



November 7, 2014

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Dear Dr. Canfield-Budde:

On behalf of the Graduate Program in Health Services Administration (HSA), I would like to commend the review committee for their thorough and thoughtful review of our Master of Health Administration (MHA) and Executive Master of Health Administration (EMHA) Programs. Our faculty understands the amount of time and effort that is required to complete these programmatic reviews and we greatly appreciate the recommendations provided in the MHA Graduate School Review Report. The review team was easy to work with and the faculty enjoyed all of its interactions during the process.

The MHA faculty has examined the principle recommendations and provides the following comments:

1. Improve communication and accountability to stakeholders: This is an important recommendation and one that the Program has taken extra efforts to improve over the past two years. A new MHA Advisory Board is in place, a new Alumni Association is in its final stages of creation, and we spent the past summer actively engaging alumni groups and health care organizations with our Program. We feel that we are well on our way toward improving our community engagement.
2. Increase attention to diversity: This observation was very perplexing for our faculty. We previously identified a problem with diversity within our faculty ranks and have since added two new female faculty members (at the Associate and Assistant level) and are in the process of merging our largely female Health Informatics and Health Information Management (HIHIM) within our HSA structure. We are currently undergoing a review of the diversity content across our curriculum and this revealed a significantly larger imprint than was found by the Graduate School Review Committee. The MHA student body is and has consistently been the most ethnically/racially diverse among all of the programs in the Department and School. And our MHA Program is one of the most diverse among those accredited by the Commission on Accreditation of Health Management Education (CAHME). We were very surprised to discover that the



reviewers did not feel that the students that they met with expressed acceptable diversity awareness and we will examine this with an open mind. This is the first review of our Programs that has ever mentioned this as a problem and the faculty will make every effort to understand and correct it.

David Allen's clarifying comments regarding this recommendation about diversity are apparently based on comments by a very small number of students the site team met with. The main point of the students' comments appears to be the "diversity" of the contributions and effort of some individual members of some of the student teams. This is a rather unusual use of the term diversity. Whether differences in contributions (which are to be expected in almost any teamwork situation) were perceived to be systematically associated with ethnic/racial/gender differences among team members is neither clear nor substantiated. We provide a substantial amount of training for our students in the challenges around team effectiveness, especially in our two-course sequence in Group Dynamics and Team Leadership (HSMGMT 507) and in Organizational Behavior in the Management of Health Care Organizations (HSMGMT 510). Both of these courses devote considerable attention to how to deal with underperforming team members. But we will examine these issues thoughtfully.

3. Develop a systematic approach to creating and sustaining industry partners: In addition to the activities describe in recommendation (1), the Program is in the process of creating a National Science Foundation Industry/University Cooperative Research Center comprised of multiple industry partners within the Pacific Northwest.
4. Adjust teaching load: The current financial model used by the Department of Health Services defines a full time teaching load as 10 three credit courses with greater than 20 enrolled students. This can be adjusted via advising and other curriculum related activities (such as new course prep, larger classes, etc.). We agree this is excessive. However, currently the MHA Program is not allowed by the Department of Health Services to set its own course load requirements.
5. Translate the Academic Development Plan into a budget plan: The MHA Program has made two major attempts to resolve a catch-22 created by its administrative home. A five-year plan was developed to increase the research productivity of the Program that resulted in the hiring of the current Program Director. However, funds allocated for this purpose were used to offset large financial losses within the Department of Health Services. Without those funds, there can be no expansion of research productivity because tenure-track faculty cannot be hired. Our second attempt to develop a long-term financial plan is represented in the Academic Development Plan. Given the current financial status of the Department of Health Services, we have no guarantee that any of the net revenue generated by our Program will ever reach our accounts to be allocated to meet the Program's needs. The MHA budget planning process is essentially held hostage by the budget decisions within the Department of Health Services.
6. Secure adequate long-term funding to permit the program to implement the proposed



academic component of the Development plan: See our response to recommendation (5). It is hard to see a future within the Department of Health Services where sufficient long-term funding will be available to the MHA Program.

7. Recruit at least one research-oriented faculty appointment at the senior level as a tenured associate or full professor: We were successful this year in hiring Dr. Cynthia LeRouge as an Associate Professor WoT due to funding. Hiring tenured faculty within the Program is extremely difficult given the lack of state support for tenure lines. Most faculty receive tenure appointments as Professors, and even then the tenure appointment is not at 100% FTE. Dr. LeRouge is a research faculty-member and she will greatly enhance the Program's research portfolio.
8. Allocate sufficient resources to support faculty attendance at national meetings: Our MHA Program does provide travel support for faculty. A more specific issue is that the faculty needs to be encouraged to take advantage of this funding. The Program has not turned down any travel request over the past two years. We will endeavour to make the faculty more aware of this funding and encourage more active participation in national conferences.

The MHA faculty strongly agrees with the principle recommendations to the university. The current administrative home for the MHA Program has proven to be less than ideal as a reliable source for the resources necessary to strengthen this top-tier health management degree program. We whole-heartedly agree with the review committee's expressed concern about the MHA Program's low research output – so much so that a plan was developed nearly five years ago to address this issue. It is clear to the MHA faculty that as long as the Program is held in research capability limbo (due to lack of resources), its administrative home can keep the status quo and claim that we cannot evolve into a different administrative structure until we develop this requested research focus.

Therefore, the MHA faculty strongly agrees with the committee's recommendation to create a planning taskforce, jointly charged by the Deans of the School of Public Health and the Graduate School to determine what the MHA Program specifically and the HSA suite of programs (MHA, EMHA, MHIHIM, BHIHIM, etc.) more broadly should transition into as an administrative structure. The faculty believes that this planning task force will allow a more systematic planning approach that will produce a set of metrics and outcomes that will be in the best interest for the long-term strengthening and survivability of the Program. The MHA Program Director should be encouraged to contact the parties identified in the report to begin the creation of this task force.

It should be noted I have stepped down as MHA Program Director and accepted a new position at another university and my last day with the University of Washington is January 31st, 2015. Because of this, the MHA Group Degree Committee nominated and unanimously voted in favour of appointing Dennis Stillman, MHA as Interim Program Director and Chair of the MHA Group Degree Committee.

I would, again, like to thank the committee for its hard work and important observations during



GRADUATE PROGRAM IN HEALTH SERVICES ADMINISTRATION

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this process. We will endeavour to use these as tools to strengthen our highly regarded MHA Program.

Sincerely,

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Director, Graduate Program in Health Services Administration