Institute of Health Administration

Georgia State University

Academic Program Review

External Review Report

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1. Executive Summary

The Institute of Health Administration (IHA) in the Robinson College of Business (RCB) at Georgia State University (GSU) has engaged and effective leadership at both the Institute and program levels. Its faculty blend the academic expertise and professional experience needed to support its programs and they exemplify the gender and ethnic diversity appropriate for GSU.

IHA’s dual MBA/MHA is a vital component of RCB’s MBA program contributing 28 percent to the enrollments in that program. Its MBA/MHA and MSHA programs provide flexibility to students with regard to admissions criteria, curriculum, location and timing of courses, and pace of program completion. GSU is embedded in a vibrant healthcare community and IHA is highly respected among the community’s healthcare professionals. This ensures strong future demand for IHA’s programs and support from the professional community for programs and students.

The University initiative for collaborative and interdisciplinary programs and research, RCB’s focus on analytics, and strong demand for IHA’s programs and course offerings all present opportunities for IHA. Growth is restricted by the limited size of IHA faculty. Careful attention to succession planning, strategic recruitment and faculty retention is needed.

2. Contributions to the Discipline

a. To which subfields of the discipline does the department make the most significant scholarly, creative, or clinical contributions (as appropriate)?
The focus of the Institute for Health Administration (IHA) is on the basic business disciplines within the context of health care. Areas of particular emphasis include health administration, health informatics, and health economics and policy.

b. To what extent are the faculty number, composition, and diversity sufficient to support the research and educational missions of the department?

Faculty size, composition, and diversity are all sufficient given the current scope of the program. The diversity of the faculty with respect to race and gender is a particular strength. However, in light of the pending retirement of several senior faculty members, recruitment planning should be initiated taking into account rank (junior vs. senior hires) and disciplinary needs within the program. Because IHA is inherently interdisciplinary, consideration should be given to joint appointments within the Robinson College of Business to augment faculty resources.

c. Based on your knowledge of similar departments in the discipline, evaluate the overall strength of the department.

This is an overall strong Institute/department situated in a strong business school. This is evidenced by external rankings and the receipt in March 2017 of the CAHME/Cerner Award for Excellence in Health Care Systems Management Education. However, achievement of proposed future goals (as described below) will require evaluation and assessment of current program priorities and potential redirection of resources.

3. Quality of the Department’s Undergraduate and Graduate Programs

a. For each of the department’s programs, evaluate the quality and currency of the curriculum in terms of disciplinary standards and trends.

While the IHA does not have an undergraduate program offering, 40 percent of
sections taught by the IHA are at the undergraduate level, primarily in the College of Nursing’s Bachelor of Interdisciplinary Studies (BIS) program. Enrollment in these sections average around 40 students. Thus, the Institute provides considerable service to the University at the undergraduate level, although this requires a significant expenditure of faculty resources. At the graduate level, the flagship program is the CAHME-accredited joint MBA/MHA program, a component of the College’s flex MBA program. Both students and alumni feel that the joint program, with its residency requirement, adds considerable value justifying the commitment of time and effort required to earn the dual degree. The MSHA is geared to students who already have an MBA or other master’s degree or who have extensive work experience and do not feel they need MBA content. This program does not require a residency. It is not currently accredited but IHA’s future goals indicate that this is under consideration. Students and alumni also express considerable satisfaction with this program. The curriculum is strong in health informatics, economics and policy, but thin in strategic management and process improvement (e.g., LEAN). With regard to course structure, the Institute should re-evaluate how it uses course mini-mesters (six week semesters) for some content areas, such as finance and analytics, which may not lend themselves to a compressed format and makes completion of student group projects logistically challenging.

b. **Evaluate the quality of both incoming and graduated students in the department’s programs, relative to discipline-specific norms.**

The quality of students is very high as evidenced by performance in case competitions and high residency and job placement rates. This attests to both the students’ capabilities and the high levels of support that the Institute provides in
professional development.

c. **Based on your professional experience, are the enrollment, retention, and graduation rates appropriate? If not, what changes might the department make to improve them?**

While it appears that enrollment, retention and graduation rates are appropriate, available metrics make it difficult to track performance over time, across programs, and for the Institute as a whole. The statistics provided were confusing, inaccurate and not representative of actual student volume. Inaccurate data can make it difficult for the Institute to justify current program resource requirements or requirements for future proposed program development. The Institute should work with the College and University to develop a set of data metrics and benchmarks for performance evaluation that allow comparisons across time and with health care management programs at other Universities.

d. **Are there appropriate resources and support structures for the department’s educational programs?**

The graduate educational programs benefit greatly by having resources dedicated to all aspects of professional development. The alumni give generously with respect to both time and money in support of program activities beyond course work. While the current faculty size is adequate to cover existing course offerings, any future expansion will require careful consideration of priorities and how resources are allocated across programs. For example, the Institute pursues opportunities to offer dedicated MHA programs to employees of a sponsoring organization, such as a health system. However, offering these dedicated programs requires faculty to teach courses on an over load basis. The same will be true of any future expansion of program offerings, as indicated in the
Institute’s goals. This does not appear to be a sustainable strategy, particularly given the likelihood of pending faculty retirement.

e. Evaluate the potential for growth of the department’s graduate programs.
The Institute’s goals focus on growth in graduate programs including accreditation of the MSHA program and development of four-course certificate programs. However, 40 percent of sections taught are in undergraduate programs. The faculty is stretched thin and redirection of resources may be needed to achieve graduate program growth. Collaboration within the Robinson College of Business and perhaps with the new School of Public Health may promote synergies and offer opportunities for growth. Consideration of fast track five year programs combining undergraduate and graduate degrees may offer another opportunity for expansion within existing resource capabilities.

4. Quality of the Department’s Research Culture
   a. Based on your knowledge of the discipline, what is your assessment of the quality of the department’s faculty?
   Faculty within IHA represent an effective blend of academic expertise and real world experience necessary to support professional programs. They appear to have appropriate knowledge to deliver strong educational experiences to students and expertise to generate important research.

   The expertise of Bill Custer (health economics and employee benefits) and Pat Ketsche (risk management, employee benefits) provides a strong basis for contributing to evaluations of the impact on the state and local economy of health policy initiatives and changes. Abhay Mishra, Aaron Baird, and Andy Sumner have expertise central to IHA’s
focus on Health Information Technology. Daniel Montanera adds new depth to the department’s expertise in health law and regulation, an important area given the current evolution of health policy. The two non-tenure track faculty bring backgrounds in healthcare administration. They add diversity to the faculty and bring a high degree of cultural competency to the program.

The rank and time in rank of department faculty is somewhat concerning. Among the faculty with primary appointments in IHA, the director holds a chaired professorship, 3 faculty are associate professors, and 2 faculty are assistant professors. In addition, the department has an Executive in Residence who is a lecturer, and a clinical assistant professor. The two assistant professors joined the department relatively recently within the 2CI program. In addition, one associate professor, Abhay Mishra, recently transferred his primary affiliation to the Institute for Insight but still maintains secondary affiliation with IHA.

b. From a disciplinary perspective, what is your assessment of the research areas in which the department is already strong, and areas with the potential for further growth?

Current faculty strengths are in healthcare analytics, insurance, health economics, and health policy. Their expertise in health economics and health policy has been appropriately applied to assessments of impacts of policy changes on healthcare in the state, regionally and locally. Health economics is relevant to many research areas and has the potential to be leveraged in collaborative work with faculty in Public Health, Gerontology, Sociology, and others.

The current faculty expertise in analytics is broadly applicable to areas of interest to faculty in other programs and colleges. IHA’s faculty’s expertise in analytics dovetails
nicely with the Robinson College’s focus on analytics through the new Institute for Insight and is a potential platform for collaboration across departments; these natural connections should be reinforced. Collaborative research and teaching could be developed around healthcare specific analytics.

Similarly, aligning IHA’s expertise in healthcare analytics with the goals of the School of Public Health and other Life Sciences colleges and the university has significant research potential. IHA faculty’s expertise in analytics is applicable to the development of metrics for population health management and is important to both education and research initiatives in the area of population health management.

Strategic management is the core of any MHA program. Currently the faculty in this area is quite lean. There may be an opportunity to leverage the expertise of members of the IHA’s Community Advisory Board to enhance this area for purposes of teaching as well as research.

c. What is your assessment of the support structures for faculty and student research (e.g., grant-writing support, travel grants, laboratories, student funding, administrative support, etc.)?

Currently most of IHA’s extramural research funding is handled through the Georgia Health Policy Center. IHA faculty appreciate the smooth functioning of GHPC relative to grant writing, submission, and management, especially with regard to budget monitoring and reporting. The relationship that IHA has with GHPC has been duplicated with economics and the School of Public Health and may be a model from which the Robinson College could draw as it develops its own research infrastructure.
Despite the synergy of working through the mechanisms in place in the GHPC, the indirect costs related to grants and contracts run through the GHPC stay primarily with the GHPC. It would be advantageous for IHA to redirect its research efforts to capture the indirects generated through their grants. These indirects could be used to support other IHA activities, providing needed support for faculty and students.

The Robinson College of Business is currently developing its own capabilities in grants administration, but to date the primary support is with staff assistance in identifying grant opportunities. More support is needed in grant writing and grants management.

Given the University’s focus on collaboration, some thought should be given to ways in which interdisciplinary research could be encouraged. The Second Century Initiative could be a vehicle for supporting pilot grants for collaborative projects. Small grant opportunities for interdisciplinary teams could help build research partnerships across departments and colleges. Organizing a seminar series around common interests could provide a venue for highlighting the results of collaborative work.

Although there have been and likely will be additional cuts to federal grant opportunities, health remains a strong area of interest nationally and IHA faculty research could be redirected to address vital issues that could be informed by interdisciplinary work. Partnerships with Gerontology and Public Health seem especially promising.

d. Do you have any recommendations for improvements in the department’s research culture, productivity, and results?

Broader recognition of the importance of healthcare to the economy, society, economic viability of the region, especially the medical infrastructure surrounding the university, could help draw attention to IHA and its unique expertise and programs.
Efforts should be made to align the interests of IHA with those of the Institute for Insight in the Robinson College of Business as well as with those of the School of Public Health and other programs in life sciences.

Currently there appears to be a lag in the articulation of the value placed on interdisciplinary and collaborative research. Expectations for research productivity are inconsistent at different levels of the retention, promotion, and tenure (RPT) review process (college committee, dean, university committee, president). More consideration should be explicitly given in RPT documents to publication venues that provide an outlet for interdisciplinary research. Changes in the RPT policies likely will come only after discussion of the value of interdisciplinary research and broader consideration of interdisciplinary venues for publication.

IHA has been successful in adding new faculty through the 2CI initiative. However, they need also to be concerned about faculty retention in light of the unclear pathways/requirements for promotion. Currently, junior faculty see their only route to tenure is publishing in top journals in traditional academic disciplines. Although these new faculty are interested in doing interdisciplinary work, they do not feel they would get credit for publishing in interdisciplinary journals or even in top healthcare journals.

Aligning incentives across programs, departments, and colleges to do interdisciplinary work may be one way to break down disciplinary silos. Pilot grant funding for interdisciplinary work could help stimulate such research. Priority could be given for faculty access to infrastructure supporting grant development and management for projects that are interdisciplinary in nature.
The Institute should expand extramurally funded research to align with the University’s goal of interdisciplinary collaborative scholarship. This can be accomplished by redirecting some research activity from applied work with the GHPC to more basic scholarship across departments within the RCB as well as across campus, such as with economics, gerontology, and social work.

Mentoring by senior faculty in the specific academic fields of new hires appears to be strong. However, mentoring around navigation of issues related to cross-disciplinary research could be strengthened. Programmatic efforts to inculcate the junior faculty to interdisciplinary research would be beneficial. Development of a strong mentorship program could facilitate faculty development as researchers. The mentorship program at the University of Utah could provide an example:

http://medicine.utah.edu/obgyn/research/bircwh/about.php.

5. Goals

The overall strategic focus of the Institute of Health Administration (IHA) outlined in the Self-Study Report identifies six goals. They are summarized as follows: 1) expand the curricular focus on analytics, 2) seek accreditation for the MSHA program, 3) expand extramurally funded research, 4) expand the professional cohort approach, 5) augment the curriculum with certificate specializations, and 6) new educational modalities including online offerings. The comments that follow address whether the goals are appropriate and reasonable for the unit given the realities of resource availability and trends within the discipline.

**Goal 1: Expanded focus on analytics**

Degree programs in analytics are springing up across the country. Often considered a computer science or engineering program, an increasing number are located in business schools. Georgia Tech offers analytics courses in three different colleges. Kennesaw State was one of the first universities in the country to offer a Ph.D. program in analytics.
University of Georgia supports three separate labs doing NSF and NIH funded work. Despite the offerings in the Atlanta area, GSU is well situated to carve out its niche in health information technology.

Additionally, IHA’s focus on analytics fits within the university’s emphasis on interdisciplinary studies. The institute has benefited from the 2CI with the hiring of two junior researchers. The expertise they bring is broadly applicable to other programs including biomedical science, neuroscience, public health, health policy, and especially the Institute for Insight. Analytics presents a platform for collaboration and should be exploited fully.

**Goal 2: MSHA accreditation**

We recommend that IHA reevaluate the costs and benefits of CAHME accreditation for the MSHA from the point of view of program stakeholders. What will accreditation accomplish? Is it essential to recruit students of the highest quality? Or is it enough to have the MBA/MHA program accredited? Will the benefits of accreditation outweigh the added administrative costs of the process?

In our limited discussions with current IHA students, the MBA/MHA students considered accreditation in their application and enrollment decisions. For the MSHA students, it was not an issue in their decisions.

**Goal 3: Expand extramurally funded research**

Given the institute’s funding constraints, extramural funding should be only one aspect of a strategic plan to supplement resources. We support the goal of expanding extramurally funded research, recognizing the relatively numerous sources of funds available for health services research. However, do not ignore the importance of coordinating development strategies and goals with the RCB in the analytics area and the GHPC in health delivery and policy.

Given the likelihood that publication results will likely target interdisciplinary journals, IHA should continue the discussion of broader consideration of the value of interdisciplinary options for this research.
Goal 4: The professional cohort approach

Expanding the professional cohort approach is a worthy endeavor only if it advances the ability of the Institute to shift surplus resources generated to existing programs. Currently, the current faculty teaching can only pursue the objective on an overload basis or with adjunct faculty. The objective should not be pursued if it detracts from or compromises other programs or goals. Otherwise, it simply redirects resources away from more important areas. The business case for any new programs must create a surplus that can help support other activities.

Goal 5: Certificates of specializations

Granting certifications in specialty areas offers opportunities within the current programmatic areas and should be considered. The program’s advisory committee may be able to provide insight into specific areas that stakeholders find attractive. Obviously, such areas as process improvement, Lean, revenue cycle management, and supply chain management may be considerations. However, such areas as quality improvement and analytics should also be considered.

Goal 6: New educational modalities

Mixed mode and online course offerings and degree programs are currently trendy. We recommend that IHA work with the RCB to identify resources to assist in the development of on-line modalities. Resources may be needed from the College or University in this area. IHA should not attempt this venture in isolation of other university stakeholders.

6. Summary and Recommendations

Georgia State University is strategically located at the epicenter of a large, vibrant medical community that includes two medical schools and several nationally rated hospitals, including Children’s, Emory, Grady, Piedmont, and WellStar. Taking advantage of this rich medical environment, IHA has structured a nationally ranked program, recently recognized with the CAHME/Cerner award for excellence in Health Care System Education.
Program Strengths

- The MBA/MHA is the flagship program and makes up 28 percent of the MBA program. At a time when MBA enrollments are declining it is critical to maintain this key component.
- IHA inherently has an interdisciplinary focus and emphasis on collaboration.
- Diversity of faculty and students.
- Course/faculty strengths: HIT, Policy, Economics.
- Focus strengths: Analytics (multiple courses prepare students to be ready for real world).
- Program strengths: Flexibility of logistics and willingness of program to adapt to students’ needs (timing, location, and pace).
- Professional development opportunities for students, including networking opportunities and formalized mentoring from alumni.
- Job placement assistance, including resume writing, career coaching, large and involved alumni base.
- Quality student base.

Program Weaknesses

- Thin coverage in the area of strategic management.
- Confusing array of programs and potentially diluting impact.
- On-going ability to deliver quality programs impeded by small faculty size; limited ability to respond to changing market needs (current response relies on adjuncts and overloads).
- Over-reliance on mini-mester format – some courses need more time to gestate; only 2-4 weeks to do projects.
Recommendations

- Graduate education should be IHA’s priority. Care should be taken to ensure that resources are optimally allocated (redirected if necessary) in light of the reality that the MBA/MHA is the flagship program of the IHA.

- Achievement of proposed goals may require reevaluation of current programs and potential redirection of current resources.

- While sufficient currently, recruitment planning needs to consider potential retirement of current faculty with respect to rank and discipline.

- Determine metrics for program evaluation and ensure that accurate data are reliably collected and reported.

- Leadership should work to align incentives across programs, schools, and colleges to do interdisciplinary work that goes beyond, but includes promotion and tenure decisions.

- As part of the effort to facilitate the University’s goal of more interdisciplinary collaborative scholarship, reconsider publication venues that provide an outlet for interdisciplinary research. Faculty members focus their research on what is measured.

- The growth opportunity for IHA is the integration of its analytics capabilities with the RCB’s Institute for Insight, School of Public Health, and the Georgia Health Policy Institute. Opportunities include:
  - Implications of the regulatory landscape on life sciences companies,
  - Developing aspects of patient-centered delivery models,
  - Measurement of metrics evaluating population health for management purpose.