

HEALTH CARE MANAGEMENT
MBA-MS BATCH: 2016-18 / TRIMESTER - 4
DEPARTMENT OF MANAGEMENT, BANGALORE CAMPUS
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COURSE OBJECTIVE

The industry related to healthcare is unique in its characteristics, as the criticality is maximum and the margin of error is almost zero. Therefore, the healthcare administrators must acquire the accurate and necessary skills in order to perform at the level best. This course discusses about various domains of Healthcare industry and the management knowledge and skills associated with it. The primary objective of this course is to give a general overview of healthcare industry and their internal and external characteristics. The healthcare industry is extremely dynamic in nature and never observes an economic depression. Specific learning objectives for this course are:

1. To provide basic knowledge on the concepts and theories of healthcare management.
2. To learn about the pre-requisite skills for a healthcare manager.
3. To learn about the uniqueness of its operations and the components which deal both with quality and quantity without any trade-off
4. To develop an understanding about the emergency management in a critical industry.
5. To help students to able to integrate healthcare management theories in other managerial circumstances.
6. To gain knowledge about the allied industries closely connected with healthcare.
7. To upgrade the knowledge base on technical innovations in healthcare management.

LEARNING OUTCOMES

The course on Healthcare Management is planned and designed to help the students to develop a broad understanding about the healthcare industry, its types, operations, human and non-human resources. Health and education are the integral parts of human existence. With the development of

science we are relentlessly attempting for an error free healthcare service. We are approaching the issues related to healthcare from preventive, curative, rehabilitative, geriatric and palliative cure. The scenario is highly varying across and within socio-economic groups and geographies, and hence calls for differential strategies. The healthcare service also discusses over poverty, financing and insurance, along with implementation of information technology.

COURSE DESCRIPTION

With increasing awareness and affordability among people, epidemiological transition, behavioural changes and related morbidities, more of private sector penetration, and states' recognition, have made the healthcare industry a competitive one, where the tolerance level of margin of errors is abysmally low. The industry requires administrators with apt knowledge about the various aspects of healthcare industry. This course tries to give a 360 degree idea about this multi-faceted industry.

REQUIRED COURSE MATERIALS AND READINGS (CASES, ARTICLES, REPORTS ETC)

Suggested books:

1. *Principles of Population Studies*: A. Bhende and T. Kanitkar.
2. *Hospital Administration*: D.C. Joshi and M. Joshi
3. *Hospital Administration and Human Resource Management*: DK Sharma and RC Goyal
4. *Hospital Information Systems: A Concise Study*: AS Kelkar

Articles:

1. Lewis, D. (2004). Economic evaluation of health care programs. *The Australian Economic Review*; 37(3): 350-358.
2. Balarajan, Y. et al. (2011). Health care and equity in India. *Lancet*; 377(9764): 505-515.
3. Devadasan, N. et al. (2006). The landscape of community health insurance in India: An overview based on 10 case studies. *Health Policy*; 78: 224-234.
4. Sequist, TD et al. (2007): Implementation and Use of an Electronic Health Record within the Indian Health Service. *Journal of the American Medical Informatics Association*; 14(2): 191-197.
5. Handel, DA and JL Hackman. (2010). Implementing electronic health records in the emergency department. *The Journal of Emergency Medicine*; 38(2): 257-263.
6. Lobach, DF and DE Detmer. (2007). Research challenges for electronic health records.

American Journal of Preventive Medicine; 32(5S): 104S-111S.

7. World Health Organization (2006). *Social Determinants of Health*. WHO. Geneva.
8. Ludwick DA and J Doucette. (2009) Adopting electronic medical records in primary care: Lessons learned from health information systems implementation experience in seven countries. *International Journal of Medical Informatics*; 78: 22-31.
9. Pizziferri, L. et al. (2005). Primary care physician time utilization before and after implementation of an electronic health record: A time-motion study. *Journal of Biomedical Informatics*; 38: 176-188.
10. Linder JA. et al. (2007). Electronic health record use and the quality of ambulatory care in the united states. *Archives of Internal Medicine*; 167(13): 1400-1405.
11. Gans D. et al. (2005). Medical groups' adoption of electronic health records and information systems. *Health Affairs*; 24(5): 1323-1333.
12. Hillestad, R. et al. (2005). Can electronic medical record systems transform health care? potential health benefits, savings, and costs. *Health Affairs*; 24(5): 1103-1117.
13. Eichler HG et al. (2004). Use of Cost-Effectiveness Analysis in Health-Care Resource Allocation Decision-Making: How Are Cost-Effectiveness Thresholds Expected to Emerge? *Value in Health*; 7(5): 518-528.
14. Omran, AR. (1971). The epidemiologic transition: A theory of the epidemiology of the population change. *The Milbank Fund Quarterly*; 64: 355-390.
15. Gazmarian, J. et al. (1999). Health literacy among medicare enrollees in a managed care organization, *Journal of the American Medical Association*; 281(6): 545-551.
16. Rohini, R. and J. Mallikarjun (2011). Six Sigma: improving the quality of operation theatre. *Procedia- Social and Behavioral Sciences*. 25: 273-280.
17. Chen, Y.H. (2011). The service quality and consumer behaviour analysis in Taiwan. *Procedia- Social and Behavioral Sciences*. 25: 16-24.
18. Anand, S. and Fan, V. (2016). The health workforce in India, *Human Resources for Health Observer Series No. 16*; World Health Organization (WHO).
19. Coomber, B. and Barriball, K.L. (2007). Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: A review of the research literature. *International Journal of Nursing Studies*; 44: 297-314.

20. Firth-Cozens, F. (2001). Interventions to improve physicians' well-being and patient care. *Social Science & Medicine*; 52: 215-222.
21. Hayes, L.J. et al. (2006). Nurse turn-over: a literature review. *International Journal of Nursing Studies*; 43: 237–263.
22. Kaur, S. et al. (2009). A study of job satisfaction and work environment perception among doctors in a tertiary hospital in Delhi. *Indian Journal of Medical Sciences*; 63(4): 139-144.
23. Lu et al. (2012). Job satisfaction among hospital nurses revisited: A systematic review. *International Journal of Nursing Studies*; 49: 1017-1038.
24. Miller, J.F. (2011). Burnout and Its Impact on Good Work in Nursing. *Journal of Radiology Nursing*; 30:146-149.
25. Pareek, U. (1981). *Manual of Organisational Role Stress Scale*. Ahmedabad: Naveen Publications.
26. Peters D.H. et al. (2010). Job satisfaction and motivation of health workers in public and private sectors: cross-sectional analysis from two Indian states. *Human Resources for Health*;8:27.
27. Tankha, G. (2006). A Comparative Study of Role Stress in Government and Private Hospital Nurses. *Journal of Health Management*; 8(1): 11-22.
28. Tennant, C. (2001). Work-related stress and depressive disorders. *Journal of Psychosomatic Research*; 51: 697– 704.

Teaching/Learning Methods:

A variety of teaching/learning methods will be used to achieve the course objectives. These include: readings, lectures, problem solving discussions, exercises, and assignments etc.

EVALUATION CRITERIA

Students are evaluated based on their performance in personal learning paper; class participation and quiz; mid-term and end-term examination; and group project and presentations. The weightage for various components will be as follow:

Reviews and Case Studies-	15%
Mid-term examination –	30%
End-term examination –	30%
Term Paper –	25%

ACADEMIC DISHONESTY

Any form of copy pasting without acknowledging or referencing is not accepted in any assignment.

DETAILS OF SESSION: TENTATIVE COURSE SCHEDULE

Sessions no.	TOPICS TO BE COVERED
1	Introduction to Healthcare Management
2	Health and Development: Social Determinants of Health
3	Population, Environment and Health Sustainable Development
4	Health Policies
5	Healthcare Financing
6	Public Good/ Private Good and market imperfection
7	Economic Evaluation
8	Externalities
9	Health Insurance
10	Authorization and Claim
11	Underwriter and Actuarial
12	Managed Care Organizations

13	Organizational Behaviour in Healthcare and Hospitals
14	Nursing services
15	Operations Research in Public Health
16	Hospital Planning
17	Clinical Services in Hospital
18	Healthcare processes and Clinical pathways
19	Cost Mechanism in Hospital
20	Equipment Planning and Materials Management
21	Emergency services
22	Quality Management in Hospitals
23	Medical ethics and medical negligence and medical errors
24	Healthcare IT / HMIS

**Note: Faculty should give tentative schedule of all the 32 sessions and Topics to be covered along with the cases and assignments if any. (If required, changes can be done at later stage)
** 1 Session= 75 Min. (1.15hr)

ANY OTHER SPECIFIC RULES

Practice and Assignment Sessions

These particular sessions are meant to provide a practical learning experience through relevant problem solving, discussions and an interpretative understanding. Participations and performances during these sessions will be very evaluated, which will eventually be reflected in the overall marks.

!!!Enjoy the Learning Process!!!