External Program Review Report

Georgia Health Policy Center
Andrew Young School of Policy Studies
Georgia State University

Prepared by
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Robert Hurley Ph.D, Virginia Commonwealth University
Thomas Ricketts, Ph.D, University of North Carolina-Chapel Hill

February 2007
EXECUTIVE SUMMARY

The Georgia Health Policy Center at Georgia State University was established in 1995 “as the applied research arm of the Georgia Coalition for Health to inform health policy recommendations related to increasing access to care, improving the health of Georgia’s citizens, and controlling the cost of care” (GHPC Academic Program Review: Research Center Self Study). The Center was originally housed in the College of Health and Human Services, but relocated in 1998 to the newly-created Andrew Young School of Policy Studies. Since its founding, the Center’s project portfolio and external funding have grown steadily and represents over 40% of the School’s external funding. Over the last five years, the Center has received an average of $4 million in newly-awarded contracts each year and an average of $436,000 in annual State and university support (Fund Code 10). The university and State contribution, which is approximately 10% of the Center’s total annual revenue, supports the director and 2.5 FTEs. The non-Fund Code 10 funding supports the work of about 20 Center staff, project consultants, external contracts, travel, supplies, equipment, indirect costs, and faculty course buyouts.

As the only public university-based health policy center in Georgia, the Center has become a premier source of policy analysis, applied research, evaluation, and technical assistance for local communities governmental agencies, the legislature, and state health care provider organizations. Building on its work in Georgia, the Center has become nationally recognized and funded for its work on rural health systems development.

For the past year, the Center has engaged in an extensive strategic planning process, summarized in its Academic Program Review, Research Center Self Study (December, 2006), which sets forth key goals, objectives and strategies for its future development. Undertaken under the guidance of the Office of the Provost, this review was designed to provide an outside perspective on the Center and its strategic plan.

This External Review was conducted on January 29-30, 2007. As reflected in the schedule for the review (Attachment 1), we met with senior faculty and University administrators and with leaders representing community, state, and national organizations with which the Center has worked or who are users of the Center’s work and products. In addition to the Center’s self study report, the team reviewed the Center’s peer-reviewed and working paper publications.

Based on our review, we offer the following summary of our key findings and recommendations. This is followed by a discussion that addresses key items in the Review Template and questions posed by Dean Bahr in his January 22nd letter to the review team.

Key Observations

Observation #1: The Georgia Health Policy Center’s work is well known, highly regarded, and highly valued by community and state leaders throughout Georgia and by a growing number of national health policy leaders in government, foundations, and
elsewhere. The Center is becoming well known nationally for its applied research and rural community and health system technical assistance.

Observation #2: As the only health policy center in the Georgia university system, the Center is already the “go-to” source in the state for objective, non-partisan, and credible health policy analysis and assistance. The Center represents a highly visible embodiment of the service mission of George State University and the Andrew Young School.

Observation #3: The Center has established an impressive array of very solid relationships with key sectors and organizations representing its primary audiences, users, and funders. These include state policymakers in the legislature and executive agencies, philanthropic organizations, health care provider associations and organizations, community health organizations, among others. These relationships and the goodwill they have engendered for the University and the Andrew Young School are important building blocks critical to the Center’s future development.

Observation #4: We were impressed with the volume and quality of the Center’s published work and with the high regard for the work among external funder and user audiences. Although the Center has a limited track record in scholarly, peer-reviewed publication, it has produced many high quality Working Papers, Issue Briefs, and other applied publications targeted to its primary audience of state and local policymakers.

Observation #5: In keeping with the original vision and mission for the Center, the Center’s portfolio of projects has been largely focused on applied policy analysis, evaluation, and technical assistance. The Center is well positioned to expand its research productivity by building on its past and current work. Doing so, however, will require a careful strategy to ensure that the Center’s current core capacity, comparative advantage, and expectations of key constituencies are not undermined or lost.

Observation #6: The Center is making modest though important contributions to the Young School’s academic programs despite having achieved only a limited degree of integration with the academic departments of the School. The Center director is an Associate Research Professor and teaches in the public administration program. The Center provides both course buy-out funding for faculty and student support. The Center director and senior staff express a strong interest in contributing more to and participating more fully in the academic life of the School and the university.

Observation #7: The Center lacks sufficient doctoral prepared faculty or staff to fulfill the expectations of the School and the University for greater traditional research and academic focus and productivity. The fact that the current director is not a tenure-track faculty member in the School presents barriers for greater integration of the Center into the School and the University. Existing faculty in the two academic departments in the School have limited interest in health policy research at this time.

Observation #8: Despite both successful and unsuccessful efforts at collaboration, the fragmentation of health-related programs across multiple Schools and Colleges may be
creating duplication of University capacity, fosters confusion among key constituencies, and may undermine the effectiveness of the Georgia Health Policy Center over time.

Observation # 9: The Center appears to be very well managed. It has strong and effective leadership. The lack of depth in leadership positions and roles among senior staff represents a potential vulnerability. The Center has a seemingly cohesive, team-oriented, and productive staff.

Recommendations

Recommendation #1: The Center’s “core business” needs to be more clearly defined. The Center currently faces conflicting demands from the School and the University and from its external constituencies and funders. To date the Center’s core business has been its highly successful policy analysis, applied research, and technical assistance for government, philanthropy, communities, and others. School and University expectations for an expanded research and educational role for the Center could seriously distract the Center from its core business and undermine its future effectiveness. Any expanded research and/or educational role for the Center should be additive and not substitute for the Center’s current role and capacity.

Recommendation #2: The Center should define more clearly its primary areas of research interest and focus. More clearly defining its research agenda is important if the Center is to expand its research funding. To date, the Center has developed a national reputation for its work on rural community and health systems development. This represents a clear area for exploring research opportunities. Child health represents another area of potential focus. Within the state, the Center’s desire to be responsive and opportunistic has inhibited it from being as focused or specialized to the extent it would have to be to generate more original research.

Recommendation #3: The Center should consider the development of a more detailed implementation plan for the goals and objectives outlined in its strategic plan. If the Center is to have an expanded academic role, this needs to be added to the strategic plan. The School and the University could leverage more actively the extensive relationships the Center has cultivated with state and community agencies to enrich and expand educational offerings for both on-campus and off-campus students. There is a need for greater visibility and support within the School and the University for the Center’s plan for moving “to the next level”.

Recommendation #4: The School and the Center should consider establishing an Advisory Committee for the Center. This should reflect the major stakeholders in health policy in Georgia much like the original advisory board to the Center. The Advisory Committee could make a valuable contribution to both projecting the accomplishments of the Center to the broader community and communicating the perceived value of the Center’s work to the University.
**Recommendation #5:** The Center should explore how to it could be aligned more closely with the Economics, Public Administration, MPH, and/or Health Administration program(s). The Center Director and senior staff should be considered for tenure-track or research faculty positions. With an additional 1-2 doctorally-prepared staff (with faculty appointments), the Center would be in a better position to expand its research productivity and contribute to the University’s health-related programs. New hires in the academic departments should be encouraged to become engaged with the Center.

**Recommendation #6:** The Center should consider expanding its data-related capacity and functions. With its existing capacity in managing the state’s Medicaid claims files, the Center is in a good position to create a “data warehouse” capacity by adding other key data sets such as the hospital discharge or nursing home Minimum Data Set (MDS) data. In addition to expanding the Center’s capacity for quick turn around policy analysis, these data could be used by staff, faculty, and doctoral students for expanding research.

**Recommendation #7:** The School and Center should make a joint and concerted effort to recruit tenure track faculty members to Economics or Public Administration with a primary interest in health policy research, including at least one at the senior (tenurable) level. Senior level faculty in particular could play a valuable role in taking leadership on major research projects and provide valuable mentoring to Center staff.

I. The Center’s Accomplishments, Contributions, and “Core Business”

The Center has made substantial contributions to health policy in Georgia and is increasingly connecting its work to faculty and the academic and educational mission of the School and the University. As we have noted in our summary of observations, our meetings with a broad array of leaders from throughout the state indicate the Center’s work is well known, highly regarded, and highly valued by community and state leaders throughout Georgia and by a growing number of national health policy leaders in government, foundations, and elsewhere. The Center is developing a national reputation as an applied health policy center in Georgia and for its rural community and health system technical assistance.

As the only health policy center in the Georgia university system, the Center is already the “go-to” source in Georgia for objective, non-partisan, and credible health policy analysis and assistance. The Center has a strong record of externally-funded projects from diverse governmental and foundation sources in Georgia and increasingly from national funders. The Center has established an impressive array of very solid relationships with key sectors and organizations representing its primary audiences, users, and funders. These include state policymakers in the legislature and executive agencies, philanthropic organizations, health care provider associations and organizations, community health organizations, among others. These relationships provide a vital source of political support for the Center, the School, and the University and bode well for the Center’s future grant and contract support. To solidify and strengthen the Center’s position and comparative advantage in the health policy market in Georgia (and by
extension the School’s and University’s), we have recommended that the Center and the School re-establish a Center advisory body that can structurally ensure continued connections with the external constituencies that see themselves as invested in the Center’s work and success.

Notwithstanding these impressive accomplishments in the Center’s short 10-year history, the Center is at an important cross-road where important choices will have to be made. As framed by the University, these choices involve the Center’s future research and academic role. External constituencies, however, see the Center having an even larger role in health care and health policy in the state. There is concern among both internal and external constituencies, however, that the Center could become distracted from its historical core mission and focus on applied work if the Center’s leadership and senior staff were to become preoccupied with matters aimed at enhancing the Center’s “research productivity” and contribution to the University’s educational enterprise.

While expanding the Center’s role in academic research and teaching is not incompatible with maintaining its applied policy analysis and technical assistance capacity and activities, the challenge of integrating different organizational cultures and incentives is not trivial. On the plus side, Andrew Young School and Georgia State University faculty and senior Center staff are all sympathetic to the goal of greater integration of the Center within the School and the University. Moreover, the Center and the faculty have taken important steps to explore and develop greater collaboration. The School’s Child Policy initiative represents one of several significant examples of such steps. Hurdles that must be addressed include: (1) the existing standards for faculty appointment and tenure and promotion which do not adequately accommodate or acknowledge applied research and practice, and (2) the development of appropriate standards and metrics for valuing the involvement of existing, tenure-track faculty in the Center.

The question is how any expansion of the Center’s mission and role might be pursued to ensure that the Center’s “core business” is preserved and strengthened. In this regard, we believe it is critical that the School and the University see the effort to expand the Center’s role as additive and not transformative. The Center’s core applied policy analysis and technical assistance mission, capacity, and programs represent significant assets, indeed building blocks, on which to build expanded research and education.

II. The Center’s Goals and Objectives: What is the “Next Level”?

A re-affirmation and clarification of the Center’s core mission and role is important, but it will not address the question posed to the review team of how the Center can “move to the next level”. As presented to us, this question focused on moving to the next level in national reputation for research productivity and scholarship. Yet, as we have pointed out, the Center is becoming nationally recognized as a center of excellence for its applied policy analysis and technical assistance. Making the Center into a traditional academic research center is not likely to advance its core business. Therefore we believe this question of “the next level” should be re-framed around two questions: (1) How can the Center continue to develop and become even more widely recognized nationally for its
applied health policy work? and (2) How can the School and the University strategically build on the work of the Center to create a capacity for conducting health policy and health services research and for training students in this field.

**Education, Research and Scholarship**

The Center’s strategic plan places significant emphasis on expanding its research and scholarship productivity. While this is certainly consistent with the expectations of what it means to be a university-based center, the strategic rationale and plan for why this is important, to whom, and how to get there is largely missing.

Current efforts to move the Center toward greater research productivity and an expanded educational role seem somewhat *ad hoc* and not the product of a fully developed strategy. While plausible and laudable in their goal, they pose some risks for the Center. For example, efforts of the Center director and senior staff to increase scholarship and research productivity appear to us to be underwritten by the Center’s core activities and programs. The efforts to engage School and University faculty and students in Center’s activities, to promote greater scholarly activity among Center staff, and to promote Center-faculty initiatives such as the Child Policy initiative appear to be largely driven by School and University expectations without a complete understanding of the opportunity costs for the Center. The Center appears to be a generous, “good citizen” in response to these expectations. The University incentives and support for these activities and the benefits to the Center have not been clearly articulated, however.

This situation can be addressed through a more realistic assessment of how the assets of the Center, the School and the University could be better aligned and what resources will be needed to support key cross-unit initiatives aimed at expanding the Center’s research portfolio and its role in the academic life of the University. For example, if the Center is to be a partner with the School and the University in promoting health policy research and teaching, it would be useful for the Center to be better aligned with the School’s and the University’s academic programs in economics, public administration, health administration, and/or public health. In addition, the Center’s director and some senior staff should be considered for tenure-track or research faculty appointments. Aligning or integrating the Center and its senior staff with one of the academic program(s) would create clearer incentives for both the Center and the faculty to develop a mutually agreeable research agenda and strategies for pursuing that agenda. In addition, such an alignment would potentially create future opportunities for recruiting doctorally-trained faculty to help the Center build its research programs. Formally aligning the Center with the University’s academic and research roles would not only provide a stronger foundation on which to build an expansion of the Center into new areas of health policy and health services research but would also help eliminate confusion among external constituencies over the organization and location of the University’s health policy and health services programs. The University should develop a forward plan and policy for integrating senior Center staff and departmental faculty.
There are ample opportunities for Center staff, School and University faculty, and graduate students to develop publications and research projects on the base of current data and projects within the Center. It is important however that the Center define more clearly its primary areas of research interest and focus. Ideally this should be done once the academic program alignment(s) have been established. More clearly defining its research agenda is important if the Center is to expand its research funding. To date, the Center has developed a national reputation for its work on rural community and health systems development. This represents a clear area for exploring research opportunities. Child health represents another area of potential focus.

The Center represents an important asset for the School’s and the University’s academic programs in part because it has access to important projects and data sources that can support graduate students. In addition to its support of faculty buy-outs for research, the Center supports doctoral students. While we believe there is a significant potential for expanding the Center’s role in this regard, this should be done with due regard to the financial and other burdens that such arrangements place on soft-money funded operations like the Center.

The review team was struck by the potential for expanding the Center’s health data capacity and activities. To date, the Center has worked primarily with the State’s Medicaid claims data on selected projects. In the absence of other data warehouse operations in Georgia, it would appear that the Center may have the opportunity to acquire and build additional health data sets that would significantly expand its capacity to perform “quick turn-around” analyses and studies and support faculty and graduate student research. Such an effort would be complex and expensive. But the pay-back could be substantial in expanding and strengthening the Center’s position as the “go-to” health policy center in the state. Such an initiative would also be highly compatible with the Center’s goals of contributing to a more fully integrated notion of the health and health care systems of communities.

One of the questions posed by the University in this review is whether there are peer centers that might used to compare with the Georgia Health Policy Center. While there are no perfect peers, there are several centers and institutes that offer lessons and against which the Center might benchmark itself. But, in our view, the need to achieve internal Center, School, and University clarity and support regarding the Center’s core mission and business is more important than these peer comparisons. The Center’s draft strategic plan is an excellent starting point for engaging in these discussions. In addition to raising the Center’s visibility among School and University faculty, discussions could be very useful for identifying and setting priorities for connecting and aligning the Center with the School and the University in a manner that is mutually beneficial.

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1 Examples include: the RUPRI Center for Rural health Policy Analysis at the University of Nebraska Medical Center, the Public Health Institutes in Kansas and Michigan (which are not university-based), the Institute of Health Policy in the Muskie School of Public Service, University of Southern Maine, and the State Health Policy Center, Rutgers University.
Appendix 1: External Review Site Visit Schedule
# Georgia Health Policy Center (GHPC) Academic Program Review

## External Reviewers' Site Visit Schedule

### Monday, January 29, 2007

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<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>PARTICIPANTS</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>9:00 - 9:45</td>
<td>University Overview</td>
<td>Bill Fritz, Associate Provost for Academic Program</td>
<td>302 Alumni Hall</td>
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<td>Joan Carson, Office of the Provost/ VP Academic Affairs</td>
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<td>10:00 - 10:45</td>
<td>College Overview</td>
<td>Roy Bahl, Dean, Andrew Young School of Policy Studies (AYSPS)</td>
<td>AYSPS, Dean's Office, Rm. 635</td>
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<td>Bob Moore, Associate Dean, AYSPS</td>
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<td>10:45 - 11:30</td>
<td>GHPC Overview</td>
<td>Karen Minyard, Director, GHPC</td>
<td>AYSPS Conf. Room 210</td>
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<td>11:30 - 12:15</td>
<td>Meeting with</td>
<td>Karen Minyard, Glenn Landers, Chris Parker, Mary</td>
<td>AYSPS Conf. Room 210</td>
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<td></td>
<td>Karen Minyard and Senior Research Associates</td>
<td>Ann Phillips, Angie Snyder</td>
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<td>12:15 – 1:15</td>
<td>Lunch with Key Stakeholders: State Overview</td>
<td>Stuart Brown, MD, Dir., Division of Public Health, Department of Human Resources</td>
<td>AYSPS Conf. Room 210</td>
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<td>Mark Trail, Dir., Division of Medical Assistance, Department of Community Health</td>
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<td>Jason Bearden, Dir., Human Development Division, Governor’s Office of Planning and Budget</td>
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<td>1:30 – 2:15</td>
<td>Andrew Young School Centers and Department Chairs</td>
<td>Jim Alm, Chair, Economics</td>
<td>AYSPS Conf. Room 210</td>
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<td>Dave Sjost, Prof., Economics, dir. Fiscal Research Center, Dir. Domestic Programs</td>
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<td>Greg Streib, Chair, Public Admin. &amp; Urban Studies</td>
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<td>2:15 – 3:00</td>
<td>Key Stakeholders: Philanthropic Collaborative for a</td>
<td>Bobbi Cleveland, Exec. Dir., Tull Charitable Foundation</td>
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<td>Healthy Georgia</td>
<td>Gary Nelson, Pres., Healthcare Georgia Foundation</td>
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<td>Evonne Yancey, Dir., Gov't and Community Affairs, Kaiser Permanente</td>
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<td>3:00 – 3:15</td>
<td>Break</td>
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<td>3:15 – 4:00</td>
<td>Andrew Young School Faculty</td>
<td>Inas Rashad, Ass't. Prof, Economics</td>
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<td>Sally Wallace, Prof., Economic,</td>
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<td>Erdal Tekin, Ass't. Prof., Economics</td>
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<td>Dennis Young, Prof., Public Administration and Urban Studies, Dir. Nonprofit Studies Program</td>
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<td>4:00 - 5:30</td>
<td>External Review Team Discussion</td>
<td>External Review Team</td>
<td>AYSPS Conf. Room 210</td>
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<td>5:30 - 6:30</td>
<td>Break/Dinner</td>
<td>GHPC Management Team</td>
<td>City Grill</td>
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<td>8:30 - 9:15</td>
<td>Review Team Working Breakfast</td>
<td><strong>External Review Team</strong></td>
<td>AYSPS Conf. Room 210</td>
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| 9:15 - 10:00    | Meeting with Other GSU Faculty    | **Kathleen Adams**, Prof., Center for Public Health Practice, Rollins School of Public Health at Emory, GSU Adjunct Faculty  
**Bill Custer**, Assoc. Prof., Institute of Health Administration, J. Mack Robinson College of Business  
**Jim Emshoff**, Assoc. Prof., Psychology  
**Pat Ketsche**, Assoc. Prof., Institute of Health Administration J. Mack Robinson College of Business | AYSPS Conf. Room 210 |
| 10:00 - 10:45   | Key Stakeholders: Healthcare Provider Council | **Fay Brown**, Exec. Dir., GA Academy of Family Physicians  
**David Cook**, President, Medical Assoc. of GA  
**Martha Phillips**, Exec. Dir., Georgia Dental Assoc.  
**Rick Ward**, Exec. Dir., AAP, GA Chapter  
**Fred Watson**, Exec. Dir., Georgia Health Care Assoc. | AYSPS Conf. Room 210 |
| 10:45 - 11:15   | GHPG Students                     | **Dora Ward, Lei Zhang, Mike Morris, Sarah Blake**                          | AYSPS Conf. Room 210 |
| 11:15 - 12:00   | GHPG Staff                        | **GHPG Staff**                                                              | AYSPS Conf. Room 210 |
| 12:00 - 1:00    | External Stakeholders: Communities | **Ann Addison**, Deputy District Health Dir., Southwest GA Public Health District  
**Greg Dent**, President & CEO, Community Health Works  
**Sallie Dobbins**, Lead School Nurse, City Schools of Decatur  
**Nancy Kennedy** (Via Phone) Exec. Dir., Northwest Georgia Healthcare Partnership | AYSPS Conf. Room 210 |
| 1:15 - 2:00     | External Stakeholders: Georgia Health Decisions (GHD) Board | **Charlene Bunts**, Dir., WellStar Hospice  
**Bill McClatchey**, M.D., General Internist  
**Rhodes Haverty**, M.D., Retired Dean, GSU School of Health Sciences  
**Beverly Tyler**, Exec.Dir., GHD, Research Assoc, GHP  
**Karen Wakeford**, Regional Coordinator, GHD  
**Martin Miller** (Via Phone) President, Restcare (home health)  
**Valerie Buchanan** (Via Phone) President, Buchanan Company (home health) | AYSPS Conf. Room 210 |
| 2:00 - 3:30     | Preparation for Exit Interview    | **External Review Team**                                                     | AYSPS Conf. Room 210 |
| 3:45 - 4:30     | Exit Interview                    | Review Team, Dr. Henry (Provost), Dean Bahl, Joan Carson, Bill Fritz, Robin Morris (VP-Research), Karen Minyard | 317 Alumni Hall |