



# **Understanding Managed Care: Learning the Essentials through Case Presentations**

A self-paced CD-ROM

**USER'S GUIDE:**  
For Learners and Facilitators



[www.thci.org](http://www.thci.org)

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# Introduction

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## Statement of Purpose

This four-module, case-based CD-ROM program places the physician learner in a fictional practice that is adapting to managed care. The program establishes a framework for understanding the essential principles and practices of managing care, with emphasis placed on understanding the changing role of the physician, sharing financial risk, allocating budgeted resources, and improving quality to maximize health outcomes for the total health of individual patients and enrolled populations.

## Goals

### Overall Objectives

Users will:

- Understand the fundamental realignment of medical practice under managed care.
- Understand how sound decisions are made regarding resources and services within a managed care environment.
- Understand the use of strategies and tools to unite quality and cost-effectiveness when making clinical decisions and measuring the outcomes of these decisions.

## Logistical and Technical Considerations

### Length of program and number of modules

Each of the CD-ROM's four modules will take 30-45 minutes to complete for a total of approximately 2.5 hours for the full course. Learners can print a certificate upon completion of the course.

The modules are:

- Managed Care Basics
- Resource Allocation: Delivering Care Within a Prepaid Budget
- New Dimensions in Quality Management
- Practicing Managed Care

## Space and media requirements

- Desktop multimedia computer with the following equipment specifications and requirements:

### Win 3.1

486/66

12 MB RAM Minimum

16 MB RAM Recommended

### Win 95/NT

Pentium 75

16 MB RAM Minimum

32 MB RAM Recommended

### Required for all:

230 MB Hard Disk space available. (If the installation program cannot find sufficient space at the destination folder you select, you will be required to move or delete files from your hard drive to complete the installation.)

4x or faster CD-ROM drive

SoundBlaster compatible sound card

VGA resolution videocard-8-bit, 256 color

- adaptable to LANs
- to print certificate, screen resolution must be at 640/480. (If you are having difficulty printing from the course, you should verify that you are able to print from Windows applications that are present on your system. The application is designed to run under VGA display settings. If it appears in a window rather than as a full screen application, change the Display / Settings in the Control Panel to make the Desktop Area 640X480 in size.)

## Set-Up and Install Instructions (for one version on one computer)

1. Insert the CD-ROM into your CD-ROM drive.
2. Run Setup.exe. This can be done either from the Run... prompt or by double-clicking the file in File Manager or Windows Explorer.
3. Follow the on-screen instructions to complete the installation. This will include selecting a destination folder to copy the application files and completing the Open Data Base Connectivity (ODBC) set up for the application database.
4. To run the program, double-click the icon "Understanding Managed Care," or select the application from the Start/Programs Menu.

## Technical Support/CD-ROM Update Patch (if applicable)

Understanding Managed Care CD-ROM Update Patch addresses the following issues on Microsoft Windows Systems:

- Adds an uninstall routine to the CD-ROM program group
- Detects/fixes user tracking and book-marking problems on some machines
- Detects/fixes incompatible sound drivers on some machines

For best results, please download and install the "Understanding Managed Care" CD-ROM before using the CD for the first time. Please note that the "Understanding Managed Care" CD must already be installed on your system before the patch is applied.

Please follow these steps to download the patch, which is also available at <http://www.thci.org/downloads.htm>.

1. Under "downloads" click "Technical Support/CD-ROM Updates"
2. Click "downloads" and select open.
3. If Zip menu appears, then double click the unzipped file: TMCICDUpdate.exe. Follow the instructions for initializing.
4. If WinZip Wizard appears, then:
  - a. Select "next".
  - b. When asked "do you want to add a folder.?", select "no".
  - c. Select "unzip or install" and "unzip now".
  - d. Double click the unzipped file: TMCICDUpdate.exe at C:\unzipped folder to finish the installation.
  - e. Finally close the WinZip Wizard.

**Note:** If you need a free copy of the WinZip software for your computer, please visit [www.winzip.com](http://www.winzip.com).

## Set-up and Install Instructions for Multiple Versions of the CD-ROM

There are four versions of THCI's Understanding Managed Care CD-ROM:

- Primary Care Practitioner
- Primary Care Resident
- Surgical Resident
- Medical Student

(Please note the difference in installation instructions if more than one version is to be installed on a single computer.)

1. Insert an Understanding Managed Care CD-ROM into your CD-ROM drive.
2. Run Setup.exe  
This can be done either from the Run... prompt or by double-clicking the file in the File Manager or Windows Explorer
3. Welcome to The Tufts Managed Care Setup  
Click Next to Continue.
4. Choose Components to Install  
Follow the on-screen instructions to complete the installation program, including completing the Open Data Base Connectivity (ODBC) setup for the application database and Adobe Acrobat Reader. If an Understanding Managed Care course already exists on the computer, you may choose to uncheck components on the "Choose Components to Install" screen that have been previously installed, such as ODBC drivers and Adobe Acrobat Reader. After making your selections, click Next.
5. Setup Options  
On the Setup Options screen, click on the Full or Compact button, depending upon the type of installation. A description of each is defined on the screen.
6. Select Installation Directory
  - You will be required to select a destination folder (directory) in which to copy the application files. If you are installing an Understanding Managed Care version for the first time, you may accept the default destination, C:\Program Files\TMCI. Click Next to install to the default destination.
  - If you would like to change the name of the directory or if you are installing multiple courses to one computer, you will need to create an alternate directory.
  - Creating an Alternate Directory or Destination Folder  
To create an alternate directory, click Browse to create a new destination, change the name, click OK, click Yes to create it, then click Next to install to the new destination.
7. ODBC Drive Installation  
Click OK for the ODBC Driver Installation, and  
Click OK again when the ODBC Driver installation is complete.
8. At the end of the installation program, a Profiles group and course icon are created. The default name of the course icon is "Tufts Managed Care." If you are installing multiple courses to one computer, you will be prompted to create an alternate icon name by changing the highlighted name in the dialog box and clicking Next.
9. When the Setup is complete, an Information dialog box appears. Read the instructions pertaining to restarting the computer and click OK. You are prompted to install Adobe Acrobat, if selected in step 4.

10. Adobe Acrobat Setup
  - a. Click Next.
  - b. Click Yes.
  - c. Click Next to accept the default destination location.
  - d. If you do not want to open the read me file, uncheck the read me option at the Setup Complete Screen.
  - e. Click Finish.
  - f. Click OK when Acrobat Setup is complete.
11. To run the program, double-click the appropriate "Tufts Managed Care" icon or select the application from the Start / Programs Menu.

### Troubleshooting Potential Installation Issues

**ODBC:** Open Data Base Connectivity (ODBC) allows Windows to communicate with different types of databases automatically while an application runs. Understanding Managed Care uses a Microsoft Access database. The application will configure the ODBC Data Source and other settings as it runs as long as the MS Access driver is installed during the installation program. The installation program instructs you to select this driver when the ODBC setup begins. If this is not done during the installation program, or if the driver is later removed, the ODBC setup can be run again outside the complete application installation program. This program is located in the ODBC directory and is called Setup.exe. Note: This is a different file from the Setup.exe at the root directory of the CD, which runs the complete application setup.

**Printing:** If you are having difficulty printing from the CD-ROM version, you should verify that you are able to print from Windows applications that are present on the system. You may need to seek help to have your system set up for printing. Make sure to click the "Yes" radio button next to the question: "Do you print from MS-DOS-based programs?" when using the Windows "Add new printer" wizard. On the following page of the wizard, the "Capture Printer Port..." button should be clicked and LPT2 should be selected if the printer is networked (LPT1 should be selected if it is a local printer) in the "Device" drop-down list.

If you can already print from Windows applications, then a simple adjustment to the printer setup may be all that is necessary. The course uses an older DOS-based standard for printing, but the printer(s) on the system may not have been set up to support this standard. To test this possibility, do the following:

1. From the Start Menu select "Settings..." and then "Printers."
2. Among the printer icons that appear in the Printers window, find the one that represents your default printer. If you're not sure which is your default printer, right-click on each in turn until you see a checkmark next to "Set as Default" in the pop-up menu. That printer is the default. Right-click on it, and select "Properties."
3. In the print "Properties" dialog box that appears, select the "Details" tab. Highlight the text in the field labeled "Print to the following port:" (it may already be highlighted) and hit Ctrl-Ins to copy the text onto the clipboard. Now click the "End Capture..." button. In the "End Capture" dialog box that appears, does the text you copied to the clipboard appear in the list area following the letters, "LPTX" where x is a number? If not, then you need to adjust the printer setup for the course. Click the "Cancel" button in this dialog box and continue with the next step.
4. Now click the "Capture Printer Port..." button.
5. Select "LPT2" (or "LPT1" if the printer is not networked) from the "Device" drop-down menu in the "Capture Printer Port" dialog box that appears. Then TAB to the "Path" drop-down menu and hit Shift-Ins to paste in the text from the clipboard. Click the OK button.
6. The printing setup should be complete. Try printing from the version again.

*For answers to any other questions, please contact THCI at 617-636-1000 or e-mail [thci@thci.org](mailto:thci@thci.org).*

# Overview of Course Structure, Modules, and Objectives

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## Getting Started

"How to Use this Course" is a brief tour that introduces the organization and features of the course and how to navigate through it. This introduction will automatically be presented the first time a learner logs on. There is an option to skip it and proceed directly to the "Main Menu." Subsequent use of this introductory tour can be obtained through the "Help" option.

## Module 1: Managed Care Basics

Module One, *Managed Care Basics*, gives the physician learner an overview of the shift from fee-for-service to prepaid medicine, and it defines common concepts and organizational structures in managed care. The module introduces the application of financial risk sharing in the care of enrolled populations.

At the end of this module, the user will be able to:

- Describe the evolution from fee-for-service (FFS) to prepaid financing models in health care
- Compare health insurance in indemnity and managed care plans
- Define managed care
- Define the role of the physician in the managed care environment
- Describe the concept of financial risk sharing for enrolled populations
- Define a population perspective in the delivery of health care

## Module 2: Resource Allocation: Delivering Care Within a Prepaid Budget

Module Two, *Resource Allocation: Delivering Care Within a Prepaid Budget*, provides an understanding of capitation and utilization management. Users of the CD-ROM learn tools and techniques for managing resource allocation within a practice and strategies for coordinating care for individuals and groups of patients when they are well and when they are sick.

At the end of this module, the user will be able to:

- Describe a conceptual model for managing resource allocation that considers treatment strategies for meeting the needs of healthy patients as well as those who are sick
- Describe the purpose and use of performance profiles
- Explain the methods used to monitor and manage service costs
- Discuss strategies for managing care within a budget
- Discuss clinical decision tools that support effective management and coordination of care for a patient population

## **Module 3: New Dimensions of Quality in Managed Care**

Module Three, *New Dimensions of Quality in Managed Care*, reviews external measurement tools as well as internal resources a practice can use to measure and improve clinical quality and patient satisfaction. This module emphasizes that establishing effective delivery processes, systems, and interdisciplinary teams leads to continuous improvement in providing high quality, cost-effective care.

At the end of this module, the user will be able to:

- Identify quality measurements used in a managed care system
- Discuss systems approaches to quality improvement
- Explain how to deliver the right care at the right time through appropriate use of the settings and providers within the continuum of care
- Explain process and outcome measures of care
- Discuss the value and application of patient-based evaluations
- Discuss the role of PCPs and specialists in the coordination and delivery of care
- Identify the participants and their roles in quality measurement and improvement

## Module 4: Practicing Managed Care

Module Four, *Practicing Managed Care*, enables users to apply the concepts and methods learned in the first three modules to a “day in the life” practice experience that simulates a busy group practice. It is designed to ease the transition into full-time practice in the managed care environment.

At the end of this module, the user will be able to:

- Synthesize the information in the first three modules and apply it to the management of simulated practice activities. As part of this synthesis, the user will be required to:
  - Review and analyze data from individual utilization performance profiles and patient satisfaction surveys
  - Evaluate utilization decisions and quality outcomes of a group of patients as presented at a practice management meeting
  - Analyze and manage the care of patients with scheduled appointments

## Additional Resources

**Patient History-** scrollable and printable narratives of the patients featured in this course.

**Pop Quiz-** questions and scoring that track and test the learner's knowledge of the course content. A printable "Certificate of Mastery" is achieved with a performance level of 80% or more and completion of all four modules.

**References-** six tests on relevant managed care topics including: a brief history of managed care; essays on the health care system, managed care models, and reimbursement methods; practice management guidelines to improve patient satisfaction; and a glossary of common terms. All but the glossary are printable.

# Facilitator's Guide

This section contains a list of discussion questions that a facilitator could use to conduct follow-up sessions with physician learners or other health care professionals upon completion of one or all four of the modules in the program. The questions have been designed to deepen the users' understanding of the content and to enable them to apply that understanding to their current and future work experiences. The questions and suggested "answers" are listed according to the objectives for the first three modules. The References section in the CD-ROM contains background information that may be helpful when preparing for these sessions.

## Module One: Managed Care Basics

- Describe the evolution from fee-for-service (FFS) to prepaid financing models in health care

When and why did health insurance develop? What was it like?

- First Blues plans to cover hospital care, then surgeons' fees in 1930's and 1940's
- This occurred when inpatient care became something that was often curative, rather than palliative

When and why did prepaid financing models first develop? What were they like?

- Kaiser Copper Mining in rural California to meet needs of workers without other access to care.
- Ross-Loos Clinic in LA; Group Health Cooperative in Seattle
- Prepaid group practice/cooperative movement in the 1930's and 1940's

What prompted the serious re-examination of FFS payment model?

- Increasing health care costs as a percentage of GNP
- Availability of another model — HMOs — that were established to provide high quality at lower cost

What societal and/or professional events triggered the movement to managed care?

- Increasing employer coverage of health insurance costs
- Increasing specialization of clinical care
- Medicare/Medicaid structure and impact on usual and customary payment schedules
- The HMO Act of 1973 provided start-up funding and mandated larger employers to offer Federally-qualified HMOs

■ **Describe the continuum from indemnity insurance to the most restrictive types of managed care plans**

- Indemnity>PPO>POS>HMO (IPA>Group>Staff)

■ **Compare health insurance in indemnity and managed care plans**

How do they differ?

- Managed care: risk, defined provider network & population, PCPs, limited access, expanded benefits
- Indemnity: free access, limited benefits, large deductibles/co-pays

What are advantages and disadvantages of each?

- Advantages of indemnity: unlimited choice
- Advantages of managed care: broader benefit coverage, preventive focus, primary care management, coordination of care
- Disadvantages of indemnity: fewer benefits, no preventive focus, no coordination of care
- Disadvantages of managed care: limited choice of provider

What are the future prospects for each type?

- Indemnity fading away; managed care growing and continuing to evolve

■ **Define managed care**

What are the necessary components of managed care?

- A defined benefit package for a specific population for a defined period of time within a specified provider network for a fixed annual price/budget

When does managed care cease to be managed care?

- The field is evolving, but as the components above are weakened, especially with increased freedom to go outside a defined network, it becomes "less managed" care

■ **Define the role of the physician in the managed care environment**

What role does the primary care physician (PCP) play in managed care?

- The PCP is responsible for guiding his/her patients through the health care system and by managing the care and the costs of care associated with those patients

What role does the specialty care physician (SCP) play in managed care?

- The SCP provides specialty care at the request of the PCP and helps him/her manage the patient as necessary

What changes in the physician role are inherent in a managed care environment?

- Increased attention to overall costs and the coordination of services among all providers; a proactive role in managing the patient's care by other providers
- Overseeing care in a continuum of sites — home, acute care hospital, long-term care facility

- **Describe the concept of financial risk sharing for enrolled populations.**
  - What types of financial risk sharing exist?
    - Discounted FFS; FFS w/withholds; Primary care capitation; Global capitation; Contact capitation, DRGs
  - What are some of the advantages and disadvantages of each?
    - FFS promotes more utilization; capitation promotes less and less costly utilization; capitation permits provider to re-allocate resources
- **Compare and contrast FFS with capitation.**
  - Capitation carries more provider risk and therefore more attention to cost; FFS reduces attention to cost containment issues
- **What is the impact on care of different financial arrangements?**
  - Less care given under capitation, more care under FFS; impact on quality is dependent upon how the provider behaves; (Does more care equate with better care?) re-allocated care under capitation, e.g. home risk assessment for capitated seniors
  - Provision of earlier forms of intervention not usually covered under traditional insurance, e.g. preventive home care services
- **What are the medical ethics implications of risk sharing?**
  - Will physicians give patients poor care to save money?
  - What will keep physicians from underserving patients?
- **Define a population perspective in the delivery of health care.**
  - What is meant by population-based medicine?
    - Attacking disease across its entire spectrum by treating well people with “preventive medicine” and all symptomatic patients, from minimally afflicted to seriously ill
  - How does this differ from previous medical models?
    - Health care resources have traditionally been reserved for the more acutely and seriously ill
  - What are some of the implications of this approach to health care?
    - There is the potential to reduce the number of seriously ill patients by preventing a disease from progressing to its later stages
    - Encourages more equitable allocation of resources for the full defined population
  - What are some of the tools used in this model?
    - Earlier health assessments, patient education, home environmental assessments, home health services, use of practice guidelines for the consistent and aggressive management of symptoms

## Module Two: Resource Allocation: Managed Care Within a Prepaid Budget

- Describe a conceptual model for managing resource allocation that considers treatment strategies for meeting the needs of healthy patients as well as those who are sick

How would you organize a health care delivery system to best meet the needs of healthy patients?

- Perform health risk assessments; allow easy primary care access; encourage routine check-ups and preventive care; address lifestyle issues

How would you identify the needs of all patients, without waiting for them to present for care?

- Perform health risk assessments; encourage routine check-ups and preventive care with recommended tests, vaccines and frequencies, e.g. institute flu and pneumococcal vaccine programs for those at risk

- Describe the purpose and use of performance profiles

How would you present your idea for a physician performance profile to your colleagues?

- Determine what measures are important to them; enlist them in designing data collection and feedback vehicles; use education to promote better care; avoid using profiles punitively unless there is no effort to improve from a poor performance level

What elements must be present for a profile to be most effective?

- Valid data collection on recognized, important elements of care and service; statistically valid results

Why do people feel uneasy about being “profiled”?

- No one likes being measured; concerns about validity and punitive use

What strategies/actions would make them feel better about being profiled?

- Explain what is being measured, how and why
- Help physicians/practices understand how to use the profile to improve and “market” their practice

- Explain the methods used to monitor and manage service costs

What are “units of service”? How are they commonly measured?

- Quantifying numbers of services provided against a set number of people, as in “office visits per thousand members” or “prescriptions per thousand members”; this allows comparisons across physicians or groups treating different numbers of patients

■ **Explain the concept of “per member per month”**

- A measurement unit which depicts costs of care as the amount spread across the entire enrolled membership, whether or not they use that service; e.g.: If \$200,000 were spent on ER visits in January and the enrolled managed care population was 100,000 people, the per member per month cost for January's ER care would be \$2.00 PMPM

What do you want your colleagues to do with this information?

- By comparing their actual PMPM expenditures to their budget, physicians can see where they are utilizing more resources than was expected and investigate potential ways to reduce them

What are examples of ways to manage costs?

- If a physician found his/her ER PMPM was \$4, instead of a budgeted \$1.50, s/he might consider what steps could be taken to improve after hours access to his/her own practice and so reduce ER visits for urgent (but not emergent) cases

■ **Discuss strategies for managing care within a budget**

How can you be sure that a budget is reasonable and sufficient to cover your costs?

- Comparisons can be made to commonly available actuarial tables, regional health insurance premium rates, and other benchmarks
- Can also look at comparable FFS income/expenses for that population and compare it to the budgeted PMPM income

What information do you want to have and how often to manage the budget?

- An annual budget first (generally broken down by types of services such as office, inpatient, ancillary services, etc.), then monthly to quarterly updates of actual expenditures which can be compared to that budget

What will you do with that information?

- Look first for any areas out of balance with the budget, both high and low; see if these offset each other, e.g. low inpatient care may correspond to higher office visits or home health costs; look for opportunities to reduce ancillary costs, inpatient costs, and ER visits, common problem areas that are amenable to careful management
- If you have some high volume services, e.g. pathology or radiology, see if you can negotiate better contract rates

■ **Discuss clinical decision tools that support effective management and coordination of care for a patient population**

What do you know about variations in clinical practice?

- Discuss small area variation (Wennberg); discuss evidence-based medicine

How would you determine whether or not a particular clinical practice is appropriate?

- Seek expert opinion; literature reviews; specialty society guidelines

How would you decide if a new procedure should be covered or not?

- New technology assessment services/newsletters; seek expert opinion

How would you try to assure effective coordination of care? When do you think this might be an issue?

- Effective communication between PCPs, specialists, home health nurses, pharmacists, etc. This is most commonly an issue in catastrophic and/or chronic illness situations
- Use well-trained, highly-skilled case managers who communicate well with you, the specialists and other providers you use, and your patients

## **Module Three: New Dimensions of Quality in Managed Care**

- **Identify quality measurements used in a managed care system**

How would you measure quality in your health care delivery system?

- Select measures important to providers, consumers and payers (may be different measures); agree on performance levels desired; initiate measurement; provide feedback

What elements of the system are worth measuring?

- Access measures (appointment availability, wait times, etc.); clinical processes & outcomes; consumer satisfaction; quality of life/functional status

- **Discuss systems approaches to quality improvement**

What are some actions you could take to improve quality in your health care system?

- Measure consumer satisfaction and correct areas of dissatisfaction; set performance goals for preventive services and meet them; measure selected outcomes, e.g., blood pressure, blood glucose levels

How would you organize your clinical and non-clinical staff to improve quality?

- Training to build a quality focus and culture; establish teams of staff to select and address specific issues; provide incentives for improved quality

What could you do to create a culture of quality within your organization?

- Make quality your consistent top priority; provide training, opportunity and incentives for quality improvement efforts

- **Explain how to deliver the right care at the right time through appropriate use of the settings and providers within the continuum of care**

What is "the right care at the right time"?

- Neither over-treatment nor under-treatment; judicious use of appropriate settings of care (office/ER/inpatient); appropriate ancillary testing

How would you organize your delivery system to do this?

- Provide excellent access during and after office hours; encourage well thought out and appropriate diagnosis and treatment

What role do your physicians have in this effort? Office staff? Patients?

- Physicians: careful, well-developed diagnosis and treatment; excellent patient communication
- Office staff: provide excellent access; excellent communication
- Patients: promptly communicate all concerns; comply with all instructions

What do you do if a patient insists on a procedure you believe is unnecessary?

- Communication is key to helping the patient understand the lack of necessity and the potential risks of over utilization, e.g., unnecessary x-ray exposure; do not close off the matter, but suggest a re-evaluation at a set time in the future

■ **Explain process and outcome measures of care**

What are some processes of care? Outcomes? How are they different?

- Processes: preventive screenings; appointment scheduling; regular check-ups, advance directives
- Outcomes: quality of life/functional status; disease activity level; test results; satisfaction with care and service

How would you try to measure processes of care?

- Set performance goals and measure to them; use administrative and/or medical record data

How would you measure outcomes of care?

- Set performance goals and measure to them; use administrative and/or medical record and/or consumer survey data

■ **Discuss the value and application of patient-based evaluations**

Are patients' opinions important? Why?

- Yes; they represent the consumers perceptions, which are always important, even when we disagree

What do patients know about quality in health care?

- Patients understand much about clinical quality, thoroughness of treatment, good communication, and follow-up

What outcomes do you think are important to patients?

- Access, respectful and complete communication, the interpersonal relationship, thoroughness.

■ **Discuss the role of PCPs and specialists in the coordination and delivery of care**

Who is responsible for seeing that care is coordinated? Why?

- The physicians, both PCPs and specialists, with help from both staff and patients; this is a shared effort, as all parties play an important role

Identify and discuss some consequences of poor coordination of care

- Unnecessary delays in follow-up care; unnecessary extra testing, examinations, patient dissatisfaction

What impact do payment mechanisms have on referrals to specialists?

- Risk sharing mechanisms should reduce specialist referrals by making the PCP more selective of when the additional expertise is needed, for what services and for how long

Who should decide which doctor a patient sees and when?

- This is a shared decision between the PCP and patient, based on assessed need; the specialist can also provide insights into when a referral is warranted

■ **Identify the participants and their roles in quality measurement and improvement**

Who is responsible for ensuring that quality is delivered?

- Everyone involved in the system is responsible; the physician typically leads the team, due to his/her role in ordering services; staff, and ancillary providers are important; and patients play an important role in identifying quality issues of concern to them and feeding these back to the practice

What disciplines are necessary to staff a well-functioning quality improvement program?

- Clinical staff, operations staff, information systems experts, epidemiological/analytical experts, ancillary staff, even patients, as appropriate

How would you know if you are delivering quality health care?

- Only by setting target goals and measuring performance to those targets can one be sure that quality is being delivered; anecdotes and good feelings are no true measure of quality

# Instructional Design For Clerkship and Residency Program Directors

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## Descriptions

There are three options for delivering the CD-ROM program. It can be:

### Option 1

Delivered to users in a learning lab with follow-up facilitation by a faculty member.

Option 1 uses a “blended” instructional approach in which the CD-ROM is positioned in the middle of an instructor-led session, which would occur in a hospital learning lab.

- a. First, designated faculty would present an overview of the objectives and content of one of the CD-ROM modules.
- b. Second, users would turn to their computers and complete the module individually.
- c. Third, all would convene for a facilitated discussion and review of the content and its application to the users' current training situations.

To allow for sufficient discussion and transfer of the knowledge and skills pertinent to the module topic, a minimum time of 1 1/2 hours would be required for this option.

### Option 2

Taken by users as a self-study program, either in a hospital, an office setting, or in their homes, with discussion and application facilitated at a later time by a designated faculty member.

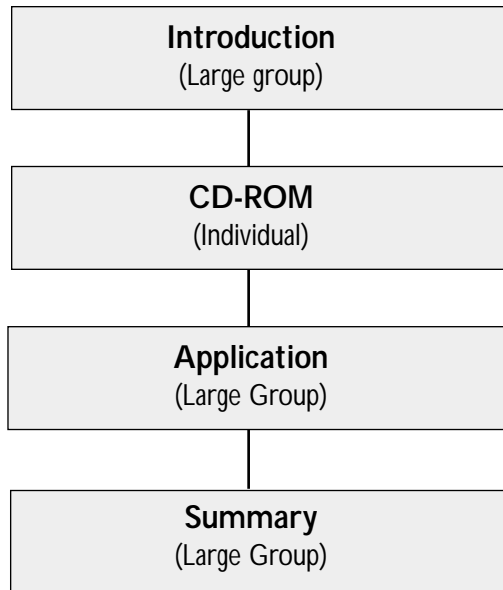
Option 2 extends Option 1 into an “overnight” format in which the faculty member would assign all or some of the modules and follow up the next day or shortly thereafter with discussion and application of the content

### Option 3

Taken by users as a self-study program, either in a hospital, an office setting, or in their homes, with no coordinated follow-up discussion or application.

An optional test is available to determine course comprehension. Upon achieving 80% mastery on the test, the user can print a certificate to show course completion.

## Visual Structure of the Instructional Design: Options One and Two



# Licensure and Legal Information

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1. This software is licensed for use by a single user for a single computer.

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