.edu); 098 Baker Hall, 113 W. 12th Avenue.

**Religious Accommodations:** Ohio State has had a longstanding practice of making reasonable academic accommodations for students' religious beliefs and practices in accordance with applicable law. In 2023, Ohio State updated its practice to align with new state legislation. Under this new provision, students must be in early communication with their instructors regarding any known accommodation requests for religious beliefs and practices, providing notice of specific dates for which they request alternative accommodations within 14 days after the first instructional day of the course. I will not question the sincerity of a student's religious or spiritual belief system in reviewing such requests and shall keep requests for accommodations confidential.

With sufficient notice, I will provide students with reasonable alternative accommodations with regard to examinations and other academic requirements with respect to students' sincerely held religious beliefs and practices by allowing up to three absences each semester for the student to attend or participate in religious activities. Examples of religious accommodations can include, but are not limited to, rescheduling an exam, altering the time of a student's presentation, allowing make-up assignments to substitute for missed class work, or flexibility in due dates or research responsibilities. If concerns arise about a requested accommodation, I will consult the Division Chair and College of Public Health Dean's Office for assistance.

A student's request for time off shall be provided if the student's sincerely held religious belief or practice severely affects the student's ability to take an exam or meet an academic requirement and the student has notified their instructor, in writing during the first 14 days after the course begins, of the date of each absence.

If students have questions or disputes related to academic accommodations, please feel to reach out to me first. You can also contact the Division Chair. For questions or to report discrimination or harassment based on religion, individuals should contact the [Office of Institutional Equity](#). (Policy: [Religious Holidays, Holy Days and Observances](#))

## **MENTAL HEALTH SERVICES**

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the Office of Student Life's Counseling and Consultation Service (CCS) by visiting <https://ccs.osu.edu/> or calling 614-292-5766. CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on call counselor when CCS is closed at 614-292-5766 and 24 hour emergency help is also available through the 24/7 National Suicide Prevention Hotline at 1-800-273-TALK or at [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org).

## ACADEMIC INTEGRITY

Academic integrity is essential to maintaining an environment that fosters excellence in teaching, research, and other educational and scholarly activities. Thus, The Ohio State University, the College of Public Health, and the Committee on Academic Misconduct (COAM) expect that all students have read and understood the University's *Code of Student Conduct* and the School's *Student Handbook*, and that all students will complete all academic and scholarly assignments with fairness and honesty. The *Code of Student Conduct* and other information on academic integrity and academic misconduct can be found at the COAM web pages (<https://oaa.osu.edu/academic-integrity-and-misconduct>). Students must recognize that failure to follow the rules and guidelines established in the University's *Code of Student Conduct*, the *Student Handbook*, and in the syllabi for their courses may constitute "Academic Misconduct."

The Ohio State University's *Code of Student Conduct* (Section 3335-23-04) defines academic misconduct as: "Any activity that tends to compromise the academic integrity of the University, or subvert the educational process." Examples of academic misconduct include (but are not limited to) plagiarism, collusion (unauthorized collaboration), copying the work of another student, and possession of unauthorized materials during an examination. Please note that the use of material from the Internet without appropriate acknowledgement and complete citation is plagiarism just as it would be if the source were printed material. Reuse of works completed for assignments in other courses or research projects are not allowed. Further examples are found in the *Student Handbook*. Ignorance of the *Code of Student Conduct* and the *Student Handbook* is never considered an "excuse" for academic misconduct.

If I suspect a student of academic misconduct in a course, I am obligated by University Rules to report these suspicions to the University's Committee on Academic Misconduct. If COAM determines that the student has violated the University's *Code of Student Conduct* (i.e., committed academic misconduct), the sanctions for the misconduct could include a failing grade in the course and suspension or dismissal from the University. If you have any questions about the above policy or what constitutes academic misconduct in this course, please contact me.

It is the responsibility of the Committee on Academic Misconduct to investigate or establish procedures for the investigation of all reported cases of student academic misconduct. The term "academic misconduct" includes all forms of student academic misconduct wherever committed; illustrated by, but not limited to, cases of plagiarism and dishonest practices in connection with examinations. Instructors shall report all instances of alleged academic misconduct to the committee ([Faculty Rule 3335-5-48.7 \(B\)](#)). For additional information, see the [Code of Student Conduct](#).

GenAI platforms are prohibited: Given that the learning goals of this class are developing your ability to conduct health services research later in the doctoral program, the practices of organizing information and

critically assessing articles are important. Therefore, the use of generative artificial intelligence (GenAI) tools such as Copilot or ChatGPT, or writers aids like Quillbot is not permitted in this course. Any use of GenAI tools for work in this class may therefore be considered a violation of Ohio State's [Academic Integrity](#) policy and Code of Student Conduct because the work is not your own. If I suspect that you have used GenAI on an assignment for this course, I will ask you to explain your process for completing the assignment in question. The unauthorized use of GenAI tools will result in referral to the Committee on Academic Misconduct.

## **CREATING AN ENVIRONMENT FREE FROM HARASSMENT, DISCRIMINATION AND SEXUAL MISCONDUCT**

The Ohio State University is committed to building and maintaining a community to reflect diversity and to improve opportunities for all. All Buckeyes have the right to be free from harassment, discrimination, and sexual misconduct. Ohio State does not discriminate on the basis of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy (childbirth, false pregnancy, termination of pregnancy, or recovery therefrom), race, religion, sex, sexual orientation, or protected veteran status, or any other bases under the law, in its activities, academic programs, admission, and employment. Members of the university community also have the right to be free from all forms of sexual misconduct: sexual harassment, sexual assault, relationship violence, stalking, and sexual exploitation.

To report harassment, discrimination, sexual misconduct, or retaliation and/or seek confidential and non-confidential resources and supportive measures, contact the Office of Institutional Equity:

1. Online reporting form at [equity.osu.edu](http://equity.osu.edu),
2. Call 614-247-5838 or TTY 614-688-8605,
3. Or Email [equity@osu.edu](mailto:equity@osu.edu)

The university is committed to stopping sexual misconduct, preventing its recurrence, eliminating any hostile environment, and remedying its discriminatory effects. All university employees have reporting responsibilities to the Office of Institutional Equity to ensure the university can take appropriate action:

- All university employees, except those exempted by legal privilege of confidentiality or expressly identified as a confidential reporter, have an obligation to report incidents of sexual assault immediately.
- The following employees have an obligation to report all other forms of sexual misconduct as soon as practicable but at most within five workdays of becoming aware of such information: 1. Any human resource professional (HRP); 2. Anyone who supervises faculty, staff, students, or volunteers; 3. Chair/director; and 4. Faculty member.

## COURSE OUTLINE

The syllabus is subject to change during the semester. For example, if the class needs to spend more time on an important topic, we may move the schedules to accommodate.

\* indicates optional but highly recommended readings

The reading list is designed to have overlaps between some modules so that students can practice knowledge gained from a prior module.

For most modules, the approaches discussion will be accompanied by a classic HSR research topic.

Date	Module	Reading Assignments	Other Activities and Assignment Due Dates
1/13	<p><b>Module 1</b></p> <ul style="list-style-type: none"> <li>• Course introduction</li> <li>• Background on health services research</li> <li>• Evaluating Research Papers- Overview</li> </ul> <p><i>Objectives: 1</i></p> <p><i>Competencies: 3</i></p>	<p>Papers:</p> <p><i>Focus on conceptual frameworks and/or hypothesis sections of papers for this week</i></p> <ol style="list-style-type: none"> <li>1. Lovejoy TI, Revenson TA, France CR. Reviewing Manuscripts for Peer-Review Journals: A Primer for Novice and Seasoned Reviewers. <i>Ann Beh Med.</i> 2011. 42 (1):1-13.</li> <li>2. * Donabedian A. Evaluating the quality of medical care. 1966. <i>Milbank Q.</i> 2005;83(4):691-729. doi:10.1111/j.1468-0009.2005.00397.x</li> </ol>	<p>Sign up for paper presentation by 1/16</p>
1/20	<p><b>Module 2</b></p> <ul style="list-style-type: none"> <li>• Conceptual frameworks &amp; hypothesis</li> </ul> <p><i>Objectives: 1,2</i></p> <p><i>Competencies: 3</i></p>	<p><i>Focus on conceptual frameworks and/or hypothesis sections of papers for this week</i></p> <ol style="list-style-type: none"> <li>1. <b>Afendulis CC, Caudry DJ, O'Malley AJ, Kemper P, Grabowski DC; THRIVE Research Collaborative. Green House Adoption and Nursing Home Quality. <i>Health Serv Res.</i> 2016 Feb;51 (Suppl 1):454-74.</b></li> </ol>	

		<p>2. *Gaskin, D.J., G.Y. Dinwiddie, K.S. Chan, and R. McCleary. (2012) Residential Segregation and Disparities in Health Care Services Utilization. <i>Medical Care Research and Review</i> 69(2): 158-175.</p>	
1/27	<p><b>Module 3</b> Randomized Experiments vs. Observational Studies</p> <p><i>Objectives: 1, 2, 7</i> <i>Competencies: 2, 3, 5</i></p>	<p>Textbooks: Shadish, Cook &amp; Campbell (SCC) pages 3-26 Campbell &amp; Stanley: “Three true experimental designs” *SCC Chapter 8 (helpful as many scenarios and solutions with randomization were reviewed) <i>Think: What makes randomization special?</i></p> <p>Papers: (Focusing on randomized design approach)</p> <ol style="list-style-type: none"> <li>1. Manning WG, Newhouse JP, Duan N, Keeler EB, Leibowitz A. “Health insurance and the demand for health care: evidence from a randomized experiment,” <i>American Economic Review</i> 1987; 77(3): 251-277.</li> <li>2. <b>Finkelstein A, Zhou A, Taubman S, Doyle J. Health Care Hotspotting - A Randomized, Controlled Trial. <i>N Engl J Med.</i> 2020;382(2):152-162.</b></li> <li>3. * Lovchikova M, Feher A, Lian L. Health Plan Switching and Health Care Utilization: A Randomized Clinical Trial. <i>JAMA Health Forum.</i> 2024;5(3):e240324. doi:10.1001/jamahealthforum.2024.0324</li> <li>4. * Dowd BE. Separated at birth: statisticians, social scientists, and causality in health services research. <i>Health Serv Res.</i> 2011;46(2):397-420.</li> </ol>	
2/3	<p><b>Module 4</b> Validity Part 1 Topic: Health care costs</p>	<p>Textbook: SCC Chapter 2 (Validity- Internal Validity content only) <i>Focus of this week: threats within a study—not generalizability</i></p> <p>Papers:</p>	

	<p><i>Objectives: 1-9</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<ol style="list-style-type: none"> <li>1. Ackermann RT, Liss DT, French DD, Cooper AJ, Aikman C, Schaeffer C. Randomized Trial Evaluating Health System Expenditures with Transitional Care Services for Adults with No Usual Source of Care at Discharge. <i>J Gen Intern Med.</i> 2022 Nov;37(15):3832-3838. doi: 10.1007/s11606-022-07473-w.</li> <li>2. <b>Song Z, Ji Y, Safran DG, Chernew ME. Health Care Spending, Utilization, and Quality 8 Years into Global Payment. <i>N Engl J Med.</i> 2019 Jul 18;381(3):252-263. doi: 10.1056/NEJMsa1813621.</b></li> <li>3. *Maciejewski ML, Weaver EM, Hebert PL. Synonyms in health services research methodology. <i>Med Care Res Rev.</i> 2011 Apr;68(2):156-76.</li> </ol>	
<p>2/10</p>	<p><b>Module 5</b></p> <p>Validity Part 2 &amp; Populations</p> <p>Topic: Medicare</p> <p><i>Objectives: 1-9</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p>Textbook:</p> <p>SCC Chapter 3 (External validity)</p> <p>Background article: “Medicare Advantage in 2025: Enrollment Update and Key Trends”, <a href="https://www.kff.org/medicare/medicare-advantage-enrollment-update-and-key-trends/">https://www.kff.org/medicare/medicare-advantage-enrollment-update-and-key-trends/</a></p> <p>Papers:</p> <p><i>How to think about external validity issues: Does this estimate apply elsewhere? To whom do our causal estimates apply, and why might Medicare be different?</i></p> <ol style="list-style-type: none"> <li>1. <b>Morrisey MA, Kilgore ML, Becker DJ, Smith W, Delzell E. Favorable Selection, Risk Adjustment, and the Medicare Advantage Program. <i>Health Services Research.</i> 2013;48(3):1039-1056.</b></li> <li>2. Schwartz AL, Zlaoui K, Foreman RP, Brennan TA, Newhouse JP. <i>Health Care Utilization and Spending in Medicare Advantage vs Traditional Medicare: A Difference-in-Differences Analysis.</i> <i>JAMA Health Forum.</i> 2021;2(12):e214001.</li> <li>3. * Ankuda CK, Aldridge MD, Braun RT, Coe NB, Grabowski DC, Meyers DJ, Ryan A, Stevenson D, Teno JM. Addressing Serious Illness Care in Medicare Advantage. <i>N Engl J Med.</i> 2023 May 11;388(19):1729-1732.</li> </ol>	

2/17	<p><b>Module 6</b></p> <p>Quasi-experimental designs Part 1</p> <p>Topic: Health Insurance</p> <p><i>Objectives: 1-9</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p>Textbook:</p> <p>SCC Chapter 4 (intro to quasi-experiments)</p> <p>Campbell &amp; Stanley:</p> <ul style="list-style-type: none"> <li>• Non-equivalent control group design (pp. 47–50)</li> </ul> <p>Papers:</p> <ol style="list-style-type: none"> <li>1. <b>Sommers BD, Baicker K, Epstein AM. Mortality and access to care among adults after state Medicaid expansions. N Engl J Med. 2012 Sep 13;367(11):1025-34.</b></li> <li>2. *Xu WY, Garmon C, Retchin SM, Li Y. The impacts of New York's balance billing regulation on ground ambulance pricing. Health Serv Res. 2024 Oct 16. doi: 10.1111/1475-6773.14387. Online ahead of print.</li> <li>3. * Gruber, Jonathan “The Role of Consumer Copayments for Health Care: Lessons from the RAND Health Insurance Experiment and Beyond,” The Henry J. Kaiser Family Foundation Report, October 2006. Available at <a href="http://www.kff.org/insurance/7566.cfm">http://www.kff.org/insurance/7566.cfm</a>.</li> </ol>	
2/24	<p><b>Module 7</b></p> <p>Quasi-experimental designs Part 2</p> <p>Topic: Pay-for-performance</p> <p><i>Objectives: 1-9</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p>Textbook:</p> <p>SCC Chapter 5 (matching, regression adjustments)</p> <p>Papers:</p> <ol style="list-style-type: none"> <li>1. Maciejewski ML, Basu A. Regression Discontinuity Design. JAMA. 2020;324(4):381–382. [NOT FOR DISCUSSION LEADERSHIP; NOT FOR INDIVIDUAL REFLECTION]</li> <li>2. <b>Regenbogen SE, Cain-Nielsen AH, Syrjamaki JD, Chen LM, Norton EC. Spending On Post-acute Care After Hospitalization In Commercial</b></li> </ol>	<p>Article Critique #1 due 2/9 by 11:59pm</p>

		<p><b>Insurance And Medicare Around Age Sixty-Five. Health Aff (Millwood). 2019;38(9):1505-1513.</b></p> <ol style="list-style-type: none"> <li>3. Ryan A, Sutton M, Doran T. Does winning a pay-for-performance bonus improve subsequent quality performance? Evidence from the Hospital Quality Incentive Demonstration. Health Serv Res. 2014 Apr;49(2):568-87.</li> <li>4. *Bond AM, Schpero WL, Casalino LP, Zhang M, Khullar D. Association Between Individual Primary Care Physician Merit-based Incentive Payment System Score and Measures of Process and Patient Outcomes. JAMA. 2022;328(21):2136–2146.</li> <li>5. * Venkataramani AS, Bor J, Jena AB. Regression discontinuity designs in healthcare research. BMJ. 2016;352:i1216.</li> </ol>	
3/3	<p><b>Module 8</b></p> <p>Quasi-experimental designs Part 3</p> <p>Topic: health care quality</p> <p><i>Objectives: 1-9</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p>Text book:</p> <p>SCC Chapters 6–7 (time series &amp; longitudinal designs)</p> <p>Campbell &amp; Stanley, 1963</p> <ul style="list-style-type: none"> <li>• Pages 37-43 (“7. The Time Series Experiment”)</li> <li>• Pages 55-57 (“14. The multiple time-series design”)</li> <li>• Read summary at Table 2 (page 40) and Table 3 (page 63)</li> </ul> <p>Papers:</p> <ol style="list-style-type: none"> <li>1. Barnett ML, Olenski AR, Jena AB. Opioid-Prescribing Patterns of Emergency Physicians and Risk of Long-Term Use. N Engl J Med. 2017 Feb 16;376(7):663-673. doi: 10.1056/NEJMsa1610524.</li> <li>2. <b>Smith DH, Perrin N, Feldstein A, Yang X, Kuang D, Simon SR, Sittig DF, Platt R, Soumerai SB. The impact of prescribing safety alerts for elderly persons in an electronic medical record: an interrupted time series evaluation. Arch Intern Med. 2006 May 22;166(10):1098-104.</b></li> <li>3. * Xu WY, Dowd B. Lessons from Medicare Coverage of Colonoscopy and PSA Test. Medical Care Research Review. 2015; 72 (1): 3-24.</li> </ol>	

		4. *Minchin M, Roland M, Richardson J, Rowark S, Guthrie B. Quality of Care in the United Kingdom after Removal of Financial Incentives. <i>N Engl J Med.</i> 2018 Sep 6;379(10):948-957.	
3/10	<p><b>Module 9</b></p> <p>Catch up and Review</p> <p><i>Objectives: 1-9</i></p> <p><i>Competencies: 2,3,4,5</i></p>	Catch up, review and classroom activities	Article Critique 1 Due Sunday March 8
3/17. Spring Break			
3/24	<p><b>Module 10</b></p> <p>Measurements</p> <p>Small area variation</p> <p><i>Objectives: 1-9</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p>Guest lecture: Tiago Jesus</p> <p>Papers:</p> <p>1. Fisher E. S., Wennberg D. E., Stukel T. A., Gottlieb D. J., Lucas F. L., and Pinder E. L. (2003) The implications of regional variations in Medicare spending. Part 2: health outcomes and satisfaction with care. <i>Ann Intern Med.</i> 138(4):288-298. [NOT for DISCUSSION SIGN UP. STILL DO DISCUSSION BOARD REFLECTION]</p> <p>2. McKellar MR, Landrum MB, Gibson TB, Landon BE, Fendrick AM, Chernew ME. (2017). <b>Geographic Variation in Quality of Care for Commercially Insured Patients. <i>Health Services Research.</i> 52(2):849–862. doi:10.1111/1475-6773.12501.</b></p> <p>Optional reading:</p> <p>*1. Fisher E. S., Wennberg D. E., Stukel T. A., Gottlieb D. J., Lucas F. L., and Pinder E. L. (2003) The implications of regional variations in Medicare spending. Part 2: health outcomes and satisfaction with care.</p>	

		<p><i>Ann Intern Med.</i> 138(4):288-298.</p> <p>*2. Franzini L, Mikhail O. I., Skinner J. S. (2010) McAllen and El Paso revisited: Medicare variations not always reflected in the under-sixty-five population. <i>Health Aff (Millwood)</i>. 29 (12): 2302-9.</p> <p>*3. Wennberg J. Gittelsohn A. (1973) Small area variations in health care delivery. <i>Science</i>. 182:1102-1108.</p> <p>*4. Gawande A. The Cost Conundrum: What A Texas Town Can Teach Us About Health Reform. <i>The New Yorker</i>. 2009 Jun: 8.</p>	
3/31	<p><b>Module 11</b></p> <ul style="list-style-type: none"> <li>• Topic: Disparities in health and health care</li> </ul> <p><i>Objectives: 1-9</i></p> <p><i>Competencies: 2,3,4,5</i></p>	<p>Papers:</p> <ol style="list-style-type: none"> <li>1. <b>Kozhimannil KB, Hung P, Henning-Smith C, Casey MM, Prasad S. Association Between Loss of Hospital-Based Obstetric Services and Birth Outcomes in Rural Counties in the United States. <i>JAMA</i>. 2018 Mar 27;319(12):1239-1247.</b></li> <li>2. Johnston KJ, Hammond G, Meyers DJ, Joynt Maddox KE. Association of Race and Ethnicity and Medicare Program Type With Ambulatory Care Access and Quality Measures. <i>JAMA</i>. 2021 Aug 17;326(7):628-636. doi: 10.1001/jama.2021.10413.</li> <li>3. * Ryan AM. Has pay-for-performance decreased access for minority patients?. <i>Health Serv Res</i>. 2010;45(1):6-23.</li> </ol>	<p>Article Critique 2 due Sunday March 29<sup>th</sup></p>
4/7	<p><b>Module 12.</b></p> <p>Introduction to Common Health Services Data Sources and Approval Process</p> <p>Introduction to Stata</p>	<p>TBD. No discussion and no discussion board reflection.</p>	

4/14	<p><b>Module 13.</b> Introduction to MEPS data for Health Services Research</p>	<p><i>Pay particular attention to how MEPS constructs expenditures, payer categories, and person-level measures, and how these differ from claims data discussed earlier in the course.</i></p> <p><i>No discussion leadership assignment this week. Students only post individual reflections to discussion board for 1 &amp; 2 below.</i></p> <ol style="list-style-type: none"> <li>1. Zuvekas SH, Kashihara D. The Impacts of the COVID-19 Pandemic on the Medical Expenditure Panel Survey. Am J Public Health. 2021 Dec;111(12):2157-2166.</li> <li>2. Cohen JW, Cohen SB, Banthin JS. The medical expenditure panel survey: a national information resource to support healthcare cost research and inform policy and practice. Med Care. 2009 Jul;47(7 Suppl 1):S44-50.</li> <li>3. Suggested activity: Explore and read “MEPS Data Overview” at <a href="https://meps.ahrq.gov/mepsweb/data_stats/data_overview.jsp">https://meps.ahrq.gov/mepsweb/data_stats/data_overview.jsp</a> <b>[Background reading; not for discussion signup]</b></li> </ol>	<p>Article Critique 3 due Sunday April 12<sup>th</sup></p>
4/21	<p><b>Module 14</b> Summary Review, Q&amp;A</p> <p><i>Objectives: 1, 2, 3,4,5,6, 7</i> <i>Competencies: 2,3,4,5</i></p>	<p>Summary</p> <p>Discuss remaining muddy points</p> <p>Article critique remaining points</p>	<p>Optional Article Critique 4 due by the last day of class</p>

	<b>Article Critiques</b>	<b>Paper Discussion Leadership</b>	<b>Discussion Reflections</b>
<b><i>HSMP PhD Competencies</i></b>			
#2. Synthesize and critique existing literature in student's area of specialization to identify gaps in the evidence base and justify their importance for public health.	<b>X</b>	<b>X</b>	<b>X</b>
#3. Apply relevant theories and conceptual models to inform and ground research design and interpretation.	<b>X</b>	<b>X</b>	<b>X</b>
#4. Formulate hypotheses, plan and conduct a research study using appropriate research methods, and ethical approaches.	<b>X</b>	<b>X</b>	<b>X</b>
#5. Communicate orally and in writing a research study's purpose, methods, results, and conclusions to an informed audience.	<b>X</b>	<b>X</b>	<b>X</b>

Your Notes: