Institute of Health Administration,
Robinson College of Business

Annual Program Review
Self Study Report
Review Period
Academic Year 2004 – Academic Year 2006

SELF STUDY COMMITTEE:
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The Institute of Health Administration (“Institute” or IHA) submits the following self-study document to provide a summary of the program’s processes, developments and progress over the last three years.

**Section A: Unit Assessment of Strengths and Weaknesses**

The Institute of Health Administration has maintained a strong commitment to the quality of instruction, research and service associated with the program. In particular, the focus on extramurally-funded and scholarly research has grown considerably since the previous academic program review. IHA was awarded the highest level of accreditation, 7 years, from the Commission on Accreditation of Healthcare Management Education (CAHME - formerly ACEHSA) in 1999. The review of IHA for the next cycle of accreditation was completed in November 2006 and, based on preliminary feedback from the site visit team, a comparable result can be expected. IHA is also a full graduate member of the Association of University Programs in Health Administration (AUPHA) and is part of the Robinson College of Business (RCB), accredited by the Association to Advance Collegiate Schools of Business. IHA is widely recognized for its flagship MBA/MHA program with an intensive curriculum in both business and health management, and is nationally ranked as a part-time MBA and health administration program (7th MBA part-time and 27th HA nationally, U.S. News & World Report, 2006). The Institute is approved by more states (8) for in-state tuition than any other graduate health administration program by the Academic Common Market of the 16 state Southern Regional Education Board.

The Institute conducts extensive extramurally-funded research and its faculty has served as principal or co-investigators on projects resulting in considerable revenue to IHA and the University during the academic program review period. IHA faculty have published in top Health Administration (HA) journals and served in leadership roles for several national and local organizations. To its credit, the Institute has achieved this level of excellence in education, research, and service with an extremely small number of dedicated faculty and staff and with a limited amount of state funding.

Competition for students in this academic specialty is increasing; until recently the Institute provided the only CAHME accredited program in Georgia. In 2003, Armstrong State University (Savannah) achieved CAHME accreditation of its MHA program. Clayton State University (Atlanta) whose MHA program was recently approved by the Board of Regents will likely enter into the CAHME accreditation candidacy program intended to achieve accreditation within 5 years. The primary CAHME competitors in the Southeast are the UNC, UAB at Birmingham, and the Virginia Commonwealth University. Given the increasing competition in health management education, the Institute must continue to distinguish itself within the local market and beyond as the leading business-based health management program in the Southeast. Given the importance and the growth of the healthcare sector and the existing strengths in the Institute, there are multiple opportunities to achieve distinction through expanded academic programs, enhanced research reputation, and augmented visibility of the external service by the Institute. Pursuing these opportunities will require additional faculty and resources.
A1. Quality of the instruction, research, and service associated with the programs:

**Instruction:** The evolving health care industry provides opportunities and challenges in curriculum design. The program continually utilizes formal and informal feedback from students, faculty, residency preceptors, alumni, and program stakeholders to ensure that the program’s curriculum and instructional methods incorporate the elements necessary for IHA graduates to be competitive and successful in the changing environment. The Institute maintains strong industry relationships through its Advisory Board. Among other things, the Advisory Board provides insight and recommendations related to developments and trends in the industry that should be reflected in the Institute’s curriculum. Furthermore, the IHA external accreditation process through CAHME facilitates the assurance of quality and content of our curriculum and program.

One of the challenges the Institute faces in the future is the small size of the Institute’s core faculty. A larger faculty would allow the Institute to take advantage of the opportunities presented by the growing and changing health care industry by offering a selection of electives at the masters level, additional sections of our current courses for specialized programs such as the RCB Professional MBA, a doctoral program, or undergraduate courses for specialized degrees, Freshman Learning Communities, or Perspectives courses.

**Research:** The Institute maintains a strong commitment to research. IHA core faculty members have published in top journals such as New England Journal of Medicine, Health Services Research, Medical Care, Health Affairs, Inquiry, Journal of Risk and Insurance, Health Care Management Review, and Journal of HA Education. In terms of published scholarly endeavors, the core Institute faculty have authored or co-authored 6 refereed scholarly publications, 28 monographs, issue briefs, and research reports, and made 18 professional presentations during the self study period. IHA conducts extensive extramurally-funded research. During the self study period HA program faculty served as Principal or Co-Investigator on 12 projects, representing $2.6 million dollars. This level of scholarly and extramurally-funded research represents a marked increase since the previous academic program review.

There is a significant opportunity to increase the number of research grants and projects awarded directly to the IHA program. Currently, the size of the program’s core tenure track faculty and the limited internal administrative and research support constrain the Institute from increasing its direct research funding. Thus, a priority objective of the Institute is to increase the number of core faculty and staff to increase the funded research directly to IHA.

**Service:** Each member of the HA program faculty has a strong commitment to service. As is demonstrated in the faculty’s vitae, faculty participate in local, state, national and international service projects that help to engage in scholarly inquiry related to the improvement of the effectiveness, efficiency, and quality of health care services and the health care system. The Institute is well-recognized nationally by its academic peers; Dr. Sumner serves on the Board of Directors of the Association of University Programs in Health Administration (AUPHA) while Dr. Ketsche serves as a Fellow for the national accreditation commission (CAHME). Faculty members are active in and serve in leadership roles for several other prominent organizations. The faculty participates in several College and University level committees as is expected of each department. Thus, the service productivity of the faculty exceeds normal expectations. Given the role of the service organizations in improving the health and health care of our
communities, a major opportunity exists to do even more service to the benefit of RCB, GSU, and the population.

A2. Centrality of the programs to the university: The primary mission of the Institute is to academically prepare future healthcare leaders and to conduct research through an interdisciplinary graduate research and management education program. The Institute prepares graduates to assume managerial and leadership positions in health services organizations through:

- A leading-edge curriculum that integrates business and health care knowledge,
- The engagement in scholarly inquiry related to the improvement of the effectiveness, efficiency, and quality of health care services and the health care system, and
- Providing and promoting professional service to the academic and health care communities.

Business aspects of the health care sector. The IHA health management focus is consistent with the Robinson College of Business’ mission “. . . to prepare its students for the practice of management with the knowledge and skills needed to remain effective. . .” The HA program’s location within the Robinson College of Business is an important contributor to its national reputation among health management programs. The business aspects of the healthcare industry are growing, as the sector is currently the 2nd largest in the U.S. in terms of employment, consumes 15 percent of GDP, and is the economic engine of many communities.

Excellent students and top ranked program. The strong emphasis on sound management education in the curriculum appeals to many of the top students seeking graduate education in health management. RCB and the health administration program are able to draw from a high caliber of applicants who are committed to the pursuit of academic and research excellence. It is important to note that many students are drawn to the accredited and nationally ranked HA program at GSU. These students are almost universally dually enrolled in the College’s flexible MBA program. Thus the program contributes to the sustainability of the flexible MBA program in an increasingly competitive environment.

Interdisciplinary research. The HA program’s mission is consistent with that of the Robinson College of Business that “seeks to add value to private, public and not-for-profit organizations through excellence in research, education and outreach programs, enjoys a location that is distinctive among business schools, and is committed to taking full advantage of its proximity to multinational corporations, entrepreneurial enterprises, federal, state and city agencies, and not-for-profit organizations.”

The Institute conducts vital policy-relevant research for the State of Georgia, federal government, businesses, and internationally. Such research has included studies dealing with health insurance and the uninsured, healthcare quality assessments, comprehensive evaluation of the statewide Medicaid program, evaluation of patient satisfaction and care quality, information systems, long-term care, and international health management education. The research collaboration between the Institute faculty and the Georgia Health Policy Center (GHPC) has contributed to the success of the GHPC in acquiring funding for and completing substantive research projects, in particular projects that are of a high degree of interest to Georgia’s public policy community. Collaborations have been established or planned with GSU’s recently
established Institute of Public Health in both education and research which portend well for future opportunities.

**Research and service within the State of Georgia.** Faculty have served on several State of Georgia legislative and executive branch committees such as the General Assembly's Task Force on Health Insurance Options for Small Businesses and Uninsured Workers, the Healthcare Coverage Project funded by State Planning Grant, and as Chair of the State of Georgia Medicaid Administration Board for Physician Workforce. Faculty have participated in national sessions for health policymakers, and have been active and served leadership roles for local, region, and state in such organizations as the Piedmont GA Regent’s Advisory Committee of the American College of Healthcare Executives, Georgia Association of Healthcare Executives, Georgia Health Care Forum, and numerous local and community healthcare associations.

**Premier graduate professional program.** The Institute contributes to the University’s mission to “provide premier graduate and professional programs” preparing graduates who are “proficient in their discipline as trained and talented professionals” and to the “the enhancement of scholarship with its disciplinary and interdisciplinary research programs” through its academic program and research focus. Graduate IHA alumni number over 1,000 and are in executive management positions throughout the U.S., the Southeast, and Georgia (e.g., Chair-elect of the American Hospital Association, Chicago, IL; CEO of Catholic Health Initiatives, Denver, CO; CEO of Eastern Maine Health System; Bangor, ME; Group President, Central Group HCA, Nashville, TN; Chair, Board of Trustees of Georgia Hospital Association, Atlanta, GA).

**International activities.** Consistent with the GSU vision that includes “having significant state, national, and international roles” and the attention of RCB to the global marketplace, IHA has had a long history of undertaking international activities. Over the self-study period IHA has built upon those prior activities through collaboration with USAID, AIHA, PfID, and Emory University in the establishment of a Certificate in Health Management Education in Tbilisi, Republic of Georgia. In addition IHA collaborated with the HA program at the University of Nantes, France, in their initial efforts to develop a standardized HA education program for the European Union.

**A3. Viability of programs:** The size and continued growth of the health sector creates a demand for sound academic programs and research activities focused on improvement of health management practices such as those found in the IHA. In addition to the extensive extramurally-funded research effort, two endowments have been established since the last academic program review. In addition, the viability of the program can be clearly demonstrated by the demand from high caliber students for program entrance and course enrollment, the success attained by the program’s alumni, and the industry support for the program.

**Enrollment, Graduation, and Placement.** The data in the following sections will demonstrate that the total HA enrollment in major and concentration is stable and that HA contributes substantively to RCB graduate enrollment (see section B-3 and Appendix H1). Many students from outside the HA program enrolled in graduate and undergraduate offerings (see Appendix H2). The overall acceptance rate of 31 percent and acceptance of 65 students over the three year review period (AY2004-AY2006) reflects the increasing student quality in the IHA program (see Appendices E and G). The 6–year retention rate of HA students ranges between 92 and 79
percent (see section B-3). The employment rate among students desiring employment has approached 100 percent over the three years of the study period.

As Appendix G illustrates, the HA program has only offered a few elective courses within the undergraduate program in recent years, but the demand is most promising. The Perspectives 2002 course in International Health Systems often attracts over 50 students. IHA offered a successful undergraduate major in health administration within the BBA for some 20 years until 1982, which was deactivated to focus exclusively on graduate education. However, significant opportunities exist to train and place undergraduates in specializations related to health care management.

**Alumni Success and Support.** Consistent with the GSU, RCB, and IHA strategic goals that encourage alumni and community collaboration, the Institute maintains very close contact with its over 1,000 alumni, convenes an active Alumni Board that meets quarterly, and publishes an annual directory available to all program graduates. Nearly all of the Institute’s graduates are employed with various leadership and management positions within the healthcare sector. IHA program alumni are extremely supportive in volunteering their time to assist current students in evaluating career options, as a resource for career advisement, and with course related projects.

**Industry Support.** The Institute enjoys strong support from the local healthcare community. This is evidenced by the success among our graduates in obtaining employment within the Atlanta and Georgia markets and through the willingness of some of Georgia’s premier health care executives to serve on the Institute’s Advisory Board. The purpose of the Institute's Advisory Board is to provide advice, counsel, and strategic direction to the Institute, make recommendations regarding the curriculum and program, facilitate recruitment and help with residency placement.

**A4. Strategic focus:** The strategic focus of the Institute emanates from its primary mission to prepare future healthcare leaders and to conduct interdisciplinary research. Its vision and strategic directions are guided by faculty deliberations and input from the IHA Advisory Board and Alumni Board. Every 1-2 years the IHA Strategic Plan is reviewed for continued applicability and updated as appropriate, with a formal assessment of the Strategic Plan occurring every 5-7 years. The IHA faculty initiates the review with a scan of the changing external environment, local programs, and national academic peers, an internal assessment of capabilities and weaknesses, and a SWOT analysis (strengths, weaknesses, opportunities, and threats). The preliminary review is shared with the IHA Advisory Board and the IHA Alumni Board, where strategic options are discussed and feedback provided. After due consideration of all the comments and options, an updated strategic plan is developed followed by a discussion with the Dean. The goals and objectives that determined IHA activities for the self study period are derived from the mission and vision and are described in section C.

**Education.** At the graduate level, the strategic education focus of IHA remains the CAHME accredited double degree (MBA/MHA) program. The curriculum for this program is primarily determined by the accreditation requirements of CAHME and the dual degree requirements of the MBA/MHA within RCB. The program's educational goals, the eleven specific CAHME curriculum content areas, and the MBA curriculum provide a framework for the structure of the
graduate student's course of study. The curriculum provides a specified body of knowledge through health and business administration courses and a required administrative residency.

All other Master degrees offered by IHA are a subset of the dual degree program. The MHA degree is for those few admitted students who already possess a MBA from an AACSB accredited business program. The MSHA degree requires 8 of the 11 MHA courses (excluding the residency) and a 4 course business concentration analogous to MBA concentrations. No separate faculty or program resources are required for these degrees as students take many of the same MHA and business classes already offered. An additional opportunity exists to expand enrollment in the existing MS/CIS program through a focus on health informatics. A specific recommendation to change the constitution of this existing program has been approved by the Graduate Program Council and awaits final RCB faculty approval in November 2006.

At the undergraduate level, the HA program has offered a few elective courses in recent years. A recent interdisciplinary strategic focus is the establishment of an undergraduate Health Informatics program in conjunction with RCB’s Computer Information Systems department. This strategy reflects a renewed industry wide demand for information system specialists with a basic understanding of the health care sector. A proposal for an undergraduate BBA with a concentration in health informatics has been approved by the Undergraduate Program Council and awaits final RCB faculty approval. This proposed degree program will include 3 undergraduate HA courses. This undergraduate strategic focus is consistent with the College commitment to “prepare students to lead by pursuing ethical, innovative and value-enhancing strategies in a culturally diverse and technologically advanced world.” This proposed expansion of our educational goals is supported by our recognition of the changing needs for such specialists within the health care sector at different professional levels and by feedback from the industry through our Advisory Board.

In summary, the strategic educational focus of IHA has been at the graduate level over the study period, primarily the MBA/MHA. Efforts will continue to improve the quality of admitted students and the curriculum offered. A new strategic focus is a health informatics program which will provide a concentration in the MBA as well as the MS/CIS program and a new undergraduate program. Students will initially take existing courses, and the opportunity for attracting high caliber students and establishing collaborative relationships with industry are most promising. Additional opportunities are as follows:

- There is strong interest in a potential health sector cohort for the new PMBA program, and it is possible that some of these students will pursue a joint MHA degree. This will require additional sections of existing courses to be offered to the particular cohort enrolled.
- The new strategic focus on the aforementioned undergraduate and graduate health informatics program will be an important program for the healthcare and IT sectors and is consistent with the strategic goals of the HA program, but it will stretch the current complement of faculty to teach these courses.
- The Ph.D. major in HA under the business administration umbrella was deactivated in the late 19990s when a decision was made to offer an interdisciplinary Ph.D. with other business departments. However, the marked increase in research conducted by IHA in recent years, the relationship between a doctoral program and the ability of the program to
distinguish itself, and the potential for additional faculty to create a foundation for teaching at this level all suggest a strategy of reactivation of the doctoral program.

- If the HA program is allocated additional faculty positions, the program will pursue additional interdisciplinary collaborations with other interested departments for specialized degrees at the graduate and undergraduate level.

**Research.** The general research objective of the Institute is to encourage faculty research and publications related to the improvement of the management of health care. Specific research focus areas are described below:

*Health Insurance and Regulation:* The expertise of Drs. Custer (health economics and employee benefits) and Ketsche (risk management, employee benefits) has created a natural environment for research focusing on issues around health insurance coverage, including sources of coverage, public programs, public private partnerships, and analysis of options for coverage expansion. In addition, the extent to which health care providers are regulated directly and indirectly through public payment systems creates a need for research on the effect of regulation on the market.

*Health Information Systems and Quality:* The need to use data in health care to improve the quality of services, the increasing reliance on health information systems to reduce human error, and the high degree of variation in health care quality point to the demand for research in this area. IHA conducted extensive data analysis of the Medicaid system in Georgia and served as the Medicaid HMO data system aggregator in the late 1990s. Dr. Sumner’s background in operations and information systems, Dr Custer’s involvement with National Association of Health Data Organizations with its attendant focus on using data to improve patient safety and quality, and Dr. Ketsche’s interest in patient satisfaction have created a foundation for expanding research in this focus area.

*Program Evaluation:* The Institute faculty has developed expertise in program evaluation. Studies have been undertaken including assessments of community programs to improve the health of the uninsured, rural health care access, Certificate-of-Need, comprehensive evaluations of Georgia Better Health Care (the statewide Medicaid managed care delivery program), and evaluations of the Preadmission Screening and Resident Review Program (nursing homes).

*International Health Care Organization and Management Education:* Drs. Sumner and Harrell have focused on the efficient organization and delivery of health care services in developing economies and on the improvement of health management education to support continuous improvement in the quality and efficiency of services in the future. This research is consistent with the College’s increasing focus on international collaborations.

**Service.** The service objective of the Institute is to encourage faculty and graduates to serve in leadership positions within their healthcare organization or university, in the health care community, or within service organizations. The opportunities pursued are systematically chosen to coincide with the Institute’s educational, research, and service objectives.

Opportunities for faculty to serve in external leadership roles within the Association of University Programs in Health Administration (AUPHA) and the accrediting body CAHME are
important to maintaining a cutting edge academic program for our students. Opportunities to serve in leadership positions within Academy Health (Annual Research Meeting planning committee, Interest Group leadership) and the National Association for Health Data Organizations are critical for furthering the research objectives of the program. Finally, participation in professional organizations such as American College of Health Care Executives and service to the Georgia chapter are important components of furthering our overall service objectives for the program.

A5. Financial resource analysis: Upon the completion of the last Academic Program Review in 1997, it was recommended that existing strategies be continued and no specific action items were mandated for the Institute. The following comments were made in the Provost’s APR memorandum: “The Institute of Health administration is commended for its overall teaching effectiveness and strong administrative residency program. It provides a strong, nationally regarded program and attracts external funding for research on the theory and delivery of health administration.” The following commitments were made by the College to the Institute as a result of the previous APR: 1) One student assistant will be made available during business hours to provide minimal administrative support. 2) Graduate research support will be at least at the level of one GRA per semester. 3) Space consideration will be given.

Based on the report of the external review team, the Associate Provost conveyed the following main points which were incorporated in the IHA five year developmental plan submitted to the Provost:

1. the need for one additional faculty member to be allocated to IHA, based on the recommendation to strongly consider “…whether an additional faculty member is warranted to serve the present needs and possible expansion of the program”

2. “…continue funding of support positions that will permit faculty to maximize its time in research and service activities…”

3. “…continue its strong working relationships with the hospital community and further develop new relationships with non-hospital based health care organizations….”

As shown below in Table 1 and in detail in Appendix H2, the overall budget of IHA decreased 18 percent, primarily due to not fully replacing two senior faculty members who retired in FY2004.

| Table 1: Faculty Salary and Total Budget FY2004 – FY2006 |
|-------------|-------------|-------------|
|             | FY04 Dollars | FY05 Dollars | FY06 Dollars |
| Faculty Salaries | $ 629,721    | $ 449,394    | $ 494,895    |
| Total Budget   | $ 713,562    | $ 535,199    | $ 583,709    |

Staff support, GRA operating expenses, and travel have all remained fairly constant. Despite this reduction the Institute has continued to offer all graduate courses through the use of PTIs and
visiting faculty but temporarily eliminated Freshman Learning Communities and Perspectives course offerings. Research and service activities have continued as discussed below.

**Faculty.** Since the 1997 APR the overall number of faculty has declined due to retirements. The Chair (E. Johnson) retired in 1998, a senior Professor (J. Cooney) and Associate Professor (J. Newman) both retired in 2004. Due to a surge in extramurally-funded research to IHA, additional soft-money funded faculty and staff were recruited temporarily in the late 1990s through 2001. One of these (R. Curry), who now serves as GSU’s Associate V.P. for Research Integrity, has an appointment in IHA, but is unable to participate in teaching, research, or service activities of the Institute. A new faculty member (P. Ketsche) was recruited in 2000 and subsequently was tenured and promoted in 2006. To address the shortfall, a joint IHA faculty member (W. Custer) transferred his primary appointment from Risk Management and Insurance to IHA in late 2004, and a visiting faculty and PTIs have filled short term needs. The Institute also enjoys the association of a number of jointly appointed faculty whose primary appointments are elsewhere in the College (N. Mansfield, W. Johnston) or University (P. Farnham, C Scott).

Consistent with the strategic direction of increasing scholarly and extramurally-funded research, Drs. Custer and Ketsche have been building an extensive portfolio of research in collaboration with GHPC partners while maintaining a substantial graduate teaching load and providing service as described below. This increased research focus and the overall decrease in number of IHA faculty has resulted in a significant shortage of faculty for teaching and other collaborative strategic directions. In 2006, the HA program student to faculty ratio increased to 34.5 in AY2006 as compared to 31.5 in AY2004. The loss of faculty has also impacted the program’s ability to secure external funding directly for IHA. However, through collaborative relationships, primarily with the GHPC, the program’s faculty continues to participate in funded research through which course releases, travel funds, and computing support accrue to IHA.

**Research.** An extensive extramurally-funded research effort was initiated shortly after the prior APR. A total of $7 million in funded research since the prior program review has provided over $1 million in indirect cost recovery for GSU, RCB, and IHA. During this self study period, most of the indirect benefit has been in the form of course releases.

**Endowments.** Two endowments have been established since the last academic program review. The Joe Taylor Chair of Health Administration was established in 1999 at the $500,000 commitment level and increased to the $1 million level in 2005. The HA endowment was established in 2000.

**Summary of financial resource analysis.** The overall expenditures allocated to a program with this mission and stature are low. Despite this, IHA is highly central to the mission of GSU and RCB and most viable in terms of students, alumni, and industry support.

**Section B: Historical and Current Contexts**

**Historical Context:**
IHA is one of the more established health administration programs nationally. A Certificate and undergraduate program in HA was established in 1957, the MHA was established and approved by the Board of Reagents in 1965, and the double degree MBA/MHA program was established
and approved in 1981. The MBA/MHA degree program is one of 75 accredited programs nationally (of an estimated total of some 300 graduate HA programs) by the Commission on Accreditation of Health Management Education (CAHME). The location of the program within a College of Business is consistent with several other health management education programs around the country (e.g., Arizona State, Boston University, Colorado, Duke, Northwestern, Pennsylvania, Temple, and Texas Tech).

Current Context:

B1. Faculty Composition: Table B-1 in Appendix B5 provides the demographic distribution of the Institute core faculty by rank during the 3 self study years, as well as those with joint HA appointments. Table 2 below provides the names and status of the Institute faculty.

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Hire Date</th>
<th>Entry Rank</th>
<th>Current Rank</th>
<th>Tenure Status</th>
<th>FT/PT Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sumner (Chair)</td>
<td>1990</td>
<td>Assistant Professor</td>
<td>Associate Professor</td>
<td>NTT</td>
<td>FT</td>
</tr>
<tr>
<td>Ketsche</td>
<td>2000</td>
<td>Assistant Professor</td>
<td>Associate Professor</td>
<td>Tenure</td>
<td>FT</td>
</tr>
<tr>
<td>Custer[1]</td>
<td>2005</td>
<td>Associate Professor</td>
<td>Associate Professor</td>
<td>Tenure</td>
<td>FT</td>
</tr>
<tr>
<td>Curry (research only)[2]</td>
<td>1996</td>
<td>Visiting Professor</td>
<td>Clinical Professor</td>
<td>NTT</td>
<td>FT-GSU</td>
</tr>
<tr>
<td>Farnham</td>
<td>1977</td>
<td>Associate Professor</td>
<td>Associate Professor</td>
<td>Tenure</td>
<td>FT</td>
</tr>
<tr>
<td>Johnston</td>
<td>1997</td>
<td>Professor</td>
<td>Professor</td>
<td>Tenure</td>
<td>FT</td>
</tr>
<tr>
<td>Mansfield</td>
<td>1981</td>
<td>Assistant Professor</td>
<td>Associate Professor</td>
<td>Tenure</td>
<td>FT</td>
</tr>
<tr>
<td>Scott</td>
<td>1987</td>
<td>Associate Professor</td>
<td>Professor</td>
<td>Tenure</td>
<td>FT</td>
</tr>
<tr>
<td>Newman[3]</td>
<td>1985</td>
<td>Assistant Professor</td>
<td>Associate Professor</td>
<td>NTT</td>
<td>Retired 9/04</td>
</tr>
</tbody>
</table>

[2] Promoted to Associate Vice President for Research in August 2004 and thus no longer participating with IHA in teaching, research or service

B2. Faculty Productivity: Institute faculty participates in the full cadre of education, research, and service activities, although the IHA faculty composes the smallest number within the Robinson College of Business and among the smallest in the University. Faculty teaching productivity is discussed in B4. Faculty service productivity is discussed in section F. Table B-2 in Appendix B5 provides a summary of the research and publication productivity of the HA faculty over the last three academic years.
The Institute conducts research projects vital to local, state, national and international policy. Drs. Custer and Ketsche serve as fellows of the Georgia Health Policy Center (GHPC). A substantial portion of their research time is devoted to projects housed in the GHPC. This relationship enables the faculty members to devote time to conducting policy relevant research within a structure that translates and distributes that research to policy makers throughout the state and beyond. During the self-study period, Drs. Custer and Ketsche serve as Principal Investigators or Co-Investigators for six projects with the HPC.

Dr. Ketsche has published 5 articles in peer reviewed journals during the past 3 years. She is also lead author on 6 extensive monographs related to the funded research. Three working papers related to these monographs are in various stages of review with premier journals. Dr Custer is lead author on 11 major monographs from his research on the uninsured, services to the uninsured, and regulation of health care markets. He has presented research findings in academic or policy relevant settings 8 times during the self-study period. He has a working paper relating to his research on donated services for the chronically ill uninsured and is generating additional academic papers from works currently published in monograph form. Dr. Sumner is in a primary management and service track but he has published in top HA journals in the field, and over the study period has made 3 peer-reviewed presentations, published a monograph, and submitted numerous grant/contract proposals.

Faculty members have served as principal investigators or co-investigators on numerous research projects during the self study period. Faculty research projects during the self study period generated $597 thousand in funds to the IHA and RCB and $2.0 million in funds to external partners, most via collaboration through the GHPC. In addition, Institute faculty has submitted several unfunded proposals and served as presenters for scholarly, professional, public and private organizations and conferences including UHS-Pruitt, the Georgia Legislature, local hospitals and health systems and other academic universities.

**B3. Educational Programs:** The Institute offers a variety of degrees and concentrations. The primary program for the Institute, and the one in which the majority of our students are enrolled is the joint Master of Health Administration and Master of Business Administration. The Institute also offers a Master of Health Administration (only available for students who have already earned an MBA), Master of Science in Health Administration, and a concentration in Health Administration for MBA students not seeking a joint degree. Currently, health administration is the 4th largest area of concentration for MBA students. Table B-3 in Appendix B5 provides a summary of the program by majors and concentrations. Currently the Institute does not provide an undergraduate degree. However, the program has received tentative approval to participate in a BBA degree with a concentration in health informatics. To ensure that current faculty members are not overburdened by the expanded demands, additional teaching faculty are needed.

**Retention and Graduation Rates**
Although the number admitted to each graduate health administration degree program has varied over the years, from FY2004-FY2006 the total HA enrollment in major and concentration has stayed fairly stable at 74-84 (see Table B-3 in Appendix B5). These enrollment figures place the HA degree programs as the 4th largest MBA area of focus and specialized Master’s area in RCB.
according to a May 2006 report issued by the RCB Dean’s office (see Appendix H1). In addition, during the study period approximately 75 graduate students and 172 undergraduate students from programs, other GSU Colleges (especially public health) and other Universities such as Georgia Tech enrolled in HA graduate courses, Freshman Learning, and international healthcare undergraduate Perspective courses. Some 65 students were accepted into the HA degree program representing an overall acceptance rate of 31 percent over the three year review period (AY2004-AY2006), according to the detailed GSU/OIR enrollment and applications tables which are shown in detail in Appendices E and G.

The 6–year retention rate of HA students for the Fall 2000 cohort was 92 percent, and rates for subsequent cohorts in Fall 2001, 2002, and 2003 cohorts has been 85, 79, and 88 percent respectively, in HA degree programs (see Table B-4 in Appendix B5). Due to the length of the double degree program and the fact that many are part-time students, the elapsed time for graduation varies widely from 2 to 6 years. While insufficient time has elapsed for the later cohorts to graduate, as of this report 82 percent of the total students in FY2002-2004 have graduated. Over the study period, in almost all cases the students not graduating have moved or changed their career plans, rather than not successfully completing their degree program. The employment rate among students desiring employment has approached 100% over the past three years. This extremely high rate is due to the administrative residency requirement of the MBA/MHA program and the concerted effort by IHA faculty and staff to successfully place graduates.

**B4. Credit Hours:** The number of credit hours generated per year by faculty type over the APR study period has varied considerably, primarily due to the retirement of faculty members and the reliance on one part time instructor (Harrell). Since AY2004 the number of credit hours generated by tenure track faculty has increased slightly, while concomitantly the number of PTI and part-time generated credit hours has increased substantially reflecting the change in faculty composition.

It is important to note that all IHA courses must be offered annually in order to permit each cohort of students to sequence appropriately through the program. Therefore, credit hours may vary with the enrollment in each course even when faculty members are teaching at the same level. Furthermore, the unique nature of IHA program requires a substantial proportion of faculty time be devoted to supervision of students during a required 2 semester academic residency. This one-on-one supervision that includes sight visits, phone contact with preceptors and working with students on written and oral projects has an effect on overall teaching productivity as measured by credit hours.

Undergraduate elective courses, such as the Freshman Learning Community and Perspectives, have had a large impact on IHA overall credit hours. In FY2004, undergraduate courses accounted for 27 percent of the 1,130 semester hours and with undergraduate hours eliminated due the retirement of faculty, FY2006 semester hours decreased to 708 semester hours. We note that the Institute once again offers the undergraduate Perspectives in International Health Systems course in the current AY, which will result in an increase in overall credit hours in the coming academic year. Graduate semester hours fluctuate slightly over the self study period but are essentially stable around the average of 721 per year.
B5. Summary Data: Table B-6 in Appendix B5 provides a summary of the information presented in items B1 through B4.

B6. Program Relevance: The documentation submitted in section A verifies that the Institute is recognized as a leading provider of health management education. Faculty members contribute to the academic, practitioner, and health policy communities through research and service. The importance of highly trained managers to lead the efficient and effective delivery of health services can not be overstated, given the increasing share of the nation’s economy devoted to health care services.

B7. Peer Institutions: GSU participates in the University of Delaware database concerning comparative data of which several research universities have been selected by the Provost as potential overall GSU peers. From this set GSU/OIR identified 26 universities with HA programs, and 10 of these were selected for comparison with GSU based upon some of the following criteria: possessing HA master’s programs, located in business schools, CAHME accredited, and AUPHA members. Those selected were Arizona State, Cleveland State, Florida International, Temple, U. of Alabama-Birmingham, Memphis, UNC-Chapel Hill, UNC-Charlotte, South Carolina, and Xavier. It should be noted that these HA programs are not equivalent per se, nor are they necessarily the ones that might be selected as GSU/IHA peers had additional universities been included in the Delaware data.

Tables B-7a through B-7e in Appendix B5 were provided by GSU/OIR and show data from GSU/IHA compared to these 10 health administration programs for a number of parameters. In each table GSU/OIR identified specific universities only by a letter to ensure confidentiality. Four of the programs had significant proportions of undergraduates which GSU does not, and the Institute has among the smallest instructional and tenure track faculty (see Table B-7a). It should be noted that some data are questionable; e.g., Peer E is shown as master’s and doctorate but only has 1 tenure-track faculty. Consistent with the lack of GSU undergraduates is the relatively lower percent graduate credit hours and class sections at GSU (Table B-7b). The reported percent students and courses taught at GSU by tenure-track is high for the Fall 2004 report, but as discussed elsewhere this percentage is now much lower at GSU (Table B-7c). The data shown in Table B-7d are difficult to interpret in that only credit hours and sections taught by tenure-track are shown. GSU/OIR was not able to report GSU data on total number of credit hours and course per the 1.8 tenure-track faculty.

The comparative data are difficult to interpret as they relate to research and service expenditures, since IHA’s course releases and other research funding do not appear to be included in the Delaware data (i.e., zero research and service expenditures for GSU are shown in Table B-7e). However, the relatively low expenditures shown for the Institute over the APR study period support the need for more IHA resources to develop grant and research applications, which would bring in direct and indirect funding directly to the Institute that can benefit the faculty, staff and students.

Section C: Progress Toward Goals and Objectives

Upon the completion of the last Academic Program Review in 1997, it was recommended that existing strategies be continued and no specific action items were mandated per se. The goals
and objectives established in conjunction with the previous 1997 APR process (including action plans) were identified as follows (paraphrased):

1. Update the Mission in conjunction with input from the Advisory Board
2. Ensure a smooth transition to the semester system
3. Improve student diversity efforts
4. Increase the number of faculty
5. Continue recruitment efforts for the Masters program
6. Increase the amount of extramurally-funded research and other funding sources
7. Continue the collaborations and contact with the healthcare sector, Advisory Board, Alumni Board, alumni, and students
8. Increase administrative support, including GRA support
9. Increase the amount and adjacency of space allocated to IHA

More recently, with the university wide emphasis on measurable learning outcomes, the impending CAHME site visit, and this APR, the Institute has been working to ensure that the Institute’s goals and objectives were defined in measurable formats that supported the program’s mission and vision. These changes were based upon data collected during a rigorous evaluation process through the CAHME accreditations that included surveys of students, faculty, alumni and other program stakeholders. These assessment activities have had a substantial impact on the program. As such, comparisons to the past self-study period are not applicable given the much more dynamic nature of the program.

**Summary of progress toward goal and objectives.** The Institute has implemented the following strategic changes and successfully achieved the following goals and objectives since the last APR:

1. **Mission revised.** The revised mission, goals and objectives of the Institute were approved by the Robinson College of Business and the University in September 2005 and are outlined below. While this application requests they be listed in priority order, we feel that all are essential to the overall success of the program.

   The primary educational objective of the Institute is to provide an integrative educational experience of course content and field work to enable graduates to become effective functioning members of a health care management team and to create in students a desire for life long learning. Graduates will:
   
   a. Develop a clear understanding of the components of the health care sector, law and public policy around health care, and the public and private financing mechanisms for health care in the United States.
   
   b. Identify, describe and apply business principles from core functional areas such as economics, finance, accounting, management, marketing, information systems, corporate risk management, and operations to the development, strategic management, and operations of health care organizations.
   
   c. Communicate in appropriate written and oral form with various stakeholders such as peers, clinical providers, patients, policy makers, and the general public.
   
   d. Demonstrate competency with respect to personal ethics and professional
standards and a commitment to manage health care organizations responsibly for the benefit of patients and the community. This includes a commitment to continuously improve organizational and personal performance.

e. Demonstrate integration of course work with practical applications/field experience and the ability to function effectively as members of management in health care organizations.

The research objective of the Institute is to encourage faculty research and publications related to the improvement of the management of health care. Faculty and other stakeholders will:

a. Engage in individual and collaborative research projects
b. Increase recognition of the Institute by academic faculties and practitioners through scholarly endeavors
c. Strengthen curriculum through use of new knowledge and research findings

The service objective of the Institute is to encourage faculty and graduates to serve in leadership positions within their healthcare organization, in the health care community and service organizations, and within the university. Faculty and graduates will:

a. Hold leadership positions in health care organizations and in related professional organizations
b. Serve as an information and technical resource to health care organizations, policy makers, and consumers.
c. Serve and actively participate on university and/or college committees

Program activities and resource allocations since the last review have been driven by appropriate and sound outcome measurement and assessment processes. As is demonstrated in Appendix D1, the Institute has developed an extensive matrix that identifies each program goal and objective, how each is measured, along with acceptable standards for success. The impact of the outcome assessment has helped to ensure that program activities are consistent with its mission, goals, and objectives.

2. Improvement in curriculum offerings, frequency, and format. Starting with the semester transition and improved periodically, a modified, lock-step student cohort format was implemented. The curriculum was modified to expand the emphasis on healthcare financial management. Because courses are taught in the evening hours in back-to-back fashion, IHA has expanded enrollment of full-time workers as part-time students, thus enriching the student mix in the program.

3. Establishment of joint or collaborative degrees. In the early 2000s a HA concentration in the MBA was established and several of these MBA students have subsequently transferred into the MBA/MHA. This has helped to stabilize the number of students entering and exiting the program annually and allows the program to more accurately estimate program revenues based upon tuition. A joint degree program with the GSU School of Law which offers JD/MSHA and JD/MBA/MHA degrees was approved by faculties of the GSU School of Law, RCB, and the Board of Regents, although there are not yet any students enrolled in this program. A collaborative Health Informatics
graduate and undergraduate program established jointly with the RCB Computer Information Systems department has been approved for a Fall 2007 start.

4. **Student diversity efforts.** IHA has one of the more diverse student bodies among HA graduate programs nationally. In 2006, the student body was composed of nearly 40 percent ethnic diversity. Of those 20 percent were African-American and the other 20 percent of Asian and Middle Eastern descent. Efforts are made to feature minority executives as guest lecturers to provide role models for minority students.

5. **Joint Faculty established.** A creative approach has been the appointment of joint IHA faculty with AYSPS, GSU law school, and within RCB. The collective HA interdisciplinary faculty are nationally known and possess degrees and/or taught at such universities as: California/Berkeley, Duke, Emory, Georgia, Georgia Tech, Harvard, Johns Hopkins, Illinois, Iowa, Miami, Minnesota, Northwestern, Ohio State, Pennsylvania, Pittsburg, Stanford, UCLA, University of North Carolina, Wisconsin. However, approval for additional IHA core faculty positions has not been realized as called for in the prior APR process recommendations. A new faculty member (Pat Ketsche) was recruited in 2000 and subsequently was tenured and promoted in 2006 to replace the position of the retired IHA Chair. Bill Custer transferred his primary appointment to IHA from Risk Management and Insurance in 2005 to partially fill the positions resulting from the retirement of two senior faculty members in late 2004. However, memoranda requesting recruitment of faculty to participate in new initiatives occurred at a time of personnel freezes and have not been approved.

6. **Recruitment efforts.** The Institute has diligently worked to increase the number and caliber of admitted students. Faculty members participate in GSU pre-med, science, and business undergraduate career days, and alumni assist in recruiting efforts at their locations. The RCB Open Houses have attracted students to the IHA program, and the establishment of the IHA website has attracted interest nationally and internationally.

7. **Increase in scholarly and extramurally-funded research and other funding.** In addition to faculty’s desire to conduct scholarly and funded research, the CAHME accreditation criteria require a significant amount of such research. The list of top HA journals in which IHA faculty have published has risen significantly since the previous APR. The extramurally-funded research projects undertaken since the previous APR compared to the amount before has been a major accomplishment. Considerable effort has been focused on increasing endowments for IHA, resulting in two major endowments.

8. **Increased collaboration and communication** with alumni, current and prospective students, national HA academic colleagues, and industry. A sophisticated website including an alumni directory with automatic updates has been developed. An extensive database of students and alumni has been established and continuously maintained, providing improved data for accreditation and an improved communication with alumni. A periodic annual report, newsletters, and position announcements are sent to alumni through a routinely updated e-mail system. A superbly designed periodic annual report
is sent to HA academic colleagues and selectively to organizations in the health care sector. These communications enhance the visibility of IHA, RCB, and GSU, as well as assist recruiting.

9. **Increased administrative support.** Although not adequate, the continued funding of a part-time Senior Research Associate has been obtained, as well as support for one graduate research assistantship. Since this is inadequate to fulfill the needs of the IHA program, additional funding continues to be sought for these positions.

10. **Space increase.** In January of 2005 the IHA program was moved to space on the 6th floor of the College of Business, thereby enabling all faculty and staff to be located within the same suite of offices. The space allocated to the Institute is of superb quality. Each faculty member and staff has a private office for study, counseling of students, and the space includes a conference area for meetings.

11. **Established Executive-in-Residence position.** Bernie Brown, former CEO of the Promina Health System, was appointed the first IHA Executive-in-Residence in 2001, followed by Brue Chandler, former President of St. Joseph’s/Atlanta in 2003, and Marie Cameron, former CEO of Southwest Hospital/Atlanta, in 2006.

**Section D: Curricula Quality**

**D1. Evidence of Student Learning:** The accredited MBA/MHA program is the cornerstone program for the Institute. The program's educational goals and the eleven specific CAHME specified curriculum content areas coupled with the MBA curriculum provide a framework for the structure of the graduate student's course of study. Within this context the curriculum provides a body of knowledge through specific health services and business administration courses and a required administrative residency. As described in section B3, other graduate degrees currently offered by IHA are a subset of the dual degree program. No separate faculty or program is required for these degrees as students take many of the same MHA and business classes already offered.

The curricular requirements for the joint MBA/MHA program and the MSHA degree program are shown in Appendix D3. In addition, Appendix D7 provides a table of the accreditation based content area requirements and the courses in which those areas are covered.

**Specification of learning objectives**

Learning objectives for the instructional component of the program are specified in broad statements as part of the overall institutional goals and objectives (see section C above). The Institute engages in a continuous process of monitoring the health care sector and reviewing the overall instructional objectives to ensure that graduates are prepared to meet the challenges of a health management career.

**Assessment plan and analysis of student learning outcomes**

As was discussed in section C, the program’s goals and objectives have been revised to place additional emphasis on the program’s learning outcomes and assessment plans. Appendix D1 is
an in-depth matrix that identifies each program objective, outcome measure, assessment process, and assessment timeline. In addition to traditional measures such as student grade point average, the Institute also utilizes additional measures including share of students in good academic standing, student and alumni surveys, feedback through the Student Evaluation of Instructor, and several evaluation tools linked to the academic residency that provide rich feedback regarding the quality of its curriculum.

The program employs the following means to assess student accomplishments of the learning objectives:

- Faculty evaluation of course work
- Student evaluation of course instructor and curriculum
- Student evaluation of the administrative residency
- Preceptor evaluation of the student administrative resident
- Faculty evaluation of the student residency reports

**Evaluation of Course work**
Principal evaluation of student accomplishments is through evaluation of course work. Evaluations are made by a variety of means and may include individual or team written or oral presentations, papers, case analysis and participation in computer-based exercises.

On a semester basis, an individual student record is provided by the Office of Academic Assistance, Robinson College of Business. These records are reviewed every semester by the Institute Director to chart academic progress and to take corrective action as needed. Both the College and the program have standard procedures for monitoring performance and for formally notifying students with deficiencies.

**Evaluation of Curriculum and Courses**
Two principal methods are used: (1) student evaluation of instructors and courses; (2) regular curriculum/course review. At the end of each semester, students complete an online course evaluation form for each course, using a checklist and written comment sections. The results are reviewed by faculty and changes are made where appropriate. Faculty and students discuss the strengths and weaknesses of each course in the curriculum during the residency assessment onsite visit and during the residency seminar session. Students are able to identify curricular strengths and weaknesses based on their practical experiences.

**Faculty and Preceptor Evaluation of the Administrative Residency**
On a semester basis, faculty evaluation of student progress is made through evaluation of required project reports, review of the preceptor evaluation form, review of the residency evaluation form, and the on-site review with the preceptor and the student. Preceptors evaluate the academic preparation of the student in addition to evaluation of student performance. Preceptor comments have been incorporated into class materials and presentations.

The routine assessment of curricular quality has resulted in the following specific modifications to improve learning outcomes:

1. Courses with below average ratings on the SEI have been revised (HA8550, HA8460 and HA 8620).
2. One core faculty member (Ketsche) agreed to participate in a one-on-one mentoring process to improve teaching skills. The concepts learned have been conveyed to the remaining faculty through in-service meetings and sharing of materials.

3. Feedback from students and preceptors has resulted in increased focus on quality management and patient safety and on epidemiology and population health.

4. A larger number and more diverse body of external speakers have been incorporated within the curriculum to provide applications of the theoretical instructional material.

**D2. Survey-Based Evaluation of Curriculum Quality:** Review of the student, alumni, and faculty APR (Appendices D5-a, b, and c respectively) survey findings reports demonstrates a generally high level of satisfaction with the academic programs of the Institute. The Institute was rated at or above the University mean on 11 of 15 criteria by current students and at or above University mean on 12 of 15 criteria by alumni. Students and alumni are particularly satisfied with the clarity of degree requirements, career and academic advisement available in the department, and level of communication with the faculty. Greater than 85 percent of the faculty ranked the scholarship of the Institute’s faculty and frequency of class offerings as excellent or good. 100 percent ranked the variety of advanced course offerings as excellent or good. Students and alumni rated the preparation of faculty in the department and the effectiveness of the teaching methods below although not statistically significantly below average for the University. Faculty APR survey findings demonstrate that almost 60 percent of faculty indicated that they felt that too much emphasis had to be dedicated to teaching and serving the department.

**Section E: Student Quality**

**E1. Input Quality Metrics:** Admission standards are high for the HA degree programs and consistent with all RCB graduate admissions. For recently admitted HA students the undergraduate GPA has averaged 3.2 and the GMAT has averaged 600. As Table 3 illustrates the GMAT score for students who have entered the MBA/MHA program between AY2004 and AY2006 has increased 4 percent from a GMAT average of 593 to 617. Students who enrolled in the MSHA had an average GMAT score of 640 in AY2005, an increase from the AY2004 average of 590. A more thorough analysis of MBA/MHA student GMAT scores with accompanying verbal and quantitative percentiles can be found in Appendix E1.

<table>
<thead>
<tr>
<th>Average GMAT Score</th>
<th>Undergraduate GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>593</td>
<td>584</td>
</tr>
</tbody>
</table>

While the plurality of students come from the southeast, over the study period students with undergraduate degrees from geographically diverse universities such as California-Santa Barbara, Michigan State, Notre Dame, NYU, Rutgers, University of Texas, Vanderbilt and Wake Forest have enrolled in the program (see Appendix E2 for a complete list).

The admissions requirements are of sufficient rigor that those who are accepted are capable of the required academic performance. Appendix E4 reflects a fairly low acceptance rate compared to applications. This is reflective of the rigorous admission standards. Many applicants are not able to achieve a competitive GMAT score.
E2. **Output Quality Metrics:** For students completing the program in AY 2004-AY2006, the average graduate GPA at graduation was 3.58. An administrative residency is required for all MBA/MHA students so virtually all of them are placed in a substantial administrative role for this integrative, experiential learning capstone. Upon graduation, approximately 85 percent are offered permanent, fulltime employment at their precepting organization. Support is provided by the department to assist in placement of all IHA graduates achieving nearly 100 percent employment 3 months post-graduation. An increasing number of graduates have selected employment in a hospital setting. This remains the primary setting for employment, with 44 percent of the graduates in the self study year employed in a hospital or health network setting.

**Scholarly presentations and honors:** The Institute gives 5 scholarship awards annually to students displaying superior leadership and academic qualities. In addition, during the study year, one student received the Pickett Riggs Scholarship given by GSU for exemplary scholarship and leadership. Another student received the Andrew C. and Eula C. Carlos Scholarship from the RCB.

**Section F: Faculty Quality**

The Institute core and joint faculty are contributing to the Programs, the College, and the profession through teaching, research, and services that exceeds expectations. The small faculty size creates the need for service within the Institute and College that exceeds the recommended time allocation for tenure and non-tenure faculty. Despite these internal service obligations, teaching and research productivity have been maintained while providing valuable service external to the University.

**Research Productivity.** The quality and quantity of the scholarly and creative productivity of the HA faculty is equivalent to that of other programs of this type and small size. As discussed in Section B, faculty members have served as principal investigators or co-investigators on numerous research projects during the self study period as described in B-2. Table F-1 in Appendix F5 provides a summary of the dollar level and source of sponsored research for AY2004 through AY2006, which is considerable for such a small size faculty.

Faculty research productivity, publications, and presentations are described in detail in section B. In particular, the large number of monographs, issue briefs, and related publications are of importance to the health care community in Georgia and beyond. There are numerous working papers in various stages of review that are being generated based on the funded research and reports. A significant research objective for the Institute is the translation of these working papers into peer reviewed publications.

**Promotion and Honors.** During the review period, one faculty member (Ketsche) was promoted from Assistant to Associate Professor and was granted tenure. Dr. Ketsche was also honored as a distinguished educator and researcher by the Georgia Rural Health Association. In addition, joint faculty member Nancy Mansfield received the Outstanding Service to Student Award presented by VP of Student Services, Hazel Scott at Georgia State. Dr. Sumner was
presented the District 2 region (12 Atlantic seaboard states) Regent’s Award for academic service from the American College of Healthcare Executives in 2006.

**Professional Service.** Institute faculty provides professional service through their role as ad hoc advisors to policy makers in the health care sector. For example, during the 04/05 academic year, Drs. Custer and Ketsche served as technical advisors to a legislative committee on insurance options for small businesses. Dr. Custer has provided technical assistance and testimony for legislators evaluating the efficacy of a high-risk pool in Georgia, while Dr. Ketsche provided testimony to a legislative committee evaluating coverage options for children in Georgia. Faculty field requests for ad-hoc assistance from state level policy makers within the Department of Community Health and Office of Planning and Budget. Institute faculty also provide professional service through annual participation in the Georgia Association of Health Care Executives (GAHE) annual review course for health care managers seeking advancement through the certification exam offered by ACHE. Also, Drs. Sumner and Harrell have provided technical assistance to health care providers throughout the metro Atlanta area through a program of managerial continuing education. The Institute faculty members are recognized as experts on a variety of subjects and are widely quoted in both the trade and popular press.

In addition, faculty serve in leadership roles with several national and local organizations, such as: the Association of University Programs in Health Administration, the American College of Healthcare Executives (Education & Research, Regent’s Advisory Committee), American Public Health Association, National Association of Health Data Organizations, Health Information and Management Systems Society, Academy of Management, State of Georgia Medicaid Advisory Committee, Georgia Association of Healthcare Executives, and Academy Health Interest Groups. IHA Faculty participates in organization of national meetings of the AUPHA (Sumner), Academy Health Interest Groups (Ketsche), and the Planning Committee for the Annual Research Meeting of Academy Health (Ketsche).

**University Service.** Internal service includes considerable committee participation within the Institute, College, and University as shown in Table F-2 Appendix F5.

**Section G: Resource Adequacy**

**G1. Faculty Resources:** The Institute’s core teaching and research faculty has decreased 25 percent (i.e., one full-time graduate faculty member) since FY04 when a senior tenured professor and a senior associate professor retired, yet research productivity and number of students in the HA major has increased. This increased research focus and the overall decrease in number of IHA faculty has resulted in a shortage of faculty for teaching and other collaborative strategic directions.

In order to staff all courses while maintaining a research focus, the Institute has relied on external PTIs including a 0.5 part-time visiting instructor who was recruited in 2005. This full-time faculty decrease and reliance on PTIs has resulted in an increase student to faculty ratio of 34.5 in AY2006 compared to 31.5 in AY2004. This places significant limitations on tenure track faculty’s ability to dedicate adequate time and resources to scholarly research and publication, especially given the lack of masters and doctoral student assistance. Nonetheless, one faculty
member achieved promotion to tenure during AY2005. More detailed delineation of the faculty composition, credit hours, and student to faculty ratio is provided in Tables B-5a, b and c.

G2. Administrative Resources: The single full time administrator and the part time senior research associate provided are stretched to the limit. The staff responsibilities for administering the academic program are more complex than in other departments due to the reporting and management of our external accreditation, the Institute’s involvement with the admissions process, and the extensive student advisement that accompanies a complex dual degree program. In addition, the staff participates heavily in the administration of the academic residency, assisting students with placement in appropriate settings for the residency.

Due to limited internal administrative resources the Institute has partnered with the GHPC to competitively solicit for grant and research funds. This collaboration has enabled the faculty to pursue funded research in timely, policy relevant areas, collaborate with GHPC researchers across disciplines, and provided financial support to the Institute in the form of course releases, technology and data purchases for Institute faculty, and substantial travel support. However, it has also deprived the Institute of the financial support such grants and contracts provide through indirect apportionment.

G3. Technological Resources: The availability of technology is adequate for faculty and staff work. The Information Systems and Technology division at Georgia State University at the College of Business provides all faculty and staff with access to software for research purposes. In addition to the full Microsoft Office Suite, all faculty and staff have access to SAS and SPSS statistical software packages for data manipulation and analysis. Upon request faculty can obtain licenses to utilize STATA, LimDep, and Shazam statistical software. However, the decommissioning of the University’s main frame system precludes the extensive and timely analysis of claims as required for some of the Institute’s research. Several of the current research projects have required the use of servers external to the Institute due to the large size of the data set used in the analysis.

G4. Space Resources: Until January of 2005, the Institute faculty occupied space in multiple locations within the College of Business. After a move to the 6th floor of the College of Business, all faculty and staff are located within the same suite of office. Therefore, the space allocated to the Institute is adequate. The Institute is located in a suite that provides each faculty and staff with a private office for study, advisement or counseling of students. In addition, the suite contains a conference facility area for meetings, a supply room to maintain necessary equipment and supplies, and a literary resource area to store industry periodicals and text.

G5. Laboratory Resources: Not applicable.

G6. GSU Foundation Resources: Foundation Resources are limited. The program has a Joe Taylor Chair in Health Administration established in 1999 and a Health Administration Endowment Fund established in 2000. Mr. Taylor committed to generating an endowment in the amount of $1 million for the Institute Chair with the stipulation that no operating funds be accessible until the $1 million goal is attained.
G7. Library Resources: The GSU Library services were recognized as a strength in the recent CAHME external accreditation process. Journals specifically recognized for the Institute of Health Administration currently number 86, and the library provides access to nearly 300 online research databases and periodical indexes (many with full text), 26,715 electronic journals, and 31,688 electronic books. The University Library has departmental library liaisons who work with the HA faculty to determine the materials which should be added to the library collection. The HA departmental representative to the library annually attends a meeting to discuss any general changes to the resources available to the department, and the HA library representative are readily available to discuss research needs.

Section H: Goals and Objectives

The Institute of Health Administration is a strong academic program that attracts an excellent group of students to the Robinson College of Business. The credit hours generated by the HA faculty are important to the College because the students enrolled in the MHA program are almost universally enrolled in the FLEX-MBA curriculum. Thus the Institute’s hours are leveraged into MBA enrollment to strengthen that program in a competitive environment. The Institute’s faculty members serve in leadership roles in the academic community and are gaining prominence in the research community.

However, the Institute is faced with the following external and internal pressures:

- New and competing programs in graduate health administration within the state and in particular within the metropolitan Atlanta area will require the Institute to develop new curricular opportunities such as health informatics and strive for continued excellence in the MBA/MHA program in order to maintain or gain market share.
- As the MBA focuses on growing its new Professional MBA program with a number of experienced professionals in the healthcare sector, the interdependence between the IHA degree programs and the MBA programs implies a need to adjust to this strategy.
- The faculty and staff are stretched very thin. In addition to the routine activities required in every department, the unique nature of the HA program involves faculty and staff in the admissions process and requires extensive involvement in academic and career counseling. New CAHME and other accreditation bodies are focusing on competency-based outcomes which will require a review and possible adjustment to curricular areas. Also, there are limited IHA internal resources available to support IHA faculty in the pursuit of funded research opportunities.

After extensive internal deliberations, discussion with the Advisory Board of the Institute, and a recent CAHME accreditation site visit, this self-study identifies four new strategic goals in addition to those currently pursued: 1) reduce reliance on part-time instructors; 2) implement new curricular areas such as health informatics at the graduate and undergraduate levels and health management for working professionals; 3) increase IHA funded research and peer-reviewed publications; 4) reactivate the HA doctoral program. All of these goals are dependent on an increase in faculty and staff size which are specifically requested in sections H1 and H2. The priority objectives to achieve these goals are as follows:
1. **Reduce reliance on part-time instructors for graduate courses.** As a consequence of the increased focus on scholarly and extramurally-funded research and not being authorized to fill the positions held by recently retired faculty, an increased portion of graduate credit hours have been provided by part-time instructors. Our own commitment to excellence, reinforced through the CAHME external accreditation process, suggests that full-time faculty members are strongly preferred for teaching at the graduate level. Additionally, there is a need to augment the competency-based curriculum in such areas as healthcare change management, human resources, quality, and population health.

2. **Implement the health informatics specialization in the MS in Computer Information System and MSHA.** There are growing opportunities for Master level specialists in health informatics. Both the existing MS/CIS and MSHA degree programs can be expanded through marketing and interdisciplinary collaboration with CIS faculty to create a highly regarded MS/CIS and MSHA with specialization in health informatics.

3. **Establish an undergraduate major in health informatics.** This can be accomplished within the existing BBA major in CIS through interdisciplinary collaboration with the Department of Computer Information Systems. The Institute’s Advisory Board strongly supports this strategy as a first step in meeting the industry-wide need for specialists in the technical and strategic management of information in the healthcare sector.

4. **Establish a HA cohort within the new PMBA.** The recent success of the College of Business in implementing a cohort-based Professional MBA program provides a base for a similar health-care focused cohort for professional health managers. Therefore, the courses currently offered to the Flex-MBA students as part of a MBA with health care concentration should be offered to a health care PMBA cohort within the next 2 years. Additional development of the cohort-based PMBA program may imply the need to move to a full PMBA/PMHA program whereby students can obtain both degrees within the structure of the professional program.

5. **Expand extramurally-funded research to IHA and improve its peer-reviewed publications output.** While the Institute faculty will continue in a collegial and collaborative relationship with GHPC, some of the funded research activity should be redirected to obtain funding directly within the IHA. This would provide indirect support to the program beyond the current course releases, travel support, and computer purchases obtained by the faculty. An increase in faculty size and reactivation of the HA doctoral program would greatly facilitate an increase in HA peer-reviewed publications, and the number of masters and doctoral research assistants provided to the Institute should be significantly increased. Most other HA programs and RCB departments with such a research mission have considerably more research assistance.

6. **Reactivate the HA doctoral program.** The Institute is one of the few ranked CAHME accredited programs which does not have a doctoral program. Doctoral programs and their support is a major strategic objective of RCB and GSU. IHA had a small and most successful doctoral program from 1970 until it was deactivate in 1997 due to the small faculty size and lack of research funding. With the increase in research funding and as
the faculty increases in size, the Institute should reactivate its doctoral program and thereby enhance its research focus and recognition - appropriate for a program located within the Robinson College of Business with the nation’s 4th largest business doctoral program.

In order for the Institute to pursue this strategy, the following resources are required.

**H1. New Faculty:** To meet the aforementioned strategic goals and objectives and provide opportunities to increase faculty diversity, the Institute requests the addition of 4 full time positions. Two of these positions are to backfill the unmet teaching load resulting from the retirement of two senior professors in late 2004 which was an especially tight budget time. The other two are required to address the strategic opportunities justified in this self-study. All of these positions should be tenure-track and at least one of these positions should be filled by a senior level scholar at the Full Professor level. One position should be in the area of healthcare governance and organizational change management and is critically needed to reduce the high reliance on part time instructors within the program. The appropriate faculty hire should have extensive professional experience, and the teaching responsibility for this faculty member will include substantial focus on the development of the PMBA health care cohort. The second position should be designated for a scholar in the area of health informatics. The person recruited for this position will strengthen the masters and doctoral curriculum in health informatics and also teach at both the graduate and undergraduate level. The third position should be a faculty member with a track record in teaching and research in the sociology of health, health of populations, epidemiology, and human resources for healthcare management. The fourth position should be for a scholar to provide competency-based expertise in quality management in healthcare. This expansion of the HA faculty will enable the Institute to expand the course offerings as required to implement the strategies identified above and fulfill recent CAHME accreditation recommendations, including increased faculty diversity. With the addition of 4 tenure/tenure track faculty, there will be sufficient graduate faculty to reactivate the HA doctoral program which is a stated self-study goal.

**H2. Additional Staff:** The Institute hereby requests the addition of 1 full time staff and 1 full time research associate to address the self-study finding of limited staff support for current functions and to support the strategic goals discussed above. A full-time senior research associate and administrative support are of critical importance to coordinating grant applications, supporting research, and providing assistance with translation of research for the policy and professional communities.

**H3. Additional computing resources:** Current and additional research, especially with an expanded focus on health informatics, requires the investment in a high-capacity server to provide the Institute the capacity to store expansive data sets in a HIPAA compliant setting, not accessible through a RCB network. IHA has already incurred this shortage in conducting funded research related to the assessment of Georgia’s Certificate-of-Need program. This would enable the faculty to conduct research using large data sets comprised of millions of health care claims as required by the HA research focus areas.
Checklist to be Completed and Attached to Self-Study upon Submission

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**Format:**

- **X** length, 25 pages or fewer
- **X** 1” margins, headers, footers
- **X** 12 point, Times New Roman
- **X** Single-spaced
- _____ pdf file
- **X** Microsoft Word file