



American Association of Public Health Physicians
The voice of public health physicians, guardians of the public's health
Preventive Services ToolKit (**PSTK**) Project
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Preventive Services Toolkit (PSTK) Seminar/Workshops

PSTK workshops are intended to teach selected and currently not-well-covered analytic, advocacy, and management skills to health professionals, administrative staff and community advocates working in or on behalf of healthcare and public health agencies. *Our goal is to better enable potential champions of preventive services to enhance and expand such services in both clinical and community settings.*

The curriculum content has been developed from the personal experience of public health physician members of AAPHHP who have served as local and state health directors, supplemented by material secured by Dr. Nitzkin in the course of his Public Administration (DPA) training.

Workshop time is divided between the lecture presentations and interactive discussion to link each skill with audience members' situations. The presentations are generously sprinkled with illustrative vignettes and case reports. Handouts are provided as resource materials, as are the slides sets, instructor's manuals and supplemental materials posted on the AAPHHP web site, accessible without registration or password. **PSTK** project

PSTK methodology for imparting the skill sets noted below include the lectures, participant interaction, post-workshop follow-up and free post-workshop faculty consultation.

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The educational modules are as follows:

1. **Introductory Module** – to set the stage for the modules to follow, and to introduce participants to the concepts of frames, mindsets and data models that are woven through the other modules and tie the entire curriculum together.
2. **Evidence** – how best to use an array of guidance documents and web sites for evidence, benchmarks and “how-to” guidance.
3. **Planning** -- how to best determine what new services to provide, and how to advocate for them, implement them and sustain them over time. This module also addresses coding for reimbursement and statistical management of planning and evaluation data.
4. **Data HIPAA** – how to develop focus groups, small surveys and data systems without running afoul of HIPAA regulations.
5. **Epidemiology as a Policy Tool** – the art of qualitative epidemiologic analysis to simultaneously consider the epidemiologic, medical and fiscal dimensions of a preventive intervention – and how these dimensions change as the program evolves from initiation to maturity. Return on investment (“ROI”) will be addressed.
6. **Power Structure Analysis** – a protocol for stakeholder analysis to inform advocacy strategy – how to get the administration/bureaucracy/legislature to do what you want them to do.
7. **Cost, Benefit, and Return on investment** -- An introduction to Cost-related analyses, with emphasis on Return on Investment as currently used in managed care settings. Emphasis is on the value of such analyses and their use and abuse in public health and healthcare settings.
8. **Partnering** – an effective and efficient protocol to enable a healthcare delivery system to partner with public health and the community to secure health and fiscal benefits not otherwise achievable.
9. **Wrap-up Module** – for evaluation of the workshop and to set the stage for post-workshop follow-up and consultation.

The entire curriculum can be covered in 8 to 14 or more hours of classroom time, with 6.5 to 7 hours being the maximum one can comfortably squeeze into an 8:30AM to 5:00PM teaching day. When workshops are divided into several days, either back-to-back, or months apart, portions of the introductory and wrap-up modules must be repeated on each subsequent workshop day.

A more detailed description of the modules is as follows:

Introductory Module: Each **PSTK** seminar/workshop presentation begins with an introduction to the PSTK project and process. This module introduces participants to the concepts of frames, mindsets and data models that are woven through the other modules and tie the entire curriculum together. It then proceeds to address some of the conventional wisdom in public health and healthcare settings limit imagination and wisdom, thus preventing more creative solutions to common problems.

Depending on the audience and the other modules to be presented, the introductory module will usually take from 30 to 60 minutes, including personal introductions of participants, slides and discussion.

Evidence, Guidelines and Benchmarks – how best to use an array of guidance documents and web sites for evidence, baselines, benchmarks and “how-to” guidance: This module concentrates on major federal and national-organization documents that can be used for planning clinical and community-based preventive services – and provide the evidence base, and benchmarks. After a discussion of what “evidence” can and cannot do (when selecting and planning preventive services), the module then discusses the clinical and community guides, CDC and MMWR recommendations, Healthy People and related reports, and gives examples of what individual recommendations look like. The evidence module generally requires 45 to 90 minutes for presentation, Q & A, and introduction to the extensive set of supplementary materials available on the www.aaphp.org web site.

Planning -- how to best determine what new services to provide, and how to advocate for them, implement them and sustain them over time. The planning module covers a number of topics, as follows:

1. Adapting preventive services for delivery in and through healthcare settings and barriers that such services must overcome in terms of the usual mindset within most healthcare settings.
2. Benefits of providing both clinical and community-based preventive services in and through healthcare settings – other than the health benefits. These include patient and staff satisfaction, regulatory compliance, and others.
3. Ways to initiate preventive services planning within healthcare settings.
4. Data required for such planning and program evaluation.
5. Selection of interventions (and packages of interventions)
6. Establishment of baselines, benchmarks and objectives by sub-population
7. Coding and reimbursement
8. Software
9. Innovative use of “p” values

The planning module, with interactive workshop, generally requires about 40 to 60 minutes, including an introduction to the extensive set of resource material available from the www.aaphp.org web site.

Data and HIPAA – how to develop focus groups, small surveys and data systems without running afoul of HIPAA regulations. This module provides “tricks of the trade” in terms of managing focus groups, small surveys, and dealing with HIPAA requirements. It addresses data needs for planning and evaluation of preventive services that are not needed for planning and evaluation of therapeutic services. This module, with interactive workshop, can generally be covered in 30 to 40 minutes.

Epidemiology as a Policy Tool – the art of qualitative epidemiologic analysis to simultaneously consider the epidemiologic, medical and fiscal dimensions of a preventive intervention – and how these dimensions change as the program evolves from initiation to maturity. Return on investment (“ROI”) will be addressed. This module consists of 26 slides, and presumes an understanding of basic epidemiologic concepts. It covers the following topics:

1. Policy – what it is and how to use epi approaches to help guide policy
2. Syndemics -- dealing with multiple health conditions affecting a single sub-population.
3. Data models – medical, public health and community
4. Qualitative epidemiology and pattern analysis
5. Projection of costs and benefits
6. Intended and unintended consequences
7. Timelines regarding costs, benefits and return on investment.

The epidemiology module, with interactive workshop, generally requires about 45 to 60 minutes.

Power Structure Analysis – a protocol for stakeholder analysis to inform advocacy strategy – how to get the administration/bureaucracy/legislature to do what you want them to do. This is the most popular of our modules. The following topics are covered:

1. Power in an organizational setting
2. PSA concepts and tools
3. Stakeholder
4. Character types in a bureaucracy
5. Decision domains (technical, administrative, policy/political and personal/cultural)
6. Games people play (dysfunctional behavior within an organization)
7. Federalism, American style (how local, state and national governments interact)
8. Use of the starburst diagram to conduct a stakeholder analysis
9. Common myths regarding how decisions are made in organizational settings.

The PSA module, with interactive workshop can be done in 90 minutes, but is most profitably scheduled for 2 to 3 hours. During the interactive portion of the workshop, participants are invited to present for analysis proposals and situations they are now facing in their work setting.

Cost, Benefit and Return on investment -- This is an introduction to Cost-related analyses, with emphasis on Return on Investment as currently used in managed care settings. Emphasis is on the value of such analyses and their use and abuse in public health and healthcare settings. Two special topics are covered in detail. One relates to the phenomenon by which chronic disease tertiary prevention (Disease Management) programming in healthcare settings will, by design, fail to show additional year to year reductions in cost after three to five years. The other relates to cost-effectiveness ratings of clinical preventive services. This module generally requires 1.5 to 2 hours, and is formatted for Q and A during the slide presentation.

Partnering – an effective and efficient protocol to enable a healthcare delivery system to partner with public health and the community to secure health and fiscal benefits not otherwise achievable. This module adapts the classic COPC protocol for use by private-sector healthcare enterprises. This module addresses the following topics:

1. Definitions of partnering and the COPC protocol
2. “Community” vs. sub-populations; numerators and denominators
3. Community resources
4. Community problem domains
5. Community diagnosis
6. How to implement a COPC process
7. Problems and pitfalls of attempting to partner
8. Community benefit and regulatory requirements

The COPC module, with interactive workshop, generally requires 1.5 to 2 hours.

Wrap-up Module: Each **PSTK** presentation concludes with a wrap-up module – to briefly summarize the material covered, evaluate the quality of the workshop and prepare for post-workshop evaluation and technical assistance by **PSTK** staff. This module generally requires about 30 minutes, including administration and review of a post-workshop multiple choice quiz.

Additional Notes and Comments:

PSTK seminar/workshops are custom-configured to the audience, setting and time available. Most workshops are two to four hours in length and feature the PSA module. They are free of charge to the host organization, as is any post-workshop follow-up

PSTK slide sets, instructors manuals and supplemental materials are accessible on line, without registration or password at www.aaphp.org, under “Preventive Services ToolKit.”

For additional information, please feel free to contact Joel L. Nitzkin, MD, MPH, DPA, Principal Investigator and Project Manager, at jln@jln-md.com, 504 899 7893, or 800 598-2561