

**UW Health Management and Informatics (HMI) Program Review
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Submitted by

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EXECUTIVE SUMMARY

The **Health Management and Informatics (HMI) Program** is comprised of two groups, each of which consists of two separate degree tracks: the **Master of Health Administration (MHA)** and **Executive Master of Health Administration (EMHA) degrees**; and the **Bachelor of Science in Health Informatics and Health Information Management (HIHIM)** and **Master of Health Informatics and Health Information Management (MHIHIM) degrees**. HMI is an interdisciplinary faculty group with its academic home in the School of Public Health and its administrative home in the Department of Health Systems and Population Health (HSPop). All four-degree programs operate as fee-based and self-sustaining programs of the University's Continuum College (UWC2).

The Health Administration group offers both an **in-residence MHA** for early career health care administrators and a **hyflex EMHA** for emerging leaders with five to 10+ years of healthcare experience, most of whom work full-time in the field. The MHA and EMHA programs were successfully reaccredited in 2021 by the Commission on Accreditation of Health Management Education (CAHME), an extremely rigorous review. Both the MHA and EMHA are quality degrees with solid enrollment, high levels of student satisfaction, and strong placement of graduates. The MHA and EMHA degree programs also enjoy the support of an extensive alumni network, many of whom have had successful and impactful careers in healthcare administration.

The Health Informatics and Health Information Management (HIHIM) group offers an **in-resident HIHIM B.S.** and a **hyflex MHIHIM**. These programs were successfully reaccredited in 2022 by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM), an extremely rigorous quality review. Additionally, the program completes and submits an Annual Progress Assessment

Report (APAR) to CAHIIM that focuses on Program Assessment, Curriculum, Faculty Development, Student Outcomes, and Community Needs. The HIHIM and MHIHIM are also quality degrees with strong enrollment, high levels of student satisfaction, and successful placement of graduates.

Since their last graduate school review, these four programs have been relocated to the School of Public Health. The MHA and EMHA programs from the Graduate School and the HIHIM B.S. and MHIHIM programs from the College of Arts and Sciences. Strategically, situating these degree programs in the School of Public Health (SPH) offers exciting opportunities for each program, especially given the evolving healthcare landscape and the SPH's strong competencies in public, community, and population health. If strategically positioned to leverage the distinctive competencies present in the HSPop department and SPH, the constellation of these degree programs' existing strengths positions them to exploit these opportunities in ways that will enable them to serve students, community partners, and state populations more effectively; differentiate themselves more strongly to solidify their regional brand; and potentially distinguish themselves nationally. Indeed, two of the four programs (HIHIM and MHA) are currently ranked nationally in the top twenty programs in their disciplines (Healthcare Management Degree Guide and US News and World Report).

We see all four programs poised at an inflection point: positioned to take off but at serious risk of stumbling should they fail to address several important constraints and challenges. We outline these concerns below:

- A) the lack of a concise articulated vision and strategy for each HMI degree program group that is distinctively aligned with the broader vision and mission of the SPH;
- B) barriers to accessibility and potential competitive disadvantages associated with the fee-based model;
- C) the current structure of HMI, which lacks strategic purpose and fails to provide sufficient support for some degree program operations;
- D) over-reliance on part-time clinical faculty, which, despite offering significant benefits for students' learning, is negatively impacting the student experience;
- E) lack of attention to the distinctive needs of the HIHIM/MHIHIM degree programs given their relative "youth" and the undergraduate focus of the HIHIM degree; and
- F) overarching equity, diversity, and inclusion (EDI) issues that hinder a genuinely inclusive climate even though program leadership, faculty, and staff are motivated to build on substantive EDI progress they have made in the last several years.

Principal Recommendations to HMI Programs (MHA/EMHA and HIHIM/MHIHIM)

1. Develop a strategic plan that clearly articulates how each of the HMI programs align with the broader vision and mission of the SPH; specifies the desired fit of each HMI degree program within SPH and with each other to achieve that strategic alignment; and enhances each degree program's ability to serve its key stakeholders more effectively.
2. Evaluate the implications of a fee-based versus tuition-based funding model for the cost of degree acquisition and delivery.
 - a. Conduct a cost-benefit analysis comparing the merits of the current fee-based model with a tuition-based model, focusing on barriers to and support of accessibility for first generation, underrepresented minority, rural, and high financial need students.
 - b. Evaluate the merits of these funding models for each degree program's competitive appeal relative to peers in the marketplace.
 - c. Explore the implications of these funding models for effective integration of the student experience, curricula/teaching, and student services across the HMI degree programs, with other SPH degree programs, and with the broader University of Washington set of course offerings.
3. Reevaluate the current HMI structure to determine whether it is the best home for each HMI degree program, or if some other structure within SPH would be more appropriate. We offer some guiding question below:
 - a. Is the current HMI structure sufficiently supportive of collaboration across the four degree programs?
 - b. Does the structure enhance each degree program's ability to leverage its unique strengths and develop a distinctive brand identity?
 - c. Does the structure facilitate the ability of SPH and the HMI degree programs to collaborate effectively or realize potential operational efficiencies in scale and scope?
 - d. Does the structure adequately support operational and academic advancement of CAHME (Health Administration programs) and CAHIIM (HIHIM programs) accreditation criteria?
4. Increase the percentage of full-time faculty and develop deliberate, systematic practices for onboarding, supporting, and evaluating teaching and pedagogy for all HMI faculty. There is a clear desire and appetite for collaboration among HMI faculty. However, all HMI faculty would benefit from the development of intentional scaffolding and an explicitly articulated set of collaborative practices that serve to ensure the rigor and consistency of course content, content delivery, and the student academic experience across all HMI degree program curricula.

5. Seek to engage more research track faculty to teach in these programs to ensure the balance between research- and practice-informed perspectives. Current students and alumni consistently report that they value this blend in their academic experience. Employers also report that they value this exposure in HMI degree program graduates.
6. Leverage learning from pandemic experimentation and innovations.
 - a. Identify how student learning across degree program cohorts might be most effectively supported in “shared” classrooms.
 - b. Sustain hyflex delivery (EMHA/MHIHIM) but:
 - i. evaluate alignment of intensive, executive delivery model (TH/F/S intensive classes 1X/month) with target MHIHIM student demographic needs and constraints; and
 - ii. evaluate whether to sustain MHA/EMHA tracks or shift to two MHA tracks which differ in modality (in person and hyflex).
7. Ensure the HIHIM/MHIHIM programs are adequately funded to support initiatives aligned with the SPH’s and the University’s mission and vision that include:
 - a. staff to support student services (academic advising, coaching, and professional practice experience placement);
 - b. student access to resources (software, i.e., EHR-learning platforms, 3M Encoder software); and
 - c. continued support for faculty professional development. (Although important progress has been made on securing funding for HIHIM/MHIHIM faculty professional development, additional investments are needed.)
8. Sustain and build upon progress that has been made in EDI initiatives.
 - a. Continue SPH EDI training for program leadership, faculty, and staff.
 - b. Undertake additional initiatives to strengthen EDI content across all degree program curricula like the EDI crosswalk that has successfully been undertaken by the MHA program.

Principal Recommendations to the University

1. Our assessment of each of the four HMI degree programs (MHA, EMHA, HIHIM, MHIHIM) is favorable. We recommend all four degree programs be sustained.
2. Given the focus and magnitude of the challenges and constraints facing these programs, however, we recommend the Graduate School conduct another review in eight years. This will allow time for the Health Administration group and HIHIM group to each complete a robust strategic planning process. Such a planning process will position them to successfully navigate their respective CAHME and CAHIIM reaccreditation processes, identify the most appropriate funding model for their

degree programs, and determine how best to integrate their degree programs with each other and into the SPH.

SUPPORTING NARRATIVES

HMI Program Strengths:

A. Academic Programming is Appealing

- Applications were generally sustained across the last 5 years for the MHA, HIHIM and MHIHIM programs (Self Study Appendix I). The one exception was the EMHA program which experienced a steady downward trend in applications over this same 5-year period.
- Graduates are meeting workforce and employer needs.
- MHA students valued the focus on practice, leadership, and professional development specific to their program.
- Evening classes effectively serve the HIHIM B.S. students who are self-funding their education.
- The HMI degree programs offer strong engagement and partnerships with the community that enhance students' academic experience and employment prospects.
- Innovation on hyflex delivery serves working professionals well, extending degree program geographic reach (EHMA), and enhancing access for rural student populations (MHIHIM)

B. Many Aspects of Academic Programming are Robust

- Engagement and partnerships with community and employers are healthy and extensive.
- Students have opportunities to partner with community organizations before their professional practice experience.
- Systematic cross-walking curricula to ensure EDI content is informing the MHA/EMHA curricula.
- All degree programs have adopted a strong competency-based approach to their curriculum.

C. Talented, Committed, and Student-Centered HMI Faculty and Staff

- The breadth and depth of faculty expertise is impressive and strongly supports curricula and pedagogy.
- Faculty engagement is high, regardless of full-time or clinical status.
- Faculty are invested in the degree programs and invested in students.
- Faculty and staff have a passion and care for their programs and students.
- Faculty have a strong desire, appetite, and demonstrated willingness to collaborate and innovate.
- Many faculty want to engage in professional development to deepen their knowledge and enhance pedagogy. Many do so at their own expense.

- Faculty have a good understanding of how to leverage their expertise to translate real-world scenarios into meaningful classroom experiences.
- Program leadership is committed to supporting a strong faculty.
- Everyone we spoke with voiced an intent to employ a student-centered approach.
- There is a strong desire and agreement among program leadership, faculty, and staff to serve all of Washington state. There is also agreement to serve the broader Pacific Northwest region (present but less strong as commitment to serving WA). Several people expressed a commitment to serving rural and Indigenous communities.
- Staff are dedicated, skilled, and student-centered; they are proud of their work and have been critical to keeping the ship afloat.

D. Students and Alumni See Value in the Program

- Practice informed learning experiences.
- Hands-on, applied focus.
- Placements and career outcomes positive.
- Extensive networking and community engagement supported.

E. Students Outcomes are Strong

- Ability to adapt to environmental changes.
- Strong graduation and career placement rates.
- High satisfaction scores.

HMI Program Constraints and Challenges

A. Degree Programs' Vision and Strategy

It is not evident that the programs have been aligned with the SPH since the Health Administration group moved from the Graduate School or the HIHIM group moved from the College of Arts and Sciences. The lack of alignment hinders the programs' efforts to articulate their own clear vision and strategy and thus limits the programs' potential to help the SPH fulfill its mission and vision.

We believe the SPH as well as the HMI degree programs will benefit if the programs' strategic plans align more clearly with the SPH's mission and vision. Such alignment would:

- **Advance the SPH's mission.** The HMI degree programs' strengths would assist the SPH in furthering its mission to "put learning into practice and train the next generation of visionary public health professionals." Specifically, academic programming has strong integrated learning experiences, meets workforce and employer needs, and offers strong engagement and partnerships with the community and employers.

- **Favorably impact the programs' cultures.** Aligning HMI degree programs' strategies with the SPH mission would favorably impact the culture and may result in improving the environment in which faculty, staff, and students collaborate:
 - Public health and healthcare are inherently interdisciplinary. A culture that supports cross-disciplinary teaching and interactions will benefit students in the HMI degree programs and across the SPH by bringing diverse perspectives on how to achieve a healthy population to inform student learning, training, and practice.
 - The MHA program's residential format places them in an environment where they are among, but not a part of, the SPH community. Students have reported feeling out of place. (See additional comments in in B.)
- **Enhance partnerships with the community.** While both the SPH and the HMI degree programs have strong community partnerships, the SPH and HMI degree programs can expand the number of community partners for integrated learning experiences, funding opportunities, and training their leadership and workforce.
- **Support the HMI staff.** The HMI staff are central to supporting the HMI degree programs and critical to their success. They understand the operational complexities. Their curricular and pedagogical expertise supports faculty, helps to strengthen instructional effectiveness, and fosters programmatic and curricular innovation. Their deep program and institutional knowledge are crucial resources for students, faculty, program leadership, community partners, and alumni. Their engagement is critical for the programs to successfully support students, lead faculty, and navigate difficult issues such as EDI initiatives. Not only would they benefit from being involved with strategy design, but their input will be essential to developing a robust strategic plan for each HMI program group and then successfully implementing those plans.
- **Strengthen the support for accreditation criteria.** CAHME and CAHIIM require accredited programs to demonstrate how their missions relate to the mission of the parent college or school. Aligning the strategy of the MHA and EMHA with the mission of the school will strengthen the program's narrative for its next CAHME accreditation review. Likewise, explicitly articulating how the strategy of the HIHIM and MHIHIM align with the SPH and UW mission will strengthen the program's narrative for its next CAHIIM accreditation review.

B. Limitations of Fee-based Model

We strongly recommend exploring the costs and benefits of maintaining a fee-based funding model versus adopting a tuition-based funding model for each of

these programs. Despite the flexibility associated with the fee-based model, its retention may severely limit these degree programs' ability to support the SPH's mission to deliver a training model for the health sciences that serves the social safety net more effectively.

- **Potential barrier to accessibility.** Given the limited availability of state-based financial aid for students in fee-based programs and the currently limited ability of these degree programs to self-fund student financial aid, continued reliance on a fee-based model may create barriers to accessibility, especially for underserved state populations (e.g., rural, first generation, and high financial need students).
- **Source of competitive disadvantage.** It is also unclear whether the fee-based model is putting these programs at a competitive disadvantage relative to peer degree programs in terms of cost of degree. Admissions data (Self Study Appendix I) for these programs are potentially suggestive of such a disadvantage. While applications to the degree programs were generally sustained across the last 5 years, except for the EMHA program which experienced a steady decline (Self Study Appendix I), yield data suggest that an analysis of program cost relative to peers may be informative. Average yield on offers made during this same period saw a downward trend for the MHA, EMHA, and MHIHIM, although the HIHIM B.S. sustained its yields at well over 90% throughout the same period.
- **Implications for time and costs to degree.** Likewise, our interviews with students, faculty, staff, alumni, and advisory board members indicated concerns about financial barriers to access, especially for first-generation, rural and self-funding students, oftentimes due to costs associated with cross-enrollment in other HMI, SPH, and UW programs. Those concerns were most acute regarding HIHIM students, especially those entering the program as UW Seattle campus natives. While the community colleges have done a good job of assuring transfer students complete their B.S. distribution and elective credits when completing their lower division coursework at community college, UW Seattle campus natives are less consistently advised. Thus, many UW Seattle natives entering the HIHIM B.S. program experience additional barriers to completion of their overall B.S. requirements. As students in a fee-based program, they must register late, (during the third period) for any non-HIHIM coursework. They also incur additional per-credit fees for that same non-HIHIM coursework, increasing HIHIM students' overall time and costs to complete their degree.
- **Imposes operational constraints.** Reliance on the fee-based approach may impose additional constraints on the HMI degree programs' ability to achieve operational economies of scale and scope by offering courses that serve multiple HMI and SPH student populations simultaneously. Despite a promising pilot program between the MHA and MHIHIM programs, HMI

faculty and students are generally unable to share the same classroom, reducing teaching efficiencies and hindering potentially enhanced student learning opportunities.

- **Negatively impacts student experience.** More broadly, the constraints imposed on cross-enrollment and access to other SPH student services experienced by MHA/EHMA and HIHIM/MHIHIM program students, negatively impacts their student experience. Program leadership and staff highlighted the lack of connection HMI degree program students report feeling to the larger SPH community given how self-contained their experience in each program tends to be.

C. HMI Structure and Governance

At the conclusion of our site visit, our committee was left asking: Why HMI? The current structure is not allowing each program to thrive in its strengths and uniqueness. As it is currently formed, HMI lacks strategic purpose, and it remains unclear how the group aligns with SPH's mission or advances the success of the Health Systems and Population Health Department. HMI fails to provide sufficient support for some degree program operations and innovations.

- **HMI degree programs lack direction.** Each program would be well served by strategies that are tailored to the needs of its students and other unique stakeholders. Collaboration among the programs can be supported with distinctive, yet complementary, strategic pillars. There are compelling arguments for co-location such as curricular overlap, shared faculty, and ongoing faculty and staff collaboration, yet without vision and direction, these elements will be under-utilized.
- **HMI has not realized its intended organizational and staffing synergies.** Per the Academic Program Review document, HMI sought to better support the programs and facilitate collaboration among critical stakeholders. (See also section D below).
 - **Faculty collaboration.** There is a healthy appetite for collaboration that is more driven by an engaged and dedicated faculty than the organizational infrastructure of HMI. (See also section D below).
 - **Educational Committee.** The HMI education committee is a vehicle for collaboration but without a programmatic strategy, it is adrift. Its most successful initiatives (hyflex and new competency model) were driven and supported outside of the committee.
 - **Community Advisory Boards.** The MHA, HIHIM, and MHIHIM advisory board members bring unique industry knowledge, experience, and influence to each board. The advisory board members have strong affinities with their respective program's advisory board. We do not

believe they would be negatively impacted if the programs were separated from HMI.

- **Need to develop community engagement infrastructure.** Faculty and students expressed a desire for more support in interfacing with community partners, especially in the service of identifying individuals and organizations to partner with on projects.
 - The programs should consider how to facilitate (and resource) these projects and partnerships.
 - The programs also need to identify some systemic ways/protocols for interfacing with these partners. Faculty and staff worry they are stepping on each other, or going to known sources repeatedly, and thus failing to engage more broadly and diversely.
- **Need to develop research support infrastructure** Program leadership and faculty highlighted the need to develop explicit support structures, especially for clinical/PT faculty, to help them identify and pursue research opportunities.
 - Providing better scaffolding to support clinical/PT faculty research initiatives will strengthen the programs' research presence (an identified strategic priority), integrate research into programs' curriculum content, and ensure that HMI degree program curricula reflect best practices in both science and health services administration, especially as these continue to evolve quickly.
- **New HMI degree program leaders need the space to develop the full potential of each program.** The newly appointed HMI degree program leaders need to focus on creating distinct identities and strategies that will allow their respective programs to thrive. There may be a future opportunity for the programs to realign and consider programmatic synergies, but until then the leaders will need to focus on each program's strengths and respond to the rapidly changing conditions that are specific to their discipline.

D. Program Faculty Diversity and Composition

- **Over-reliance on part-time clinical faculty.** There was a strong sense that there is a potential over-reliance on part-time clinical faculty. While this offers many potential benefits for students' learning, the lack of a sufficiently robust support system for these instructors may be negatively impacting the student experience.
 - This was a concern especially expressed by the MHA students. They felt that there was a lack of consistency between the full-time and part-time faculty members.

- The program could address this by creating more consistency of instructor onboarding, ongoing support, and regular teaching evaluation. We did note that the weekly “huddles” described by many faculty seem to be a great step in this direction. These regular check-ins allowed instructors to discuss issues relating to technology and other curricular issues. The programs should expand on the intent and implementation of this approach to create more consistency and communication among instructors, with an eye toward improving the student experience.
- Focusing on these issues will also help with the recruitment of diverse and knowledgeable faculty, on multiple dimensions.

E. Curricular Experimentation and Delivery Innovations

- **Foundational skills for diverse post-graduate career opportunities.** The MHA and EMHA programs have traditionally focused on post-graduate careers in the hospital setting and these students have a mindset on that traditional model. There has been a change in the magnitude and breadth of the healthcare ecosystem, providing a plethora of post-graduate career options. The Health Administration group programs need to consider the composition of foundational skills that will position them for successful careers in this environment.
- **Expanding to non-traditional healthcare spaces and markets outside of Seattle.** Students are intellectually curious, and the programs would benefit from capitalizing on this curiosity. There is a desire to increase engagement in other non-traditional spaces such as rural communities and settings outside of Seattle. The hyflex model and instructional technology can open up more opportunities in these areas and potentially assist the programs to differentiate themselves from peer institutions and enhance their national presence.
- **Leveraging distinctive advantages of Seattle location.** The HMI degree programs should deliberately leverage that Seattle is at the forefront in healthcare technology and innovation (Amazon, Google, Microsoft, etc.). HMI programs are potentially missing some opportunities. Several faculty highlighted the need to proactively establish partnerships with these companies on multiple levels to facilitate efforts to:
 - Inform and evolve the curricula;
 - Develop community partnerships to support student projects;
 - Secure funding opportunities;
 - Train their executives and tap into tuition reimbursement;
 - Provide internships in areas where the healthcare is evolving;

- Offer in-company programs.
- **Innovative interdisciplinary initiatives need to be re-examined.** The programs' accrediting bodies emphasize the importance of interdisciplinary experiences. Specifically, CAHIIM will require an assessment measure of the Interdisciplinary Professional Experience. Initiatives such as the shared classroom pilot have value, as it leveraged the differences in training and domain expertise of the two student populations. The shared classroom pilot helps students become co-learners in a way that enriches the entire learning community.
- **Sustain hyflex delivery but reconsider intensive delivery** (i.e., Th/F/Sa all day delivery once per month) This is serving as barrier to access for HIHIM B.S. students who are not sufficiently senior for their employers to grant this time off work. They must use personal and vacation time to attend school, thus the delivery modality serves as an impediment to enrollment. The hyflex model, however, is well-received and should the intensive, executive delivery model be dropped in favor of an evening or Saturday or combination evening/Saturday delivery model may strengthen geographic reach and target demographic appeal of the program.

F. Distinctive HIHIM/MHIHIM Needs

- **Establish an official Student HIHIM and MHIHIM Association.** A formal student association would increase the connectivity and engagement of students with the department and faculty, provide an environment for students' needs to be identified and addressed, and provide a platform for students to network and collaborate, which are critical professional development skills.
- **Support development of a robust alumni network for HIHIM and MHIHIM.** A stronger connectivity with alumni would provide opportunities for current students to be exposed to various career opportunities, obtain strategies for passing the national credentialing examination for the Registered Health Information Administrators (RHIA) certification, and navigate the transition from academia to entry-level management positions/workforce. Additionally, alumni are excellent sources for developing real-world innovative projects and assignments to further enhance students' learning experiences and performance outcomes.
- **Diversify membership of the HIHIM and MHIHIM advisory committees.** Faculty are encouraged to participate on the Advisory Committee, with some serving as ex-officio members. However, the more significant percentage of the Advisory Committee should consist of non-faculty, non-adjunct members who are employers, community partners, and alumni.

- **Establish routine meetings with the Leadership of SPH to maintain effective communication of progress on program goals/objectives and needs that must be addressed.** Engaging in a systematic method of communication will strengthen the partnership between the HIHIM group and SPH and validate the program's position within SPH, fostering a sense of belonging for faculty, staff, and students.

G. Equity, Diversity, and Inclusion

Although program leadership, faculty, and staff are clearly motivated to build on the EDI progress they have made over the last several years, our interviews revealed simmering equity, diversity, and inclusion (EDI) issues that are acting as obstacles to the creation of a truly inclusive climate.

- Faculty universally expressed appreciation for and strongly valued the EDI training they had received. They felt this training had been helpful in strengthening their pedagogy and enhancing the inclusiveness of their classrooms and course content. This included:
 - Thinking differently about guest speakers and actively diversifying the voices in the classroom;
 - Carefully considering sources and literature being assigned in courses;
 - Consciously reaching outside of traditional networks to bring in different perspectives and feedback on both curriculum and pedagogy;
 - Meeting students' diversity where they are by recognizing the diverse student groups represented in the student body.
- Faculty expressed a desire for systemic, sustained professional development in this area.
- Faculty need to continue their EDI preparation to manage an increasingly diverse student body. It was not clear that there is a concrete plan for recruiting and supporting underrepresented students.
 - HMI programs should do a better job of leveraging the existing training opportunities and resources within SPH for these purposes. It was unclear whether HMI has deep connections in this regard.
 - HMI programs also need to provide more support and resources to staff, as they are often the first line of support for students. This will help create more success with both recruitment and retention.