2023 Academic Program Review

Program in Health Management and Informatics

Degrees:

B.S. in Health Informatics and Health Information Management
Master of Health Administration
Master of Health Informatics and Health Information Management

Last Academic Program Review:

Master in Health Administration was reviewed as the Graduate Programs in Health Administration in 2013–2014
B.S. and Master in Health Informatics and Health Information Management were reviewed as part of the review of the Department of Health Systems and Population Health (formerly the Department of Health Services) in 2017–2018

Prepared by

Jim Condon, Associate Teaching Professor and HIHIM Program Director
Neil Sehgal, Associate Professor and MHA Program Director
with contributions by
Joel Felix, Sr. Associate Director of Curriculum Management and
Anna Frazer, Sr. Associate Director of Operations

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Acronym Key

ACHE: American College of Healthcare Executives

AHIMA: American Health Information Management Association

AUPHA: Association of University Programs in Health Administration

CAHIIM: Commission on Accreditation for Health Informatics and Information Management Education (HIHIM accrediting body)

CAHME: Commission on Accreditation of Healthcare Management Education (MHA accrediting body)

CEPH: Commission on Education in Public Health (SPH's accrediting body)

GIX: Global Innovation Exchange (joint program of UW and Microsoft from whom HMI sublets space in the Steve Ballmer Building in Bellevue)

EMHA: Executive Masters in Health Administration

HIHIM: B.S. in Health Informatics and Health Information Management

HIMSS: Healthcare Information and Management Systems Society

HMI: Health Management and Informatics, interdisciplinary program that includes E/MHA and M/HIHIM programs

HMI EC: Health Management and Informatics Education Committee

HSPop: Health Systems and Population Health (department name)

HServ: Health Services (former name of the department now known as HSPop)

IHMI: Interdisciplinary Faculty Group in Health Management and Informatics, interdisciplinary faculty governance group for HMI

MHA: Masters in Health Administration, also in-resident MHA Program

MHIHIM: Masters in Health Informatics and Health Information Management

OD/DO: School of Public Health Dean's Office

RHIA: Registered Health Information Administrator

SPH: School of Public Health

UW: University of Washington

UWC2: UW Continuum College (overarching entity for fee-based programs)

Executive Summary

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

Each program has been in good standing through the last ten years despite unexpected short- and long-term challenges in the health care professions from the global pandemic and the need to continuously respond to such changes. All programs are accredited by their disciplinary oversight bodies: the EMHA and MHA programs by the Commission on Accreditation of Healthcare Management Education (CAHME), and the MHIHIM and HIHIM programs by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM). In addition, the SPH is accredited by the Commission on Education in Public Health (CEPH). All four programs have undergone accreditation or reaccreditation within the last seven years.

Each group of programs is led by a program director; staff support for all four programs is a combination of shared and dedicated roles. The faculty maintains an HMI Education Committee to advise and recommend educational best practices and policy to the program directors and broader teaching cohort. **Equity, Diversity, and Inclusion (EDI) efforts of our programs are shared with the broader faculty of HSPop.** HSPop's EDI plan aligns with the SPH and the University's EDI plans. Each group of programs generates its unique mission, vision, and values statements based on each group's unique needs, strengths, and challenges.

Major strengths of HMI include:

- Each program has an established legacy of service to the health care community locally and regionally.
- Program faculty participate in a larger, well-established department with well-defined teaching, research, and service expectations.
- Teaching and research efforts are recognized locally and nationally.
- Two of the programs (HIHIM and MHA) are ranked nationally in the top 20 programs in their disciplines (Healthcare Management Degree Guide and US News and World Report).
- The EMHA and MHIHIM are among the first programs at the UW to deliver their courses using the "hyflex" approach, creating maximum flexibility for students.

- With recent accreditations by CAHME and CAHIIM, all HMI programs provide the necessary infrastructure, teaching prowess, curricula, and student support services expected of exceptional education programs.

Major challenges for HMI include:

- Increasing demographic diversity of the faculty.
- As fee-based programs, there is limited access to tuition support through the University.
- Uncertainty in the most effective delivery model, in terms of schedule, modality, and balance between synchronous and asynchronous delivery, for the MHIHIM and EMHA programs.
- Uncertainty in the organizational structure and governance processes of HMI as a unit.

Part A: Required Background Information for Review Committee

Section I: Overview of Organization

Organizational Structure

The HMI Program consists of two groups, each offering two degree tracks: Health Administration degrees (in-residence MHA and Executive MHA) and the Health Informatics and Health Information Management degrees (B.S. in HIHIM and Masters in HIHIM). HMI is an interdisciplinary program in SPH with its administrative home in the Department of HSPop. As the administrative home, HSPop manages all of the program's faculty and staff appointments, space, and provides shared fiscal, HR and IT services. The HMI programs are fee-based, self-sustaining programs in which students pay a per-credit rate rather than state tuition. All of our programs are under the umbrella of the UWC2, which manages some 70 degree programs as well as more than 85 certificates and specializations and dozens of courses.

The two MHA program tracks serve different student populations and offer different delivery models. The full-time, in-residence track (MHA) targets students who are one to three years out of undergraduate studies, while the part-time EMHA is designed for emerging leaders with five to 10+ years of healthcare experience, most of whom work full-time in the field. MHA courses are offered in-person on the UW's Seattle campus, while EMHA courses use a hybrid (hyflex) format that allows students to choose in-person or online attendance for live classes taught by the same instructor at the same time. The B.S. in HIHIM (HIHIM) is a two–year curriculum designed for undergraduates who have completed pre-requisite coursework. The MHIHIM is a part-time program for professionals who want to move into mid- and senior-level roles in health informatics and health information management. The HIHIM program brings undergraduates to campus for classes held two weekday evenings each week, while the MHIHIM shares its format and technology-enabled classrooms with the EMHA.

In 2020, at the request of the Dean of the School of Public Health, these two degree groups came together to form the UW Interdisciplinary Programs in Health Management and Informatics (HMI). While each group maintains unique identities as separately accredited programs, for many years the MHA and HIHIM Programs shared staff, faculty, and courses. The formation of HMI sought to better support the programs through organizational and staffing synergies, as well as limited joint curriculum planning, faculty hiring and succession planning, recruitment and retention efforts and collaborative research. The Interdisciplinary Health Management and Informatics faculty governance group (IHMI) was formed, made up of core MHA and HIHIM faculty—including faculty with joint appointments in the UW Schools of Medicine, Engineering, and Law—as well as clinical faculty who work full-time in the field and teach in our programs. The IHMI provides strategic and operational oversight to the HMI Programs, in consultation with three community advisory boards.

The three separate advisory boards have memberships drawn from the regional healthcare community and all serve to help their programs remain current as healthcare fields evolve. The MHA Advisory Board is a collection of individuals who bring unique healthcare industry knowledge, experience, and influence to advise the MHA Program on issues of strategic importance and provide guidance for the achievement of the Program's Mission and Vision.

Advisory Board members review and provide input on the Program, its three- year strategic plan and its annual operational plans. They guide the evolution of our competency model and help inform course content. In addition, during the Advisory Board's quarterly meetings, board members update Program leadership to ensure the Program remains current as the field evolves. The HIHIM Advisory Committee helps direct course design and reviews course content. The MHIHIM Advisory Committee reviews content and guides course design. The dual advisory committee structure of the B.S. in HIHIM and MHIHIM is an expectation of CAHIIM, the accrediting body for these programs, and the MHA advisory board is consistent with requirements laid out by its accrediting body, CAHME.

Mission

MHA PROGRAM MISSION

In 2015 the MHA Program developed its first comprehensive Strategic Plan, which has been refreshed twice since that time. The last refresh resulted in a three-year strategic plan for 2019-2021, along with an Operational Plan. The MHA strategic plan is rooted in a Mission, Vision, and Values centered around training leaders in service to the regional healthcare community.

Mission: We serve as a dedicated source of expertise that helps healthcare organizations improve the health of the people and populations they serve. How we do this:

- Attract and train outstanding college graduates (including early careerists and working professionals) to be effective managers and leaders of organizations throughout the health sector.
- Provide a variety of experiential learning, field-based projects, and other activities to develop our students academically and professionally.
- Conduct and apply high-impact interdisciplinary research that addresses the problems faced by practitioners and policy makers.
- Collaborate with practitioners to apply findings of research and tools of management science to identify and implement "best practices."
- Systematically listen and respond to what practitioners need to carry out the missions of their organizations.

Vision: Become the MHA Program most known for developing leaders that will transform healthcare delivery to achieve population health. In pursuit of this vision, we aspire to:

- Lead the way to reduce costs, improve quality, and increase access to health services.
- Develop and educate tomorrow's leader to think in innovative ways to solve complex problems.
- Be the partner of choice to our practice community.

Values: Integrity, Collaboration, Excellence, Innovation, Equity

HIHIM PROGRAM MISSION

Mission: Dedicated to serving our partners and customers by:

- Providing educational excellence to prepare competent professionals.

- Leading information governance initiatives.
- Conducting research to advocate and improve health information and healthcare.
- Fostering professional practice leadership.
- Promoting diversity and respect.
- Advancing the quality and integrity of health information.
- Applying technology to effectively deliver health information.

Vision: Develop leaders who collaborate, advocate, and innovate to transform health information systems, creating healthier communities, nationally and globally.

Values: Innovative, Transformational, Collaboration, Diversity, Integrity, Excellence

Accreditation

In addition to the School of Public Health's accreditation through the Council on Education in Public Health, the HMI programs are individually accredited by their own disciplinary oversight bodies. The MHA and EMHA successfully underwent a joint reaccreditation review in 2021 with CAHME and received the maximum reaccreditation approval rating of seven years. The B.S. in HIHIM was also reviewed in 2022 by CAHIIM and was approved through 2030. The MHIHIM underwent a review by CAHIIM in 2016 and is accredited through 2027.

Degree Program Profiles and Enrollment Data

	MHA	EMHA	HIHIM	MHIHIM
Degree	MHA	MHA	B.S. in HIHIM	MHIHIM (Health Informatics)
Format	In-person	Hyflex	In-person	Hyflex
Audience	Early career	Mid-career	Early career	Mid-career
Duration	21 months (6 quarters)	23 months (8 quarters)	21 months (6 quarters)	18 months (6 quarters)
Credits	76	69	78 w/in major	54
Culminating project	Capstone	Capstone	Capstone	Capstone
Funding	Fee-based, UWC2	Fee-based, UWC2	Fee-based, UWC2	Fee-based, UWC2
FY24 per-credit fee	$899	$1,035	$430	$930
Cost of degree (based on 2023-2024 rates)	$68,324	$71,415	$33,540	$50,220
Enrollment (anticipated in Autumn 2023)	54	23	81	43
Graduation rate (5yr avg.)	93%	100%	96%	88%
Year established	1970	1998	2001	2010
Accrediting body	CAHME	CAHME	CAHIIM	CAHIIM

OTHER STUDENT DATA

Admissions (number of completed applications, offers made, etc.) and career outcome data (positions held by sector, etc.) for each of their degree programs are collected annually and housed on CAHIIM and CAHME's program information websites. Please see https://www.cahiim.org/programs/program-directory and https://advance.cahme.org/SELECT.php?q=university+of+washington.

The programs do not have any data available on numbers of students who declined offers of admission due to cost or financial considerations (i.e., financial access concerns). The results of the UW Graduate's School's Declined Offer Survey, which has a very low response rate, are included in Appendix I.

Faculty Hiring and Appointments

HMI faculty is comprised of core faculty and clinical (part-time) faculty from the Schools of Public Health, Medicine, Engineering, and the School of Law. Most teaching faculty (including clinical faculty) have appointments in HSPop, but some have joint or adjunct appointments in other departments or schools. Faculty members are appointed at the following ranks:

- Professor, research professor, or clinical professor
- Associate professor, research associate professor, or clinical associate professor
- Assistant professor, research assistant professor, or clinical/affiliate assistant professor
- Teaching professor, associate teaching professor, or assistant teaching professor
- Clinical associate professor, clinical assistant professor, or clinical instructor

In all cases, HSPop faculty must vote favorably to recommend appointments for individuals proposed by the HMI program directors and/or HSPop search committee.

Tables in Appendix C show breakdown of courses taught by faculty of each appointment category as well as by full-time and part-time appointments.

Staffing

The HMI Program has two program directors – one for each group of programs –appointed through HSPop. The MHA Program Director has a total of 40 percent FTE associated with the administrative role with equal proportions to each program (MHA and EMHA). Similarly, the HIHIM Program Director has 20 percent allocated to each of its degree programs, as required by CAHIIM. The HIHIM group currently has an Associate Director with 15 percent FTE allocated across both programs; the MHA is without an associate director at this time.

Staff support for the MHA and HIHIM programs is a combination of shared and dedicated roles or a total 9.34 percent FTE across 11 staff members. Each degree track has a dedicated staff advisor, focused on academic and career advising for students in a single program. The Sr. Graduate Program and Career Advisor, who advises EMHA students, also oversees the other two graduate student advisors. Each program group has a program coordinator; the Sr. Associate Directors of Operations and Curriculum work across all four programs. A recruitment and marketing specialist leads these activities for the graduate programs with additional coordination of undergraduate marketing activities. Curriculum and classroom support are also shared with dedicated hourly staff supporting hyflex delivery through on-site classroom facilitation.

An additional 20 percent FTE through HSPop provides budget and fiscal coordination, with HR, IT, office management and fiscal services also flowing through the department and supported through an annual core allocation shared across these and other teaching and research programs.

Budget and Resources

The annual budgeting process for fee-based programs is administered jointly between the Program, Department, and UWC2. Each degree program has its own program budget. Summary

budget information for the last three biennia and detailed budget information for FY23 (July 1, 2022 through June 30, 2023), the self-study year, are included in Appendix B.

Key administrative steps include:

- Program Directors and Sr. Associate Director of Operations identify annual and long-term budgeting needs to support Program mission, goals, and objectives.
- Program drafts annual budget in collaboration with Department administration, projecting relevant salary and benefit increases, as well as additional overhead expenses for Department, School, UWC2, and UW and the Department's expectation that each program budget will maintain a 5% net revenue cushion. The Department works with the Program to ensure that the budget is making the best possible use of its revenue.
- Proposed per-credit course fees (e.g., tuition rates) are set to cover all known expenses, taking into consideration peer institution rates and long-term investment needs.
- Department submits budget and course fee proposal to UWC2 for review and preliminary approval.
- UWC2 routes proposal for approval to the UW Provost.

While the approved annual budget resides in a UWC2 accounts, the Program manages the budget, making resource allocation decisions with a significant degree of independence, within reason given projected allocations and in adherence to University and Department policy.

All revenue for the MHA and HIHIM programs is from student tuition based on per-credit fees that are set annually for each program (see current fees in Degree Program Profiles and Enrollment Data table earlier in this report). Year-end revenue balances in all program budgets are returned to the department. In the event of an unexpected year-end deficit (due, for example, to an unexpected decline in enrollment), the department and School cover the loss. Based on FY24 projected revenue and expenses, target enrollments that would allow the programs to meet revenue expectations are:

	"Break-even" enrollment based on FY24 projected revenue and expenses	Actual enrollment as of October 9, 2023	Admissions Target per cohort
MHA	50	53	33
EMHA	36	21	25
HIHIM	88	78	45
MHIHIM	34	43	20

The most significant expenses for the MHA and HIHIM programs are salaries (see Appendix B). Faculty are compensated based on the School of Public Health Compensation Plan as managed

by the department with salaried faculty being compensated at 2% FTE for courses expected to have <60 Student Credit Hours (SCH), 4% per credit for 60-300 SCH. All MHA and HIHIM graduate courses are under 60 SCH and some undergraduate courses fall into the 60-300 SCH bracket. Clinical faculty are paid a flat fee of$6,628 per credit for AY24. With the stable cohort model and fixed curricula for each program, structural operating costs are also quite fixed.

ADVANCEMENT PLANS

The MHA and HIHIM programs each have modest endowment and gift funds that will support awards of$36K of scholarships in AY2023-2024. Several endowed professorships and chairs also provide faculty support in the MHA Program and are administered by HSPop. The HMI programs work with the SPH Advancement Team on activities that support programmatic, departmental and School fundraising and stewardship priorities.

Academic Unit Diversity, Equity and Inclusion

As a part of the Department of Health Systems and Population Health, the MHA and HIHIM programs share in HSPop's EDI work. The Department's diversity plan aligns with the School and University Diversity plans, and a Diversity Committee, consisting of students, staff and faculty, is charged with making recommendations for implementation and assessment. The key goal, increasing the diversity of the Department's students, faculty, and staff by implementing and assessing measures to recruit, build and retain a diverse community, will be met via the following objectives:

- Faculty and staff search committees will use School and University diversity toolkits to increase applicant pool diversity and ensure use of best practices for diversity in recruitment.
- The Diversity Committee will select and implement a method of monitoring the Department's climate and inclusivity and collect baseline data.
- The Diversity Committee will collect and summarize diversity and retention data for faculty and staff to assess our current state and establish measurable goals to increase diversity.
- The Diversity Committee will establish regular communications to alert students, faculty, and staff to diversity-related resources and opportunities; these should be at least quarterly and include both in-person and electronic communication.

All four degree programs participate in the department's Health Services Excellence, Equity and Distinction (HSEED) scholarship awards with the goal of working to increase the number of health management and informatics professionals from diverse communities.

In the MHA Program, EDI is targeted as a strategic enhancement to the curriculum. Strong encouragement is repeated quarterly from program leadership for all faculty to meet with the student-led Curriculum Advocacy Team (CAT) to review curriculum and recommend diverse perspectives in content and guest speaker background and perspectives. Student members of the CAT team are standing members of the Health Management and Informatics Education Committee (HMI EC) and have reported on the number of faculty consults and change proposals in an academic year.

Additionally, in 2022-2023 faculty of the HMI EC mapped the two year MHA curriculum in detail, to annotate and share out each course's existing EDI course material and speaker diversity profile. Similar collaborative mapping has begun in the MHIHIM.

HMI faculty, students and staff are working continuously to build their capacity to create a more inclusive climate for all. A significant part of this effort is required participation in the School's Universal Anti-Racism training program, which offers annual workshops at two levels. Level 1A focuses on the history of race and racism in public health and social determinants of health and health disparities; Level 1B focuses on social identities, privilege, and intersectionality.

FACULTY AND STAFF DIVERSITY

Faculty and staff hiring are through HSPop, and the HMI programs share the department's commitment to hiring faculty and staff from diverse backgrounds when new or replacement positions are available. All hiring utilized guidelines provided by the UW and the School and follows best practices. The gender and race and ethnicity profile of current MHA/EMHA and HIHIM/MHIHIM faculty are shown in Appendix C. The gender and race and ethnicity profile of the HMI staff are in Appendix G.

STUDENT DIVERSITY

The race and ethnicity breakdown of enrolled students in each degree program can be found in Appendix E. All four programs continue to work to pilot and adopt best practices in holistic admissions as well as engaging to support the success of diverse students once they enroll. Admissions practices include implicit bias training for admissions reviewers (all programs), inclusion of current 2nd year students and recent alumni on admissions review committees (graduate programs), blinded applications (HIHIM).

Other efforts focus on supporting enrolled students and are tailored to the particular educational format and needs of students in each degree program. Among highlighted programs and activities are: a dedicated advisor for each degree program; assigned faculty advisors (HIHIM and MHA); comprehensive onboarding programs for incoming students delivered through Canvas that include introductions to university process and resources (all programs); tutoring in quantitative courses (EMHA, MHA and MHIHIM); dedicated information sessions regarding application and admission processes, internship and career development skills and opportunities, and academic skills (all programs); degree requirements (HIHIM); and professional networking support including informational programs and panels (all programs) and mentor matching (graduate programs).

One of the biggest challenges to attracting and retaining diverse and underrepresented students is the financial model of these fee-based programs. Students in fee-based programs are shut out of many state funding programs.

Details and links to the full HSPop diversity plan are found in Appendix D.

Section II: Teaching and Learning

Student Learning Goals and Outcomes

The HMI faculty are committed to following the lead of national accreditation in the use of standards and competency models to calibrate curriculum and measure student outcomes. The models we implement are closely vetted across stakeholders, from faculty and students to our alumni and advisory boards, to ensure that our graduates meet the needs of employers in the healthcare industries. These models, summarized below, ensure curricula align with program Mission, Vision and Values and serve as the basis of measurement and review of student outcomes.

MHA/EMHA: The MHA and EMHA curricula are designed to develop a specific minimum competence in 23 areas described in the UW MHA Competency model, which is discussed below. The competencies fall within five domains:

- Values and Professional Identity
- The Healthcare Environment
- Business and Analytic Skills
- Interpersonal Dynamics
- Adaptive Leadership and Innovation

The UW MHA Competency Model's 23 statements of competency demonstration, and the target attainment levels at graduation, are bi-annually reviewed by the MHA Advisory Committee, MHA Student Association, and via Alumni survey for gaps and priorities in the field of healthcare management training.

The following sections will briefly describe how standards and competencies are measured in the programs, and how those results are used in continuous evaluation of the curriculum and pedagogy.

HIHIM/MHIHIM: CAHIIM provides criteria for both Health Information Management and Health Informatics competencies. These guidelines rely on American Health Information Management Association (AHIMA) and American Medical Informatics Association (AMIA) foundational knowledge, skills and attitudes statements to guide the undergraduate and graduate degrees, and the MHIHIM degree's five curriculum pillars:

1. Health Information Systems: Using current and emerging technology to enhance the organization's ability to deliver the clinical and administrative information needed for patient care.
2. Healthcare Data Analytics: Leveraging the organization's data to anticipate and provide clinical, research, and business-intelligence requirements.
3. Information Governance: Assessing, designing, and leading enterprise-wide programs to protect and enhance the healthcare organization's information assets.
4. Privacy and Security: Proactively advocating for appropriate enterprise safeguards that meet industry standards.

5. Health Systems Leadership: Collaborating, transforming, and managing health-information systems.

The HIHIM undergraduate and the graduate MHA program offer in-person classes on the UW Seattle main campus. The MHIHIM and the EMHA programs offered in-person classes in Bellevue, WA in a three-day per month, "executive style" format. In 2020-2021, as an outgrowth of our planning to bring students back to campus safely, post-pandemic, and potentially expand our geographical reach, we researched and launched a mode of teaching called "hyflex" (hybrid-flexible), in which instructors teach synchronously to students who are in the classroom and in remote locations. With approval and guidance from our advisory boards, we were successful at securing strategic investment funds from the SPH and Department of HSPop for the technology and classroom support necessary to adopt the hyflex delivery model for our Executive MHA (and MHIHIM) cohorts. The MHIHIM and EMHA have now been hyflex programs since 2021-2022. Course sequences for all four degree programs are show in Appendix F.

Evaluation of Student Learning

All programs grade student learning through course examinations and quizzes, classroom discussions, online discussion fora, writing assignments, and individual and team project work and presentations. Additionally, all programs require a culminating experience. Select additional other program-specific forms of student learning are below.

HIHIM/MHIHIM: The relevant requirements in Health Informatics Competencies and Health Information Management Competencies are cross walked to the curriculum of the masters and undergraduate degrees. Each course is thereby guided to industry-standard learning outcomes. In addition, the undergraduate degree program students submit a professional portfolio highlighting curriculum-driven work products, sit for a mock RHIA examination, and complete a capstone project. MHIHM students complete an integrative capstone consultative project for a healthcare organization. Students are graded by industry preceptors and faculty for these culminating projects.

CAHIIM requires that each of thirty-three curricular competencies (undergraduate program) and ten domains (graduate program) to be taught and assessed by using specific assessment tools, such as examinations, graded assignments, case studies, discussion board activities, reports, and projects, at specified learning levels using either the Bloom's Taxonomy or Miller's Pyramid. Details of these assessments may be found in Appendix K.

MHA/EMHA: Master of Health Administration degrees are required by accreditation to have a competency model that directs the curriculum. MHA competency models can be developed internally by the local faculty and community of practice or, more commonly, from a validated national model. Starting in academic year 2018-2019 the MHA Education Committee (later integrated into the HMI Education Committee) developed a program and region-specific competency model and dedicated an all-teaching faculty retreat to rethinking our course outcomes based on this model. The competency-based assessments were added to all courses throughout for 2019-2020.

In 2021-2022, the MHA was reaccredited by CAHME. At the recommendation of the CAHME Fellows, the program designed a pilot end-of-program case-based competency assessment course to support the existing capstone project course. These two endpoints measure competency at graduation through case studies that combine multiple components of the model to assess how students have progressed in competency demonstration during their two years of study. These case study courses, which piloted in 2023 for the MHA and the EMHA program, combine with capstone course preceptor evaluations in providing a fuller picture of student progress toward the program competency attainment targets.

Individual student assessment of competency occurs continuously through competency rubrics linked to individual assignments in the MHA and EMHA courses. These course-level events are compared to the case-based and experiential learning assessments in the final two courses of the program. A three-point rubric to guide instructor and preceptor feedback is used, with the points being "expected," "intermediate," and "advanced" criterion of competency. A competency assessment curriculum crosswalk, and a sample competency assessment rubric, may be found in Appendix K.

Team-based work is balanced with individual student work in all HMI programs. Each year, students are assigned cohort learning teams reflecting the widest possible diversity of professional training, demographics, and prior educational background. These cohort teams are remixed annually. In the years since the previous UW Graduate School review, the relative balance of team-based work to individual work has remained largely stable, except for a small increase in individual assessment, most strongly seen in the EMHA program, where the balance of individual to team assessment changed from 36/64 to 50/50 as a ratio for all graded assignments across the curriculum.

Student Satisfaction

Central to assessment of student satisfaction is the course evaluations. HMI programs use course evaluation forms that assess more than content by including three classroom climate items:

1. Instructors' respectful response to students' diverse experiences, perspectives, and abilities;
2. a class environment welcoming to diversity of race, ethnicity, gender, sexual orientation, and religion;
3. the ability of the course to improve student capacity to interact with diverse groups of people.

The addition of these questions to course evaluations was to provide reporting back to the instructor as actionable data for their instruction. Student responses to these prompts are reviewed quarterly by the faculty and Program Director. Classroom climate is reviewed as part of and not separate from course evaluations, and summaries of student comments specific to classroom climate are not regularly collected from course evaluations per se. Classroom climate concerns are typically raised by students during the course to the Program Director, or may be elevated by the Senior Associate Director of Curriculum to the Program Director. Classroom

climate is also a prompt for the exit interviews in the MHA program. No qualitative differences in classroom climate data have been found between the four programs to date.

Anonymous student course evaluations have allowed students to surface concerns over classroom climate and diversity, whether they be with the instructor, guest instructor, preceptor, or within their cohort or student team. Program response to these concerns has included student, faculty, and staff "town halls," coaching/mediation for students and student teams, and the collaborative student/faculty meetings with the CAT team, described above. In the MHA program, ~70% of the current teaching faculty have met with the CAT team in the last three years.

During the COVID pandemic, a shift to online courses was mandated by the State of Washington. Online course satisfaction qualitative items were added to standard course evaluations. This tool allowed qualitative analysis of best practices for pedagogic engagement online during the pandemic. Those practices correlated to higher quantitative student ratings for online courses. The quantitative analysis of student satisfaction with the MHA and EMHA program online courses compared Spring 2019 (in-person) to Spring 2020 (online). The findings showed that:

- Course evaluation scores within group (MHA and EMHA, same instructor, same course comparison) showed greater variance in course summative scores than typical.
- Course evaluation scores for some faculty increased a full point (five-point scale) while others decreased up to one point. (This variance correlated to strongly the "challenge and engagement index" another combined measure in the UW forms.)
- MHA and EMHA courses received 7 out of the 20 excellent ratings (a combined score or 4.7 or above) across all the programs housed in Health Systems and Population Health, the largest program representation with the excellent rating.

As courses fully returned to the classroom (MHA 2021-present) or offered student choice to attend in-person or synchronously online (EMHA 2021-present, MHIHIM 2021-present), we carried forward an engagement of multiple learning technologies to foster interaction (Google JamBoard, Miro Board) and digital collaboration in student learning groups. To date, HMI faculty consistently receive high teaching evaluations, defined by the UW as a 4.7 or above combined overall score on the student course evaluations.

2020-2021: HMI faculty taught 51 out of 107 graduate classes in the Department of Health Systems and Population Health, or 47% of all departmental graduate courses. 39 (or 76.5%) of these courses were evaluated at 4.7 or above on a 5-point scale, which is the department criteria for teaching excellence MHA faculty regularly receive "excellent" teaching evaluations. **2022-2023:** the MHIHIM program received a median of summative ratings for all courses offered in the program of 4.7.

Additionally, over the past three academic years, Associate Teaching Professor Kurt O'Brien (n=23), and Clinical Associate Professor Robert Malte (n=13) **averaged** 4.8 in summative item course ratings while teaching the MHA, EMHA, and MHIHIM programs. MHIHIM Program Director Jim Condon **averaged** a 4.8 course rating (n=28) teaching in the undergraduate and

graduate programs. Teaching Professor Jeffrey Sconyers received student evaluations of at least 4.7 for 21 **consecutive** quarters. Similarly, Professor Paul Fishman, and Clinical Assistant Professors Penelope Edlund and Richard Rubin, and Adjunct Associate Professor Sallie Sanford are frequently cited faculty for teaching excellence within the Department of Health Systems and Population Health.

More examples of program assessment of student satisfaction follow.

HIHIM: Surveys of current student satisfaction are conducted annually; in addition, site preceptors for whom students conduct capstone projects assess students in areas of professionalism, knowledge, and quality of deliverables.

MHIHIM: Individual student feedback is shared with the program director, program staff, and individual faculty/mentors. An exit survey is conducted with graduating cohort. The Student Progress Committee, which includes program leadership (faculty and staff) and the quarterly instructors of record, meets quarterly to discuss student progress, and recommend intervention where appropriate.

MHA/EMHA: Feedback is collected via internship check-ins; exit interviews of graduating students; student association representation at MHA faculty meetings; and monitoring of student issues with student services and professional development staff. Students also advise the program on the development of diversity initiatives. The program director conducts a structured exit interview with EMHA students as a group.

CAHME's annual reporting requirements in the MHA/EMHA have recently added a "Net Promotor Score" metric. This item, widely used in the health care delivery industry, asks students to rate their willingness to recommend the UW MHA program to others. The EMHA program received a NPS 75 from 2021 graduates, and 53 from 2022 graduates. In higher education, generally, an NPS above 50 is considered excellent. Further study of graduate program benchmarks for this measure will be conducted.

Instructional Effectiveness

As discussed above, the Program Directors are directly responsible for reviewing ratings and feedback from other sources on teaching and course content. Results of quarterly course summaries are compiled by the Senior Associate Program Director on behalf of the Director. During the COVID period and through the COVID carryover, retirements of faculty have increased, and the continuing teaching cohort was challenged by changes in pedagogical delivery (online courses, hyflex courses), while new faculty ramped into higher education during a time of changing expectations on the part of the student body. Looking back three academic years, course offerings that received a combined median score of 3.0 or less triggered an analysis of the offering to identify an action plan for improvement on the basis of student feedback and/or a change in direction for the instructional assignment.

Teaching and Mentoring Outside the Classroom

All HMI students have separate dedicated Graduate Program and Career Advisors (four positions) who advise on matters such as the mentor program, internships, the Capstone

project, skill development, networking, and fellowship applications. Generally, this guidance is offered in the form of information sessions for groups, skill-building workshops, and individual advising sessions. Moreover, these advisors provide information on logistical matters such as requesting course waivers, registering for courses outside of the Program, adding and dropping courses, understanding policies and procedures, and ensuring timely degree completion.

MHA/EMHA: Each incoming student is assigned to a faculty advisor who provides guidance throughout the student's two years in the MHA Program. Faculty advisors and student advisees should meet twice during the student's first quarter and at least once per quarter, each quarter of their academic years. Faculty advisors each have special areas of expertise within health administration and management; therefore, one faculty advisor may refer a student to another one for additional advice on a particular topic or decision.

A Practitioner-in-Residence (PIR), a faculty-level position, counsels students in both tracks, helping MHAs on mentorships, internships, fellowships and employment opportunities and advising EMHAs on career development. The PIR meets with students in both MHA cohorts during Autumn Quarter. Meetings with first-year students focus on identifying career aspirations and planning for mentorships and internships; meetings with second-years allow students to update career aspirations and begin planning for capstones, fellowships and future employment.

Students are encouraged to select and maintain an advising relationship with alumni and employers who have volunteered to work with our students. The Program compiles profile data and hosts a mentor mixer annually to facilitate these pairings and provides mentor/mentee evaluation sheets but does not formally record or monitor the interaction between mentor and mentee.

MHIHIM/HIHIM: Each student has access to and is counselled by a full-time Academic Advisor. A Faculty Advisor is also assigned to each student and each cohort team to which students are assigned has access to a Team Advisor. The Team Advisor helps the team navigate through periods of interpersonal and team dynamics challenges.

In the HIHIM program, during the spring quarter of the second year, each student is matched with a mentor who works in the HIHIM profession. Mentors assist their student mentees with professional and personal growth. The collegial relationship between mentor and mentee is developed through structured personal contact. In the MHIHIM program, students may opt to join the Mentor Program, which runs during the second year of the program. A professional mentor is assigned to each student taking part in the program. The mentor offers advice, answers questions, and assists with the personal and professional development of the student.

Section III: Scholarly Impact

Broad Impact of Faculty Members' Research and/or Creative Work

MHA/EMHA: Program faculty members believe that excellent graduate training and excellence in research are symbiotic; the strength of the education program depends on the strength of our research. Research and scholarship in health care management is integrated in our curriculum from two sources: funded research in the changing legal and entrepreneurial

environment of health care enterprises developed by our faculty with research appointments that enters into the classroom via their teaching responsibilities in the program and through the practice-based knowledge of our clinical faculty practitioners teaching in our classrooms. Several examples of faculty research and their board and committee services are listed below:

- Joel Felix, Senior Associate Director of Curriculum Management, along with former faculty Sarah Cave (former MHA/EMHA Director) and Paul Fishman (former Interim-Director), co-authored an important paper on how programs attempted to manage student concerns, how adaptations to remote learning were implemented, and what influences the transition had on student stress and anxiety in the Journal of Health Administration Education: "The COVID- 19 Impact on Health Administration Education: Understanding Student Perspectives on the Transition From In-Person to Remote Course Instruction".
- Neil Sehgal, Associate Professor and MHA/EMHA Program Director's COVID-19 scholarship has informed pandemic policy and healthcare industry worker protections. His work has also helped inform the public, and he has been featured more than 150 times in local and national media translating his research for the general public and informing on pandemic protections and policy.
- Dennis Stillman, Senior Lecturer's financial management courses are informed by his work as a former CFO and current consultant for financial management of major health systems in the Pacific Northwest. He has also served on the Washington Physician Health Program Finance Committee as the chairman.
- Kurt O'Brien, Associate Teaching Professor who teaches courses in group dynamics and team leadership, is the author of a textbook on leading adaptive teams in healthcare organizations and has presented at numerous conferences and symposia on the topic.
- Penelope Edlund, Clinical Assistant Professor's courses in clinical systems management and population health management strategy are informed by her career in healthcare consulting. She is presently a Senior Healthcare Management Consultant at Milliman, the leading international healthcare actuarial and consulting firm.
- Robert Malte, Clinical Associate Professor's courses in health services, managing healthcare organizations, leadership, and critical thinking are informed by his decades of experience as Chief Executive Officer of healthcare organizations, including EvergreenHealth. He is also a member of the Practitioner -Scholar Research Team of the Association of University Programs Health Administration (AUPHA). Malte co-authored national guidance for onboarding and developing faculty from practice community backgrounds for AUPHA in 2023.

HIHIM/MHIHIM: The primary focus of both programs is on teaching rather than on research. All core faculty members hold the rank of Teaching Professor. The institution expects the faculty, both core and clinical, to be experts in the teaching function and to bring this excellence into the classroom. The HIHIM faculty impacts the research and education communities of health information management and informatics. Some faculty roles and contributions are listed below.

- Dr. Karima Lalani joined the UW HMI programs on September 1, 2023. In addition to her teaching responsibilities, she is actively engaged in research and scholarship around HIHIM workforce development. She currently has a manuscript under review with the high impact "Health Information and Libraries Journal" about the analysis of the International Classification of Occupations for the Health Informatics and Information Management workforce, and she also contributed to a chapter in a forthcoming textbook on the role of digital health in supporting collaborative partnerships in health and social care. She has authored and co-authored several peer-reviewed publications and is currently developing a manuscript about global digital health workforce strategies, and actively volunteers on workforce-related projects with the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM). Dr. Lailani is a member of the Washington State Chapter of American College of Healthcare Executives (ACHE), the American Health Information Management Association (AHIMA), Healthcare Financial Management Association (HFMA), and the Health Information Management and Systems Society (HIMSS)
- Dr. Jim Condon is a CAHIIM program accreditation site reviewer, a member of the CAHIIM Cancer Registry Accreditation Council, AHIMA, the National Cancer Registrars Association, HMI Education Committee, and HSPop Curriculum Committee
- John Hartgraves is chair of the HMI Education Committee and is a member of the Project Management Institute, HIMSS, and ACHE
- Amy Jenkins is a member of AHIMA, HFMA, and the American Academy of Professional Coders
- Carolin Spice is a member of the AHIMA, the National Association of Healthcare Quality, Public Member (appointed by the Governor of Washington State), Washington State Dental Quality Assurance Commission, UW School of Public Health Undergraduate Collaborative Workgroup Member, SPH Career Group Member, and SPH AI Taskforce
- Carrie Kaelin is a member of the AHIMA, and the Washington State Health Information Management Association where she serves as Student Liaison, and HIMSS

Students' Impact on the Field

MHA/EMHA: Students have placed in three national case competitions in the last several years, including the Clarion Case Competition (hosted by the University of Minnesota), The Robbins Institute for Health Policy and Leadership (hosted at Baylor University), and the Health Administration Case Competition (hosted by the University of Alabama-Birmingham). In 2016, an MHA student received the Husky 100 Award to acknowledge exceptional leadership capacity among all graduate students.

HIHIM/MHIHIM: Undergraduate HIHIM students volunteer with or are hired by healthcare organizations into professional roles while attending the program. Graduates and current students are actively engaged in the Seattle Health Information Management Association as officers, committee chairs, and members. Graduate HIHIM students are hired by healthcare organizations into informatics roles while attending the program. Current students are actively engaged in the Seattle Health Information Management Association as officers and members and participate in Health Information Management student activities.

Graduates' Impact on the Field

MHA/EMHA: Graduates of the MHA In-residence program go on to administrative fellowships and career positions in a broad range of health organizations, including consulting agencies, hospital systems, community health clinics and state and national government. In a typical EMHA cohort, half of the students find new career opportunities while enrolled in the 2-year program. As of 2023, over 100 CEOs, COOs, CMOs, CAOs, and CFOs in healthcare organizations are graduates of the UW HMI Program. Our alumni have strong, successful careers influencing health policy and management both locally and nationally.

Examples of notable alumni's impacts in health care are listed below.

- Served as the Chief Executive Officer of Group Health Cooperative
- Served as the Chief Operating Officer at the Bill and Melinda Gates Foundation
- Served as the Chief Medical Officer for the Washington State Medicaid Program and the Public Employees Benefit Board (PEBB) Program
- Served as Chair of WA Health Benefits Exchange Board
- Nominated UW Regent by the governor of the State of Washington
- Served on the Washington State Health Benefits Exchange Board
- Appointed a member of the Health Research and Education Trust Board by the American Hospital Association
- Appointed by the U.S. Government Accountability Office (GAO) to the Advisory Board for the Consumer Operated and Oriented Plan (CO-OP) Program, which was created by the Patient Protection and Affordable Care Act (ACA)
- Served as Director of the Washington Health Care Authority, which manages healthcare for more than 800,000 state employees and Medicaid beneficiaries
- Several alumni have been Awarded Puget Sound Business Journal's "40 Under 40" awards

HIHIM/MHIHIM: Graduates work as data and data-integrity analysts, release-of-information specialists, and supervisors and managers in acute care, behavioral-health, outpatient, long-term care, insurance, and consulting organizations. Within 6 months following graduation, 80-90% of graduates are employed.

Graduates of both programs are making positive impacts in the regional and national healthcare space. A few examples of HIHIM graduates and their impacts:

- A graduate of the BS in HIHIM program was immediately hired by a startup company called Nuance, which was subsequently acquired by Microsoft in 2022 https://www.microsoft.com/en-us/industry/nuance

Microsoft + Nuance is using AI technology to transform the clinician-patient experience. Using Nuance DAX, the patient visit is diarized, translated into a clinical note, and entered directly into the EHR as structured data. With this technology, the patient experience is preserved, and clinicians save time, eliminating after-hours work and burnout. As a Clinical Consultant, the graduate works directly with the clinician's EHR note templates, ensuring that the clinicians can

use them through Nuance DAX, to further enhance the experience. The graduate also works on behind-the-scenes special projects, all serving the purpose of improving clinical documentation.

- John Hartgraves, MHIHIM, PMP, graduated with the first cohort of the MHIHIM program in 2015. John's thirty years of experience in private sector health informatics coupled with his graduate degree inspired him to seek teaching opportunities in the HIHIM programs. Today, John serves the HIHIM Programs as Associate Program Director and is the only faculty member who teaches at least one course in all four HMI programs.
- Chris Gunderson, MHA, MHIHIM, PA-C, is a US Army veteran and physician assistant; he is the only graduate, thus far, to complete the "dual degree" option in which he acquired a graduate degree from both MHA and MHIHIM programs. He now teaches the Disease Concepts for Health Care Managers (HIHIM 409) course in the undergraduate program, imparting his clinical knowledge and experience in this pathophysiology-based course, which is part of the revenue cycle arc of courses.
- A graduate of the MHIHIM program, a career changer transitioning from human resources management in banking, enrolled in the MHIHIM program with the intention of contributing to the tribal nation of Washington State. The graduate completed her capstone project "Critical Components of EHR Systems in a Substance Use Disorder Clinic" at the new Quinault Indian Wellness Center in Hoquiam, WA. One month prior to graduation, the graduate was hired as a Health Services Consultant, Tribal Contracts Manager, at the WA State Department of Health.

Changes/Advances in the Field and Activity in the Unit

MHA/EMHA: Few sectors of enterprise have witnessed as much change in the past decade. None of the core disciplines of health administration are unchanged by the ongoing COVID-19 pandemic, healthcare worker burnout and an anticipated exodus of health workers, as well as the waves of organizational strategy, information technology, consumer preference, and legislative change. The MHA/EMHA curriculum benefits from the dynamic mix of researchers and practitioners in dialogue with these changes. For example, courses in leadership are taught to the MHA and EMHA cohorts by former Chief Executive Officers of local health systems, and courses in law are taught by leading faculty in the UW School of Law specializing in health care service and administration, and whose research interests include the Affordable Care Act (ACA).

- Advances in information technology have led to increased emphasis on patient portals, use of mobile technology, and new techniques for health communication.
- Advances in population health have placed increased emphasis on social determinants of health, such as income inequality, and racial inequality and discrimination. In response, we developed courses on health disparities and the use of social science in health administration and program planning.

HIHIM/MHIHIM: Health leaders – clinical, administrative, and public health – recognize that health informatics and health information management have the potential to address problems and issues that have plagued healthcare for years. Enormous amounts of data and information, the acquisition of which is made possible by advanced and robust health information systems, are viewed today as strategic resources. Advances in information technology occur lightning

fast; and as these changes are adopted by healthcare organizations, academic programs must reflect these changes in their curricula. CAHIIM, in partnership with AHIMA, is developing standards for a new health information management education model and accompanying curriculum. This new curriculum will be developed, validated and rolled out for adoption in 2025. The HIHIM programs will work with our colleagues at CAHIIM and other academic programs to transform our current curriculum to the new curriculum over the next two years.

Collaborative and Interdisciplinary Efforts

The interdisciplinary nature of the HMI faculty group has contributed to our curriculum structure and promotes a wide range of academic disciplinary foci to be brought to the In-residence program prescribed curriculum and concurrent degree programs and certificates. Within these programs, students may pursue a specific complementary area in-depth. For example, the MHA/MBA concurrent degree program affords students the opportunity to develop additional business skills. Students who pursue the MHA/MD will develop depth of understanding in clinical care processes from a managerial perspective. Those who pursue the MHA/MPA prepare themselves for careers in public policy or public affairs. Students entering the program from the undergraduate program in Health Informatics and Health Information Management (HIHIM) will be uniquely qualified to contribute to informatics-oriented and quality management careers.

MHA/EMHA: Primary external partners include governmental public health agencies (e.g., the WA Department of Health, and Public Health—Seattle, King County), healthcare organizations (e.g., UW Medicine, and Seattle Children's), and research institutions (e.g., the Fred Hutch, VA Center for Innovation, and Kaiser Permanente Washington Health Research Institute). Cross-professional collaboration opportunities are also served by the virtue of the housing of the MHA/EMHA courses in the School of Public Health and Department of Health Systems and Population Health. Public health content in law, policy, and social and behavioral determinants of health are integrated into the program curriculum.

Within the University, we offer several joint degree programs (e.g., MD/MHA). Positive impacts include collaborative research projects and disciplinary grounding for faculty and students. In addition, the Institute for Healthcare Improvement (IHI) operates a UW chapter. MHA students are encouraged to engage the UW IHI inter-professional student organization for the opportunities to interact with other cross-disciplinary health science students to collaborate and learn more about quality improvement in health care. In the self-study year, MHA students joined the IHI and assumed leadership roles in the development of inter-professional seminars and collaborations.

Overall, collaborative research projects are too numerous to list; collaborative research with others outside the Department is almost universal among our faculty. Disciplinary grounding is essential for a Department that is arguably without a core discipline (health services research is a young discipline and does not begin to encompass the breadth of the work of our faculty).

HIHIM/MHIHIM: Primarily serving a large metropolitan area in a rapidly growing state, the programs have developed collegial relationships with many area healthcare systems, including UW Medicine, Swedish Health Services, Virginia Mason Franciscan Healthcare, Kaiser

Permanente Washington, Seattle Children's Hospital, and Providence Health & Services. The program has also developed important relationships with smaller providers, such as Evergreen Treatment Services, Foundation for Healthcare Quality, International Community Health Services, and Crisis Connections King County, just to name a few. The HIHIM programs and its many community partners work symbiotically to advance the principles of HIHIM, prepare students to enter the exciting and dynamic field of HIHIM, and provide area professionals with avenues to participate in the education of future HIHIM professionals. Dr. Bryant Karras, Chief Medical Informatics Officer of the Washington State Department of Health, member of the CDC's Committee to the Director Data and Surveillance Workgroup, and a member of the Health Information Technology Advisory Committee, serves as a member of the MHIHIM Advisory Board. Dr. Karras is intimately involved with the program and often serves as a capstone Advisor, mentor, and employer of MHIHIM program graduates.

As the MHA/EMHA and HIHIM/MHIHIM possess many similarities, the programs leverage the expertise of professors to teach their areas of expertise across multiple programs.

Promotion and Tenure Policies and Practices

HMI faculty are housed in the Department of Health Systems and Population Health in the School of Public Health and are thus subject to the promotion and tenure policies of SPH and the Department. As such, those policies are the purview of the School and Department, respectively; we summarize them in brief, and their implications for supporting the success of junior HMI faculty, here.

For promotion, the Department follows the SPH Faculty Handbook. Assistant professors are considered for promotion in their 6th year; associate professors are reviewed every other year and considered for promotion when their stature merits it. The Department Chair meets with faculty candidates to describe expectations during the final interview process. Once hired, new faculty receive detailed onboarding information, and they meet annually with the Chair to monitor progress towards promotion. All faculty below the rank of professor have an assigned senior faculty mentor, with whom they meet regularly. Mentors prepare an annual assessment for use in the faculty review.

For tenure, the Department has a written policy. The SPH has awarded 50 percent tenure since a 1980s faculty vote to allow growth beyond available tenure lines. Typically, faculty are not considered for tenure until promotion to professor.

In 2008, the Department created the Professional Development Group (PDG), a career-development program for assistant professors. This group includes junior faculty from HSPop and other UW units and associated research settings (e.g., VA Center of Innovation and Fred Hutchinson Cancer Research Center). PDG topics have included preparation for promotion to associate professor, iSchool and Population Health Initiative collaborations, strategies for securing research support, and grant management. The PDG also developed a "Junior Faculty Road Map". Since the PDG's inception, 11 junior faculty have successfully been promoted (including three female assistant professors who went up early) to the rank of associate professor; all had submitted strong research proposals and engaged in collaborative teaching and research endeavors.

Junior Faculty development activities of the program include:

- Special topics workshops in teaching and learning developed by Department and/or program faculty/staff
- One-on-one consultation with Associate Director of Curriculum Management
- Peer-review of instruction and/or syllabi (formally or informally scheduled)
- First offering follow up meetings with instructor and Program Director/Staff
- Departmental faculty retreat
- Special sessions on teaching
- Distribution of broader University resources (lectures, seminars, workshops) on active learning and other student-centered pedagogies
- Support for major conference and/or training travel

In 2017, the Department formed the Associate Professor Group (APG) to provide peer support for mid-career faculty. The focus is on research; sharing of ideas and opportunities, review of research aims, service on study sections, and re-submission of grants and journal manuscripts. The PDG and APG, in conjunction with the faculty mentoring program, are integral components of our faculty support system.

Section IV: Future Directions

Where the Unit is Headed

The MHA, EMHA, HIHIM and MHIHIM are mature degree programs housed within a well-established Department, with well-defined teaching, research, and service missions. At national and international levels, both our teaching programs and our research are well recognized. The Healthcare Management Degree Guide ranks our undergraduate HIHIM Program 1st in the nation. U.S. News and World Reports ranks the UW MHA Program 16th.

As with other, similar programs, our teaching programs experienced declining enrollment in recent years during the COVID-19 pandemic as economic opportunity in the healthcare sector reduced requirements for graduate training to enter the field. Our current cohort has seen enrollment again grow, and our hybrid training programs focused towards working professionals are likely to benefit from new entrants to the healthcare field who opt to pursue graduate degrees to enhance their skills while working.

We discuss our future directions more specifically in the next three sections. Before we do so, it is worth noting three constraints that we face. First, many senior faculty – particularly those conducting research in health administration and informatics – and staff have left in the past 5 years, so we are re-building. In turn, we are striving to find and maintain the appropriate balance between part-time clinical faculty and full-time research and teaching faculty. Additionally, our teaching programs face new competition from less expensive accredited and unaccredited online programs. Finally, as fee-based programs the tuition cost required to participate in our graduate and undergraduate programs may prove prohibitive to students from disadvantaged backgrounds.

Opportunities and Goals

Much of our discussion about the direction of the program has received special attention in our unit-defined questions, Part B of this document. In this section of Part A, we discuss some of the recent efforts in strategic and academic development planning.

MHA/EMHA: Immediately prior to the COVID-19 pandemic the MHA programs completed a strategic planning process, which concluded in March 2020. Due to the ongoing challenges presented by transitioning instruction online, and the phased return to campus for our teaching programs, recommendations from that strategic planning process will be reviewed and updated in the current (2023-2024) academic year.

We outline these goals, and the rationale for each, below:

STRATEGIC PRIORITY #1 OUR BRAND IDENTITY

Intent: Enhance our reputation as one of the top 10 MHA Programs in the nation

1.1 Increase national awareness

1.2 Increase our involvement in national MHA organizations

STRATEGIC PRIORITY #2: OUR CULTURE

Intent: Create and enhance a culture that embodies our values of integrity, collaboration, excellence, innovation and equity

2.1 Strengthen our Faculty-Staff Communication and Transparency

2.2 Increase our Clinical and Clinical-Adjunct faculty involvement in the program and strengthen our Faculty-Faculty Communication, Transparency & Collaboration

2.3 Strengthen our climate of equity, diversity, and inclusion in our faculty, staff and students

2.4 Develop plan for MHA/EMHA & MHHIM/HIHIM collaboration

STRATEGIC PRIORITY #3: OUR CURRICULUM

Intent: Lead an ongoing process that assures our curriculum effectively teaches leadership competencies that are timeless, adaptive and relevant in all MHA courses

3.1 Implement the new curriculum competency model (The UW MHA Leadership Competency Model)

3.2 Coordination and integration of course content

3.3 Fully adopt Portfolium software application

3.4 Increase experiential learning opportunities as part of curriculum

3.5 Implement Professional Development Plan

STRATEGIC PRIORITY #4: OUR RESEARCH PRESENCE

Intent: Elevate and integrate research in parity with teaching

4.1 Integrate research into curriculum content, ensure that curriculum and course syllabi reflect best practice in both science and practice of health services administration

4.2 Participate in Dept. researcher searches aligned with program needs

4.3 Increase faculty-researcher applied research/application articles in professional journals

4.4 MHA branding of posters, presentations, and articles

4.5 Implement Scholar-in-Residence position to mentor new researchers

STRATEGIC PRIORITY #5: OUR ALUMNI AND COMMUNITY PARTNERS

Intent: Nurture a highly engaged and connected group of alumni and community partners that strengthens their respective capacities

5.1 Develop and execute an outreach plan to retain and build upon community partnerships

5.2 Continue to grow the Program's alumni outreach and engagement

5.3 Implement SPH Advancement's alumni outreach plan

5.4 Develop and implement standards and process for maintaining student and alumni information in HSERV Access database

HIHIM/MHIHIM: The HIHIM programs have several strategic goals. The first goal is to cultivate and strengthen our relationship with Savonia University in Finland (https://www.savonia.fi/en/study-with-us/degree-studies/masters-in-english/digital-health/).

The program regards international exposure and collaboration with other similar programs important to its teaching excellence. In the spring of 2022, the program was contacted by Bryn Lane, Adjunct Professor of the Digital Health Master's program, Savonia University of Applied Sciences, Kuopio, Finland. As a one-time Seattle area resident, Bryn was aware of the excellent teaching and superb programs offered at the UW and desired to explore a professional relationship between the two programs. HIHIM faculty met with Bryn, initiating a collaborative relationship in which faculty from Savonia visited the program in fall, 2022 and served as guest presenters. They will return in the fall of 2023 to provide guest lectures once again. The program plans to dispatch two instructors to Finland in the near future to meet with faculty and further cement this international collaboration. Savonia's program is offered online around the world; our goal is to provide guest presentations to its students and extend the recognition of our master's program while sharing knowledge and expertise with our colleagues at Savonia.

The second goal is to increase the number and the quality of applicants and enrollments in the graduate program. Although a relatively young program, we have observed a slow but steady increase in the number of applicants and admissions. We believe that CAHIIM accreditation of both programs is vital in achieving this objective. We also believe that offering an outstanding and robust program and documenting and publishing the successes of our graduates are imperative to realizing national recognition. In addition, the hyflex approach to course delivery

and the use of technology will enlarge the footprint of the program. We believe that these efforts will result in increased applications from around the country.

Finally, the third goal is to continue to diversify our faculty so that it reflects the diversity of our students. We have sought to identify and recruit core and clinical faculty from differing backgrounds so that a variety of experiences shared through different lenses can be brought into the classroom. Supported by staff in the Department of HSPop, processes related to identifying and acquiring diverse faculty are employed. In addition, the same approach is used when identifying guest presenters, mentors, and capstone project preceptors. In some instances, these individuals become clinical faculty members.

Seizing Opportunities and Reaching Goals

Our priorities overall are to maintain and improve the quality of learning in our teaching programs while investing in and supporting faculty and staff who are empowered to achieve our strategic priorities. Our MHA and EMHA programs are constantly reaching out to the future employers of our students, in healthcare, to make certain that we are providing needed knowledge and skills. Our HIHIM program is seeking to serve students throughout the Pacific Northwest by expanding hybrid and online course offerings. Our MHIHIM program is refining its curriculum in applied data analysis to meet the needs of students and their future employers.

One key step in the direction of reaching these goals is a change in the administration of programs via relationship with the UW Continuum College (UWC2). UWC2 has recently developed a tiered service model for fee-based degree programs, separating out financial and marketing services previously charged for and centralized with UWC2. The HMI programs opted to retain only “core” services, the minimum required services for using fee-based systems. In no longer relying on UWC2 for marketing and communications, the HMI programs are better able to leverage existing and expanded communications support in HSPop.

MHA/EMHA: Centralizing marketing, communication, and recruitment in HSPop and HMI is a significant step in furtherance of strategic priorities #1 (Brand Identity) and 2 (Culture) above. Additionally, we have already implemented a new curriculum competency assessment protocol in our teaching programs, and are making steady progress towards strategic priority #3 (Curriculum).

HSPop has made several strategic hires in recent years to expand research presence in health administration, including MHA program director Neil Sehgal, Assistant Professors Magaly Ramirez (who holds the William L. Dowling Endowed Professorship in Health Administration) and Logan Trenaman (who has extensive experience both conducting research in healthcare delivery as well as teaching in MHA programs). These hires help in furtherance of strategic priority #4 (Research Presence).

Finally, a revitalized MHA/EMHA alumni association and renewed ties to the Program in both outreach and engagement will continue to further strategic priority #5 (Alumni and Community Partners).

HIHIM/MHIHIM: Leveraging the strong relationship with our communities of practice, continuously improving our curricula, and soliciting feedback from our students and graduates is the blueprint, we believe, to maintaining our excellent programs and expanding our footprint across the region and the nation. Our graduates are eager to give back to the programs and have become an integral part of our approach to achieving our strategic goals. Our recent faculty hire, Dr. Karima Lalani, will bolster our research potential while our nascent collaboration with Savonia University will enrich the programs by viewing health informatics through a different lens. Our efforts to diversify our faculty and our tremendously diverse cohorts of students will propel the healthcare space to look more like the population it serves.

Regional, Statewide, and National Impact

MHA/EMHA: Our programs are well recognized for excellence in teaching, research, and service regionally, statewide, nationally, and internationally. At the level of the region and the state, our master's programs have prepared leaders in both practice and research. For example, Cheryl Scott (MHA 1977) was the CEO of Group Health Cooperative and then the Chief Operating Officer at the Gates Foundation. Dorothy Teeter (MHA 1979) was, until recently, Director of the Washington Health Care Authority, which manages healthcare for more than 800,000 state employees and Medicaid beneficiaries.

Also at regional and state levels, our faculty serve on numerous state, community, and public health advisory boards. For example, Paul Fishman (former interim-director) serves on an advisory board for the state Health Care Authority and advises the state Department of Social and Health Services, as well as the Department of Health, on Medicaid payment reform.

At national and international levels, our teaching programs and our research are well recognized, as evidenced by presentations at national conferences by faculty and staff, and a steady stream of applicants from outside the region and the country. The UW MHA is currently #16 among MHA-conferring programs in the country as ranked by U.S. News and World Report, and the program's objectives reflect our aspiration to return to the top ten health management programs in the United States.

Within the top-echelon of national programs, we believe that our focus on health management sciences, with increased attention to policy research and applied management training, is positioned to be among the strongest programs top applicants anywhere in the nation could choose.

HIHIM/MHIHIM: The Seattle-Tacoma-Bellevue metropolitan area's population is over 4 million people; the State of Washington's population is over 7.7 million people. The state hosts several large health systems, including Providence, PeaceHealth, Virginia Mason Franciscan, Multicare, and UW Medicine. Research conducted at UW Medicine is recognized as the seventh best in the world in biological sciences and tenth best in clinical sciences. As such, there is a high demand for graduates with health informatics and health information management degrees, both at the undergraduate and graduate levels. The U.S. Bureau of Labor statistics has projected that opportunities for health services managers, which includes health information professionals, is expected to increase by 32% between 2020 and 2030. Nearly all graduates from both programs remain in Washington after graduation and are often quickly hired by

health systems, tech startups, state and local health departments, insurance companies, and non-profit healthcare-related organizations. Our graduates give back to the programs by serving on the Advisory Boards, as guest speakers, panel participants, capstone preceptors, clinical faculty, and student mentors.

The undergraduate HIHIM program is one of only two CAHIIM-accredited programs in the state, and the only program offering onsite instruction; it is also the only such program in the regional collaboration of states called “WWAMI” (Washington, Wyoming, Alaska, Montana, and Idaho). The graduate HIHIM program is the only CAHIIM-accredited master’s level program in WWAMI; as such, we anticipate that our hyflex approach will encourage potential applicants from these states in which no such programs currently exist. We have observed an increase in the number of applications from individuals around the country, particularly in the graduate program; the hyflex delivery modality has largely been responsible, we believe, for this uptick in national interest.

By pursuing the three strategic goals described earlier, we believe that we can improve our programs, increase our applicants, and prepare graduates to fill the positions that the BLS forecasts will be available. This, in turn, should serve to strengthen the local, regional, and national health care delivery efforts.

Part B: Unit-Defined Questions

1. *Faculty*: How can we increase the demographic diversity of our faculty? What is the appropriate balance between teaching, research, and clinical faculty in the MHA and HIHIM programs to fulfill the teaching missions of our programs?

The Program continues its commitment to equity, diversity, and inclusion. We have worked hard to increase representation of women and people of color in our teaching ranks, and now have women and faculty of color teaching more than a dozen courses across the two programs. Detail about current faculty demographics can be found in Appendix C. In addition, the Program continues to bring content related to diversity and equity into the curriculum through changes to courses such as HSERV 511, HSMGMT 503, HSMGMT 592 and professional development programming for students in both the in-residence and executive programs. Recently our programs have sought to further increase faculty diversity by appointing clinical faculty "co-instructors" in core courses such as HSMGMT 510 and HSMGMT 592. But, still, our faculty ranks do not represent the racial, ethnic, and gender diversity of our students nor the state of Washington.

The U.S. Census Bureau population estimates (July 2, 2022) note racial and ethnic proportions in Washington state as: 4.6% Black or African American, 2.0% American Indian or Alaska Native, 11.3% Asian American or Pacific Islander, and 14.0% Hispanic or Latino. Of note, Black or African American and Hispanic or Latino faculty are underrepresented in HMI. Among our MHA/EMHA faculty who self-report race, we note racial and ethnic proportions as: 24% Asian American or Pacific Islander, 10% Hispanic or Latino, and 67% White. Among our HIHIM/MHIHIM faculty who self-report race, we note racial and ethnic proportions as: 4% Black or African American, 8% Asian American or Pacific Islander, and 47% White.

Additionally, while diversity in experience among our faculty has been helpful in establishing practice-based pedagogy and connecting students with opportunities in industry, the HMI programs have seen a diminishment in involvement of research-oriented faculty in recent years (exacerbated by retirements of several senior faculty members).

As our full-time faculty are drawn principally from HSPop and other campus departments, historically we have had limited ability to independently shape the demography or diversity in experience of program faculty outside the clinical ranks. In turn, however, over-reliance on clinical faculty may impose unintended structural consequences on our programs, such as heightened risk of faculty churn that may lower pedagogic experience overall in the cohort. We are both curious about and keenly interested in expanding diversity among our faculty, while at the same time ensuring stability in our faculty ranks.

2. *Fee Based Status*: Does our status as fee-based programs (with limited access to tuition support through UW) present barriers to accessibility to students from varied backgrounds and hinder the diversity of our student body?

The degrees programs in HMI are self-sustaining and fee-based, decisions that were initially made (in 1997 for the EMHA and 2012 for the MHA) in hopes that they would allow the

programs more autonomy to balance target class sizes (and associated revenue) with faculty and course delivery overhead (expenses). At the UW fee-based programs are housed centrally in the UW Continuum College (UWC2), and consequently, tuition is set annually by UWC2 to cover overhead costs to deliver support and deliver the program, and unlike the other state-supported degree programs housed in HSPop in which tuition rates are set annually by the UW School of Public Health within guidelines approved by the Washington state legislature.

Detailed current and historical student demographics by academic year are in Appendix E. Information about peer and aspirational institutions, including cost of degree, modality, and rankings where available, is provided in Appendix J.

By means of comparison, using current academic year tuition the MHA degree totals$68,324 in tuition and fees (the highest among any similar degree offered by a peer public university) while a state-supported two-year MPH in SPH totals$50,490 in in-state tuition and fees. In addition, opportunities for state-based financial aid are limited for students in fee-based programs, unlike at peer institutions with traditionally financed programs where tuition support via state-based aid and university scholarships is more available to program participants. Of note, as fee-based programs, the four degrees offered in the HMI programs do not have differential in-state and out-of-state tuition.

UWC2's recent unbundling of "core" and marketing services fees has been a helpful step in the HMI programs' ability to shape recruitment initiatives to better meet our unique needs, and in the coming year we will undertake more extensive competitive market analysis to determine how our tuition compares to other similarly-ranked, reputed programs. Additionally, we will assess whether our current fee-based structure may pose an impediment to our attractiveness to potential participants (in particular, first generation and low-income students, students from otherwise disadvantaged backgrounds, and students with limited exposure to higher education). As we have limited control of tuition costs (and future increases) under our current model, we are curious about whether the self-sustaining, fee-based nature of each of our programs remains appropriate and whether an alternative arrangement might make our programs more accessible to a more diverse set of learners.

3. *Teaching Model*: What is the appropriate delivery model (modality, schedule and balance of synchronous and asynchronous) for our non-campus–based MHA and HIHIM programs (e.g., hybrid, online)?

There is increasing competition both in the Northwest region and nationally in preparing students to work in health care organizations, notably from regional business schools (Seattle University School of Business, Gonzaga University School of Business, and Portland State University School of Business) and online offerings from well-known private institutions with national reach such as George Washington University. The national reputation of UW's School of Public Health (ranked #5 among public health graduate schools in the U.S. News & World Report rankings for 2023), however, extends the target market for our programs beyond the Northwest region, and we have been successful in attracting students from across the United States as well as international students. Information about peer and aspirational institutions is provided in Appendix J.

In light of this environment, the program seeks to balance program brand/quality while increasing the applicant pool in the programs from Seattle to Eastern Washington and beyond. Given the profile of the working professionals in the executive degree program, there is potential gain from providing additional course format options for the individuals constrained by the out of office time and/or travel demand for the hybrid format. The HMI program will initiate a market review of competitors and potential directions of the hybrid format, including an online-only or online-mainly option, which we anticipate will impact the instructor skill-set required for effective pedagogy and necessitate increased faculty support.

4. *Organizational Structure*: How does our organizational structure influence our ability to fulfill our mission? What are the advantages and disadvantages of the current organizational structure and governance processes, with our programs tied strongly to the Department of Health Systems and Population Health but also overseen by the School of Public Health Dean's Office?

When the UW Graduate School conducted its last review in 2014, the Graduate Programs in Health Administration were an interdisciplinary group of the Graduate School with an academic home in the UW Graduate School and an administrative home in the Department of Health Systems and Population Health within the School of Public Health. Among the recommendations from the 2014 review was the request that the Program form a Task Force to develop "...recommendations that address the program's organizational structure and governance processes..." as they relate to our administrative and academic home.

After extensive discussions among the core faculty, the Graduate School, and the SPH Dean's Office, the Programs and SPH initiated a limited reorganization, consolidation, and elimination procedures (RCEP) process, consistent with Part C of Section 26-41 of the Faculty Code, to move the degree programs offered by the interdisciplinary group (the MHA and the Executive MHA, and subsequently the HIHIM and MHIHIM degrees) to an interdisciplinary program in the School of Public Health, led by program directors whose academic homes are in HSPop but also report to the Dean of the SPH.

These programs (now known as the Programs in Health Management and Informatics) have, in subsequent years, developed an integrated organizational structure aimed at leveraging strengths and resources across the programs to improve the student experience, increase community engagement, enhance the programs' reputations, and gain efficiencies of scale.

Now, again on the occasion of Graduate School review and with several key leadership transitions, we feel is the appropriate time to reexamine the organizational structure and governance processes of HMI, and to candidly and critically assess the advantages and disadvantages of the current arrangement. For example, though the MHA, EMHA, HIHIM, and MHIHIM programs are all tied strongly to HSPop, we are the only HSPop degree programs that undergo independent review from the Graduate School (and, notably, HSPop reported about each of the HMI programs as a component of its most recent Graduate School Review).

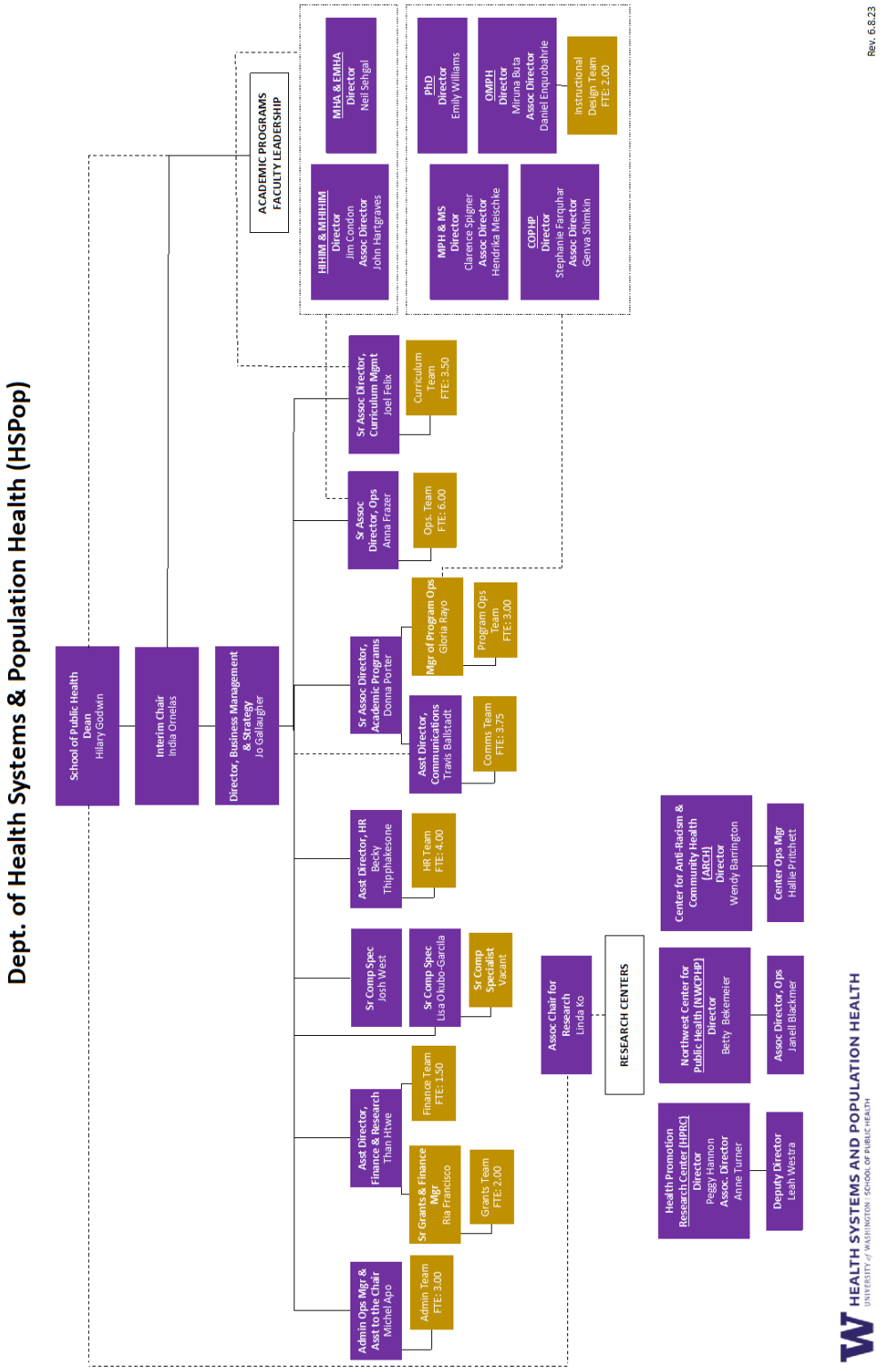
As with our contemplation of whether our status as fee-based programs is of benefit to the mission of our programs, we are curious about whether the current structure of HMI helps

in fulfilling our mission or whether some or all of our degree programs would be better served by locating more fully within HSPop (as parallel programs to the other graduate programs housed solely within the department).

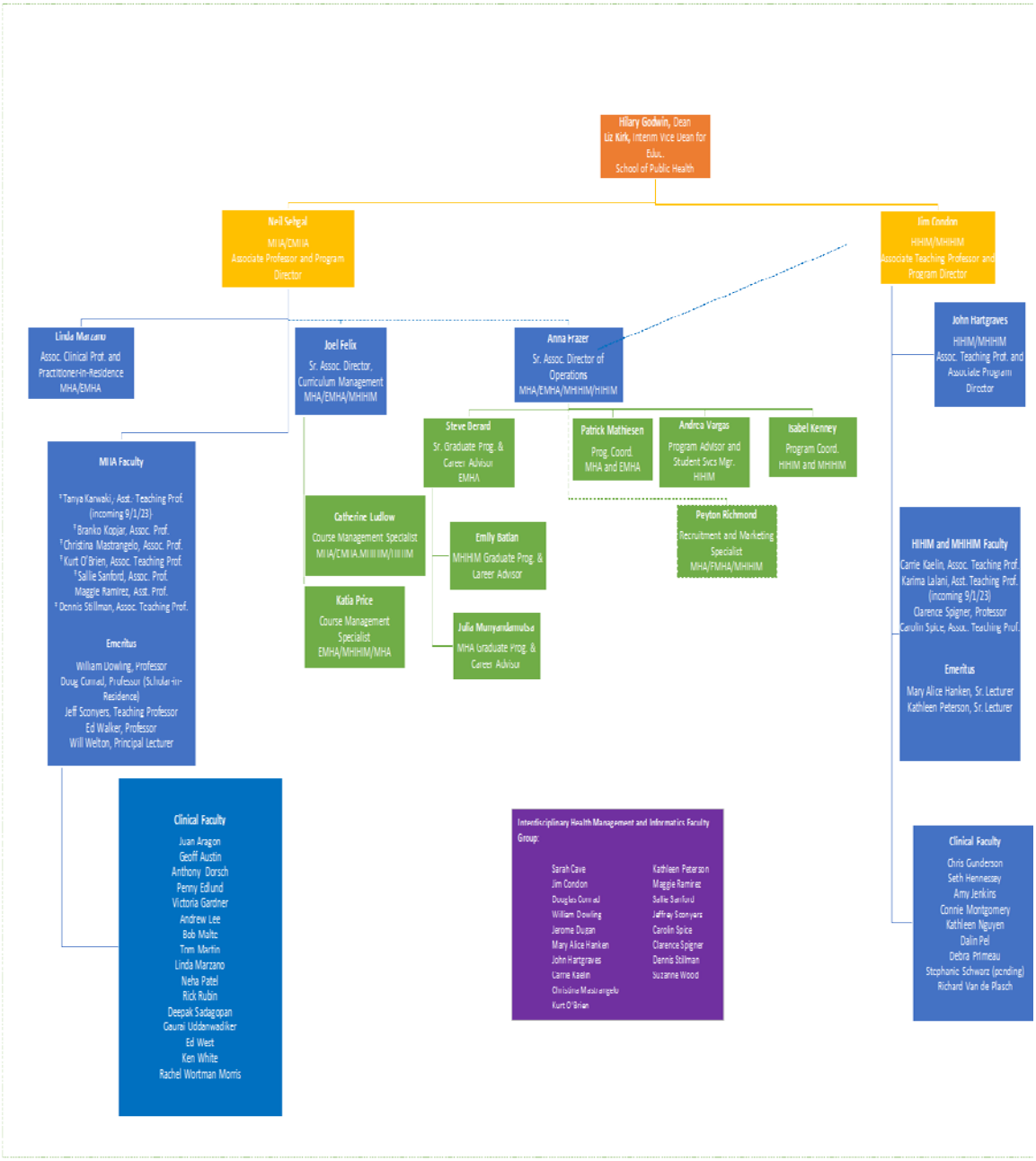
Part C: Appendices

Appendix A: Organization Chart

HSPop Organization Chart



HMI Organization Chart



†3 degrees: Master of Health Administration, Master of Health Informatics and Health Information Management, Bachelor of Health Informatics and Health Information Management

‡MHA Core: faculty with the exception of clinical instructors) who teach the equivalent of one or more three-credit courses on an on-going basis.

Appendix B: Budget Summary for HMI Programs

3-Biennia Budget Summary for Each HMI Program Budget

		MHA	EMHA	HIHIM	MHIHIM
Biennium 2017-2019	**Fiscal Year 2018**				
	Revenue	$1,832,905.00	$1,823,057.44	$1,120,314.00	$928,790.00
	Expenses	$1,645,643.08	$1,682,664.36	$1,014,190.65	$892,595.09
	Net Revenue	**$187,261.92**	**$140,393.08**	**$106,123.35**	**$36,194.91**
	Fiscal Year 2019				
	Revenue	$2,088,759.89	$1,739,388.54	$1,497,414.00	$883,952.50
	Expenses	$1,899,584.20	$1,541,310.09	$1,240,726.04	$814,369.32
	Net Revenue	**$189,175.69**	**$198,078.45**	**$256,687.96**	**$69,583.18**
Biennium 2019-2021	**Fiscal Year 2020**				
	Revenue	$2,011,172.38	$1,696,164.91	$1,558,292.00	$923,215.00
	Expenses	$1,738,709.03	$1,447,342.46	$1,297,326.45	$801,581.09
	Net Revenue	**$272,463.35**	**$248,822.45**	**$260,965.55**	**$121,633.91**
	Fiscal Year 2021				
	Revenue	$1,729,709.00	$1,500,571.00	$1,619,355.00	$1,041,315.00
	Expenses	$1,638,234.27	$1,466,031.79	$1,306,015.94	$882,349.05
	Net Revenue	**$91,474.73**	**$34,539.21**	**$313,339.06**	**$158,965.95**
Biennium 2021-2023	**Fiscal Year 2022**				
	Revenue	$1,769,768.50	$1,363,197.00	$1,615,570.00	$1,203,265.00
	Expenses	$1,651,117.30	$1,221,407.96	$1,317,886.47	$919,469.15
	Net Revenue	**$118,651.20**	**$141,789.04**	**$297,683.53**	**$283,795.85**
	Fiscal Year 2023				
	Revenue	$1,823,741.00	$1,043,312.00	$1,445,177.50	$1,057,210.00
	Expenses	$1,548,053.19	$974,881.69	$1,334,977.31	$927,912.25
	Net Revenue	**$275,687.81**	**$68,430.31**	**$110,200.19**	**$129,297.75**

Note: UW Overhead reported here as an Expense rather than as Contra-revenue

rev. 10/18/2023

FY23 Budget Detail for Each HMI Budget in Self-study Year (rev. 10/18/2023)

MHA		FY23
Revenue		
Tuition		$1,823,741
TOTAL REVENUE		**$1,823,741**
Expenses		
Salaries and Benefits		$985,604
Faculty salaries	$431,776	
Staff salaries	$332,920	
Teaching/research assistants	$6,629	
Benefits	$214,280	
Program Operations		$91,121
School of Public Health Overhead (FY23 12% of adjusted gross revenue)		$78,465
UW Overhead (FY23 16.6% of adjusted gross revenue for Seattle campus degree)		$296,317
UW Continuum College Fees and Overhead		$99,393
Program Management fee	$44,361	
Infrastructure	$55,032	
TOTAL EXPENSES		**$1,550,900**
NET REVENUE		**$272,841**

EMHA		FY23
Revenue		
Tuition		$1,043,312
TOTAL REVENUE		**$1,043,312**
Expenses		
Salaries and Benefits		$739,414
Faculty salaries	$312,864	
Staff salaries	$265,645	
Teaching/research assistants	$ -	
Benefits	$160,905	
Program Operations		$61,211
School of Public Health Overhead (not charged in FY23)		$ -
UW Overhead (FY23 7.85% of adjusted gross revenue for off-campus degree)		$78,303
UW Continuum College Fees and Overhead		$95,954
Program Management fee	$44,361	
Infrastructure	$51,593	
TOTAL EXPENSES		**$974,882**
NET REVENUE		**$68,430**

HIHIM		FY23
Revenue		
Tuition		$1,445,178
TOTAL REVENUE		**$1,445,178**
Expenses		
Salaries and Benefits		$881,732
Faculty salaries	$433,486	
Staff salaries	$250,397	
Teaching/research assistants	$10,508	
Benefits	$187,342	
Program Operations		$42,070
School of Public Health Overhead (FY21 12% of adjusted gross revenue)		$78,761
UW Overhead (FY23 16.6% of adjusted gross revenue for Seattle campus degree)		$239,899
UW Continuum College Fees and Overhead		$92,514
Program Management fee	$44,361	
Infrastructure	$48,153	
TOTAL EXPENSES		**$1,334,977**
NET REVENUE		**$110,200**

MHIHIM		FY23
Revenue		
Tuition		$1,057,210
TOTAL REVENUE		**$1,057,210**
Expenses		
Salaries and Benefits		$671,328
Faculty salaries	$267,127	
Staff salaries	$259,638	
Teaching/research assistants	$ -	
Benefits	$144,562	
Program Operations		$42,110
School of Public Health Overhead (FY23 12% of adjusted gross revenue)		$48,997
UW Overhead (FY23 7.85% of adjusted gross revenue for off-campus degree)		$80,988
UW Continuum College Fees and Overhead		$84,489
Program Management fee	$44,361	
Infrastructure	$40,128	
TOTAL EXPENSES		**$927,912**
NET REVENUE		**$129,298**

Appendix C: Information About Faculty

Faculty Demographics (collected for this report and not available longitudinally)

Last name	First name	Faculty Rank and Appointment Type	Highest degree	MHA	EMH	MHIHI	HIHIM	Gender	Race/Ethnicity
Aragon	Juan	Clinical Instructor (PT)	Masters; MD	Y				Male	White or Caucasian (Hispanic)
Austin	Geoff	Clinical Instructor (PT)	MHA	Y				Male	White or Caucasian
Condon	Jim	Associate Teaching Professor (FT)	EdD, Education Administration			Y	Y	Male	White or Caucasian
Dorsch	Anthony	Clinical Instructor (PT)	MHA; MBA		Y			Male	White or Caucasian
Edlund	Penny	Clinical Assistant Professor (PT)	MBA	Y	Y			Female	White or Caucasian
Gardner	Victoria	Clinical Assistant Professor (PT)	EdD, Educational Leadership	Y				Female	Asian
Gunderson	Chris	Clinical Instructor (PT)	MHA; MHIHIM				Y	Male	White or Caucasian
Hartgraves	John	Associate Teaching Professor (FT)	MHIHIM	Y		Y	Y	Male	White or Caucasian
Hennessey	Seth	Clinical Instructor (PT)	Masters of Health Information Administration			Y		Male	White or Caucasian
Jenkins	Amy	Clinical Instructor (PT)	Masters Degree				Y	Female	White or Caucasian
Kaelin	Carrie	Teaching Professor (FT)	MHA				Y	Female	Other
Karwaki	Tanya	Assistant Teaching Professor (FT)	PhD	Y	Y	Y		Female	White or Caucasian
Kopjar	Branko	Associate Professor (FT)	PhD; MS; MD	Y	Y			No response	No response
Lalani	Karima	Assistant Teaching Professor (FT)	PhD	Y	Y	Y	Y	Female	Asian
Lee	Andrew	Clinical Associate Professor (PT)	PhD; MHA; MS		Y			No response	No response
Malte	Robert	Clinical Associate Professor (PT)	MBA	Y	Y			Male	White or Caucasian
Martin	Tom	Clinical Instructor (PT)	BA; BBA	Y				No response	No response
Marzano	Linda	Clinical Associate Professor (PT)	MHA	Y	Y			Female	White or Caucasian
Mastrangelo	Christina	Associate Professor (FT)	PhD	Y	Y			Female	White or Caucasian
Montgomery	Connie	Clinical Instructor (PT)	MEd				Y	Female	White or Caucasian
O'Brien	Kurt	Associate Teaching Professor (PT)	Masters Degree	Y	Y			Male	White or Caucasian
Patel	Neha	Clinical Assistant Professor (PT)	MHA		Y			Female	Asian
Peterson	Kathleen	Senior Lecturer, Emeritus	MS			Y	Y	Female	White or Caucasian
Primeau	Debra	Clinical Instructor (PT)	MA, Organizational Management			Y		Female	White or Caucasian
Ramirez	Maggie	Assistant Professor (FT)	PhD		Y			Female	Other (Hispanic)
Rubin	Rick	Clinical Assistant Professor (PT)	AB, Economics and Urban Studies		Y			Male	White or Caucasian
Sadagopan	Deepak	Clinical Assistant Professor (PT)	MS, Healthcare Delivery & Eco	Y				Male	Asian
Sanford	Sallie	Associate Professor (PT)	JD	Y	Y			Female	White or Caucasian
Schulz	Stephanie	Clinical Instructor (PT)	MA, Organizational Leadership			Y		Female	White or Caucasian
Sehgal	Neil	Associate Professor (FT)	PhD	Y	Y			Male	Asian
Spice	Carolin	Associate Teaching Professor (FT)	MS			Y	Y	Female	Asian
Spigner	Clarence	Professor (FT)	Doctor of Public Health				Y	Male	Black or African-American (Not Hispanic or Latino)
Stillman	Dennis	Associate Teaching Professor (PT)	MHA	Y	Y			Male	White or Caucasian
Van de Plasch	Richard	Clinical Instructor (PT)	BS				Y	Male	White or Caucasian
West	Ed	Clinical Assistant Professor (PT)	MHA	Y	Y			No response	No response
White	Ken	Clinical Assistant Professor (PT)	PhD, Health Services	Y	Y	Y		Prefer not to designate	White or Caucasian
Wortman Morris	Rachel	Clinical Assistant Professor (PT)	PhD	Y				Female	White or Caucasian

Faculty Gender by Appointment Type and Full-time/Part-Time

MHA/EMHA Faculty Gender	Count	%
Female	**10**	**40.00%**
Assistant Professor (FT)	1	4.00%
Assistant Teaching Professor (FT)	2	8.00%
Associate Professor (FT)	1	4.00%
Associate Professor (PT)	1	4.00%
Clinical Assistant Professor (PT)	4	16.00%
Clinical Associate Professor (PT)	1	4.00%
Male	**10**	**40.00%**
Associate Professor (FT)	1	4.00%
Associate Teaching Professor (FT)	1	4.00%
Associate Teaching Professor (PT)	2	8.00%
Clinical Assistant Professor (PT)	2	8.00%
Clinical Associate Professor (PT)	1	4.00%
Clinical Instructor (PT)	3	12.00%
No response	**4**	**16.00%**
Associate Professor (FT)	1	4.00%
Clinical Assistant Professor (PT)	1	4.00%
Clinical Associate Professor (PT)	1	4.00%
Clinical Instructor (PT)	1	4.00%
Prefer not to designate	**1**	**4.00%**
Clinical Assistant Professor (PT)	1	4.00%
Grand Total	**25**	**100.00%**

HIHIM/MHIHIM Faculty Gender	Count	%
Female	**9**	**56.25%**
Assistant Teaching Professor (FT)	2	12.50%
Associate Teaching Professor (FT)	1	6.25%
Clinical Instructor (PT)	4	25.00%
Senior Lecturer, Emeritus	1	6.25%
Teaching Professor (FT)	1	6.25%
Male	**6**	**37.50%**
Associate Teaching Professor (FT)	2	12.50%
Clinical Instructor (PT)	3	18.75%
Professor (FT)	1	6.25%
Prefer not to designate	**1**	**6.25%**
Clinical Assistant Professor (PT)	1	6.25%
Grand Total	**16**	**100.00%**

FT: Full-time; PT (Part-time)

Faculty Race and Ethnicity by Appointment Type and Full-time/Part-Time

MHA/EMHA Faculty Race and Ethnicity	Count	%
Asian	**5**	**20.00%**
Assistant Teaching Professor (FT)	1	4.00%
Associate Professor (FT)	1	4.00%
Clinical Assistant Professor (PT)	3	12.00%
No response	**4**	**16.00%**
Associate Professor (FT)	1	4.00%
Clinical Assistant Professor (PT)	1	4.00%
Clinical Associate Professor (PT)	1	4.00%
Clinical Instructor (PT)	1	4.00%
Other (Hispanic)	**1**	**4.00%**
Assistant Professor (FT)	1	4.00%
White or Caucasian	**14**	**56.00%**
Assistant Teaching Professor (FT)	1	4.00%
Associate Professor (FT)	1	4.00%
Associate Professor (PT)	1	4.00%
Associate Teaching Professor (FT)	1	4.00%
Associate Teaching Professor (PT)	2	8.00%
Clinical Assistant Professor (PT)	4	16.00%
Clinical Associate Professor (PT)	2	8.00%
Clinical Instructor (PT)	2	8.00%
White or Caucasian (Hispanic)	**1**	**4.00%**
Clinical Instructor (PT)	1	4.00%
Grand Total	**25**	**100.00%**

HIHIM/MHIHIM Faculty Race and Ethnicity	Count	%
Asian	**2**	**12.50%**
Assistant Teaching Professor (FT)	1	6.25%
Associate Teaching Professor (FT)	1	6.25%
Black or African-American (Not Hispanic or Latino)	**1**	**6.25%**
Professor (FT)	1	6.25%
Other	**1**	**6.25%**
Teaching Professor (FT)	1	6.25%
White or Caucasian	**12**	**75.00%**
Assistant Teaching Professor (FT)	1	6.25%
Associate Teaching Professor (FT)	2	12.50%
Clinical Assistant Professor (PT)	1	6.25%
Clinical Instructor (PT)	7	43.75%
Senior Lecturer, Emeritus	1	6.25%
Grand Total	**16**	**100.00%**

Faculty Course Count for Each Program by Type of Appointment

Program Faculty	Course Count	% of Program Courses
HIHIM	**22**	**100.00%**
Assistant Teaching Professor	1	4.55%
Clinical	7	31.82%
Professor	1	4.55%
Teaching Professor	13	59.09%
MHIHIM	**17**	**100.00%**
Assistant Teaching Professor	1	5.88%
Clinical	5	29.41%
Teaching Professor	11	64.71%
(blank)		0.00%
EMHA	**23**	**100.00%**
Assistant Teaching Professor	1	4.35%
Clinical	11	47.83%
Professor	2	8.70%
Professor (Affiliate)	2	8.70%
Teaching Professor	7	30.43%
(blank)		0.00%
MHA	**28**	**100.00%**
Assistant Teaching Professor	1	3.57%
Clinical	11	39.29%
Professor	1	3.57%
Professor (Affiliate)	2	7.14%
Teaching Professor	13	46.43%
(blank)		0.00%
Grand Total	**90**	

Faculty Course Count for Each Program by Full-time (FT)/Part-time (PT)

Program Faculty	Course Count	% of Program Courses
HIHIM	**22**	**100.00%**
FT	15	68.18%
PT	7	31.82%
MHIHIM	**17**	**100.00%**
FT	11	64.71%
PT	6	35.29%
(blank)		0.00%
EMHA	**23**	**100.00%**
FT	7	30.43%
PT	16	69.57%
(blank)		0.00%
MHA	**28**	**100.00%**
FT	7	25.00%
PT	21	75.00%
(blank)		0.00%
Grand Total	**90**	

Appendix D: Equity and Inclusion Plan

(note: additional detail about the Department's EDI committee may be found here: https://hspop.uw.edu/about/edi/edi-committee/; additional detail about the School's EDI efforts may be found here: https://sph.washington.edu/about/diversity)

Department of Health Systems and Population Health Equity and Inclusion Plan

GOAL 1 – ORGANIZATIONAL STRUCTURE

1.1 – Name change for SPH EDI Committee

1.2 – Ensure adequate representation

> HSPop has had a Diversity Committee, established by the Chair, since 2015. Membership includes the Department Chair, Faculty and Staff HR Managers, and representation from teaching programs and research centers (faculty, staff and students). Faculty and staff co-chair receive FTE support for their role. Student co-chair role is new this year. Budget has been provided to support student groups engaging in DEI activities. Co-chairs attend SPH EDI meetings on a rotating schedule.

1.3 – Support for funded student assistants

> Currently exploring how to provide financial support to student co-chair.

1.4 – Ensure robust communication from OD about SPH EDI

1.5 – Provide staff support and allocate annual budget to support SPH EDI

GOAL 2 – CURRICULA AND TRAINING (RESPONSIBILITY FOR MOST LIES WITH SPH DO STAFF)

2.1 – Encourage all faculty to include land acknowledge, pronouns, diversity and climate statement and reporting bias concerns in syllabi

2.2 – Ensure SPH and dept curriculum committees incorporate participation/feedback from underrepresented groups

2.3 – Ensure transparent, systematic process for course evaluations

2.4 – Provide training opportunities on classroom climate and challenging classroom discussions

2.5 – Provide opportunities to collaborate across academic and community sessions to build strong partnerships, diversify topics of inquiry and expand scientific contributions

2.6 – Support integration of learning objectives in courses around inequities, racism, power, privilege, bias and impact on health.

GOAL 3- RECRUITMENT

Faculty and Staff Recruitment

3.1 – Develop and execute comprehensive and sustainable plans to recruit diverse faculty and staff.

Both staff and faculty search committees use UW developed toolkits/best practices documents. All faculty search committees receive anti-bias training from SPH. Dept. Chair charges faculty search committees regarding diversity, diversity statistics for applicant pool reviewed by Dept. Chair before interviews begin and the diversity data for each search are reported to entire faculty. The Faculty HR Manager for the department staffs each search committee and ensures, along with the search committee chair, adherence to the tool kit and our EDI values. The faculty ads are circulated broadly to list servs, affinity groups and via personal outreach from search committee members. When time permits, ads are sent to the chairs of similar departments at HBCUs and other colleges and universities with diverse faculty bodies. For a recent search, we reviewed the NIH register for K awardees to look for applicants doing research with an EDI lens and personally invite them to apply.

Diversity statements are required for faculty applicants, a rubric used for faculty applicants, and questions about their commitment to EDI principals are included at each stage of the interview process. We have successfully increased the diversity of our faculty since implementing these practices over the last five years. On the staff side, it has been challenging to access affirmative action data for applicant pools, training on how to evaluate a diversity statement has been unavailable and requiring a diversity statement appears to scare off the applicants we are most looking to hire.

Diversifying our staff is a primary goal for the next academic year and we are planning to request that a member of the EDI committee join each staff search committee. A rubric is required before staff search committees are allowed to review applications. EDI questions are included during the phone/e-mail screen and in-person interviews. Other plans include making sure our ads include strong statements regarding our commitment to EDI and targeted advertising for staff positions to ensure we are recruiting a diverse pool of qualified applicants.

3.2 – Monitor SPH workforce data annually by race, gender, job classification and salary.

3.3 – Provide ongoing training to hiring managers on I-200, affirmative action on reducing bias and discrimination and promoting diversity.

Faculty search committees receive implicit bias training, use of OMAD toolkit.

<u>Student Recruitment</u>

3.4 – Increase student diversity by identifying barriers to SPH application and matriculation for underrepresented groups.

Teaching programs track student application/admissions data and use holistic admissions processes. Examples:

- Health Services MPH holistic admissions criteria:
- Passion for public health
- Academic background and performance

- Letters of recommendation
- Work and volunteer experience
- Career goals
- Faculty interview (if possible)

3.5 – Ensure that SPH is represented at national level with organizations that strive to promote and support underrepresented students.

GOAL 4 – RETENTION AND PROMOTION

Faculty Retention and Promotion

4.1 Any contributions in scholarship and research, teaching and service that address SPH equity, diversity and inclusion mission and values will be included and considered among the professional and scholarly qualifications for appointment and promotion.

> Faculty submit annual accomplishments document and will be requested in 2021 to include this information at the beginning of the document. Mentors will be encouraged to comment on these contributions in mentor reports and in annual review meeting. Contributions will be considered by Appointments, Awards and Promotions committee and department faculty when reviewing promotion materials and voting on promotion. Chair will discuss contributions with faculty during annual meetings.

4.2 Develop affinity groups and peer-mentoring programs for faculty who provide access to multiple resources and mentors.

Staff Retention and Promotion

4.3 Provide opportunities for staff to grow in their professional development and career trajectory.

4.4 Include items on the annual performance evaluation that measure how well a staff member is contributing to the SPH equity, diversity and inclusion mission and values.

Student Retention and Promotion

4.5 Develop department-level peer mentoring programs for undergraduate and graduate students to encourage cross-collaboration, retention and peer support.

4.6 Provide cultural and academic support to help foster well-being, resilience, social connectedness and inclusion.

4.7 Promote the use of grants such as the National Institutes of Health (NIH) supplements to promote diversity in health-related research among SPH principal investigators to support research opportunities for underrepresented undergraduate and graduate students and faculty.

GOAL 5 – CLIMATE

5.1 Create processes for open, constructive discussion of and/or action on concerns about bias.

In late summer of 2020 the Department started caucusing. In different sessions, groups will be based on racial identity and later role in the department (student, staff or faculty).

5.2 Showcase professional and academic achievements of self-identified faculty, staff and students from underrepresented groups.

5.3 Establish and promote safe procedures by which faculty, staff and students can report bias, or document experiences that do not reflect equity, diversity or inclusion. These bias reports must be addressed immediately and firmly, and monitored each quarter for emerging issues and potential training gaps.

5.4 Conduct exit interviews for each outgoing faculty and staff. Data collection should be shared with the Office of the Dean for tracking, monitoring and resolution, if needed.

5.5 Faculty, staff and student orientation and onboarding materials, procedures and processes are built with an equity, diversity and inclusion lens.

> Student representatives from the EDI committee have addressed incoming students during orientation in 2018 and 2019. In 2020, we are planning for a more formal presentation that describes the history of our committee, the definitions currently in use, our action plan for the year and how students can get involved. We are also planning an activity, possibility a solidarity hour, where students from all programs can come together and actively participate. We will continue to send out an e-mail invitation to all students (new and continuing) to join the EDI committee.

5.6 Leverage a common activity (e.g., a common book, volunteer engagement) as a way to strategically build conversations across the entire School to build an inclusive community.

GOAL 6 – DATA

6.1 Collect and monitor application, matriculation and graduation rates of students from underrepresented and historically oppressed groups and submit this data for review to the Office of the Dean for tracking and progress.

6.2 Utilize the data from the climate surveys to guide the process of creating change for SPH.

6.3 Develop a data system that will house climate and demographic data so that departments, centers and programs can access information that is relevant for their activities and goal-setting on EDI.

Appendix E: Enrolled Student Demographics by Academic Year

HIHIM Enrollment	AY15-16	AY16-17	AY17-18	AY18-19	AY19-20	AY20-21	AY21-22	AY22-23
American Indian or Alaska Native	1	0	0	0	0	0	0	0
Asian	32	25	37	52	49	48	43	42
Black or African American	12	16	13	13	14	13	18	18
Hispanic or Latino	2	3	2	4	5	3	6	4
Native Hawaiian or other Pacific Islander	0	0	1	0	0	1	1	0
White	12	10	9	10	10	11	12	8
2 or more races	3	3	2	3	2	4	2	1
International	2	1	1	6	7	9	8	9
Not indicated	0	2	1	1	1	0	0	1
Total Enrollment	64	60	66	89	88	89	90	83

MHIHIM Enrollment	AY15-16	AY16-17	AY17-18	AY18-19	AY19-20	AY20-21	AY21-22	AY22-23
American Indian or Alaska Native	1	0	0	0	0	0	1	1
Asian	12	8	9	14	15	16	20	12
Black or African American	3	5	5	5	7	7	5	10
Hispanic or Latino	2	3	1	2	2	4	4	1
Native Hawaiian or other Pacific Islander	8	11	14	8	7	12	9	7
White	1	3	6	4	3	4	5	4
2 or more races	1	2	3	3	3	2	4	5
International	0	1	1	0	0	2	3	2
Total Enrollment	28	33	39	36	37	47	51	42

MHA Enrollment	AY15-16	AY16-17	AY17-18	AY18-19	AY19-20	AY20-21	AY21-22	AY22-23
American Indian or Alaska Native	2	2	2	2	2	2	1	0
Asian	17	15	14	22	26	18	18	19
Black or African American	3	2	3	4	5	4	5	6
Hispanic or Latino	2	3	3	3	5	4	5	5
Native Hawaiian or other Pacific Islander	0	0	1	2	1	0	0	0
White	43	31	35	28	22	20	15	13
2 or more races	0	0	0	0	0	0	2	3
International	5	5	2	3	5	2	5	6
Other	0	0	1	1	0	3	3	0
Total Enrollment	72	58	61	65	66	53	54	52

EMHA Enrollment	AY15-16	AY16-17	AY17-18	AY18-19	AY19-20	AY20-21	AY21-22	AY22-23
American Indian or Alaska Native	2	0	0	1	1	0	0	0
Asian	12	10	6	12	14	12	11	9
Black or African American	3	2	2	3	1	5	7	2
Hispanic or Latino	3	6	5	3	4	4	3	2
Native Hawaiian or other Pacific Islander	1	1	0	0	0	0	0	0
White	40	47	45	32	31	22	20	18
2 or more races	0	0	0	0	0	0	1	1
International	1	1	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total Enrollment	62	67	58	51	51	43	42	32

Note:

HIHIM and MHIHIM date from BI Portal

MHA and EMHA from Program records downloaded via MyGrad

Appendix F: Course Sequences

MHA Course Sequence

Prog	Qtr	Yr	Number	Course Title	Cr	Instructor Last	Instructor Last3
MHA	AUT	1	HSMGMT 505	Managing Health Care Organizations	3	Austin	
MHA	AUT	1	HSMGMT 507	Group Dynamics and Team Leadership I	2	O'Brien	
MHA	AUT	1	HSERV 511	Introduction to Health Services and Public Health	4	Malte	Gardner
MHA	AUT	1	HSMGMT 570	Quantitative Methods	3	White	
MHA	AUT	1	HSMGMT 579	Accounting for Health Service Managers	3	Stillman	
MHA	AUT	1	HSMGMT 592	Health Management Program Seminar I	1	O'Brien	Malte
MHA	WIN	1	HSMGMT 510	Organizational Behavior and Human Resource Management	4	O'Brien	Uddanwadiker
MHA	WIN	1	HSMGMT 514	Health Economics	3	E/MHA	
MHA	WIN	1	HSMGMT 531	Systems Modeling Frameworks for Health Care	3	Mastrangelo	
MHA	WIN	1	HSMGMT 571	Health Care Financial Management	3	Stillman	
MHA	WIN	1	HSMGMT 578	Project Management	3	West	
MHA	WIN	1	HSMGMT 592	Health Management Program Seminar II	1	O'Brien	Malte
MHA	SPR	1	HSMGMT 501	Epidemiology/Critical Evidence Appraisal	3	Kopjar	
MHA	SPR	1	HSMGMT 562	Strategic Management of Healthcare Organizations	4	Aragon	
MHA	SPR	1	HSMGMT 567	Clinical Systems Management	3	Edlund	
MHA	SPR	1	HSMGMT 592	Health Management Program Seminar III	1	O'Brien	Malte
MHA	AUT	2	HSERV 552	Health Policy Development	3	Karwaki	
MHA	AUT	2	HSMGMT 503	Population Health Management Strategy	3	Edlund	
MHA	AUT	2	HSMGMT 523	Informatics in Healthcare Management	3	Hartgraves	
MHA	AUT	2	HSMGMT 568	Quality Process Management	3	Wortman Morris	
MHA	AUT	2	HSMGMT 592	Health Management Program Seminar IV	1	O'Brien	Malte
MHA	SPR	2	HSMGMT 518	Ethical Issues in Health Services	3	Karwaki	
MHA	SPR	2	HSMGMT 545	Capstone Seminar	3	Marzano	
MHA	SPR	2	HSMGMT 592	Health Management Program Seminar VI	1	O'Brien	Malte
MHA	WIN	2	HSMGMT 500	Risk and Insurance Seminar	3	Sadagopan	
MHA	WIN	2	HSMGMT 513	Seminar in Health Care Finance	3	Lalani	
MHA	WIN	2	HSMGMT 545	Capstone Seminar	1	Marzano	
MHA	WIN	2	HSMGMT 552	Health Administration and Business Law	4	Sanford	
MHA	WIN	2	HSMGMT 592	Health Management Program Seminar V	1	O'Brien	Malte

EMHA Course Sequence

Prog	Qtr	Yr	Number	Course Title	Cr	Instructor Last	Instructor Last3
EMHA	AUT	1	HSERV 511	Introduction to Health Services and Public Health	3	Malte	Lee
EMHA	AUT	1	HSMGMT 505	Managing Health Care Organizations	3	Malte	
EMHA	AUT	1	HSMGMT 507	Group Dynamics and Team Leadership I	2	O'Brien	
EMHA	AUT	1	HSMGMT 570	Quantitative Methods	3	White	
EMHA	WIN	1	HSMGMT 510	Organizational Behavior and Human Resource Management	3	O'Brien	
EMHA	WIN	1	HSMGMT 574	Financial Management	4	Stillman	
EMHA	SPR	1	HSMGMT 513	Seminar in Health Care Finance	3	Dorsch	
EMHA	SPR	1	HSMGMT 567	Clinical Systems Management	3	Edlund	
EMHA	SPR	1	HSMGMT 568	Quality Process Management	3	Patel	
EMHA	SPR	1	HSMGMT 578	Project Management	3	West	
EMHA	SUM	1	HSMGMT 501	Epidemiology/Critical Evidence Appraisal	3	Kopjar	
EMHA	SUM	1	HSMGMT 514	Health Economics	3	Trenaman	
EMHA	SUM	1	HSMGMT 531	Systems Modeling Frameworks for Health Care	3	Mastrangelo	
EMHA	AUT	2	HSERV 552	Health Policy Development	3	Karwaki	
EMHA	AUT	2	HSMGMT 562	Strategic Management of Healthcare Organizations	4	Lalani	
EMHA	AUT	2	HSMGMT 576	Capital Planning	2	Stillman	
EMHA	WIN	2	HSMGMT 507	Group Dynamics and Team Leadership II	1	O'Brien	
EMHA	WIN	2	HSMGMT 523	Informatics in Health Care Management	3	Rubin	
EMHA	WIN	2	HSMGMT 552	Health Administration and Business Law	4	Sanford	
EMHA	SPR	2	HSMGMT 503	Population Health Management Strategy	2	Marzano	
EMHA	SPR	2	HSMGMT 518	Ethical Issues in Health Services	3	Karwaki	
EMHA	SPR	2	HSMGMT 590	Select Topics	2	Malte	
EMHA	SUM	2	HSMGMT 545	Capstone Seminar	4	E/MHA	
EMHA	SUM	2	HSMGMT 592	Critical Thinking	2	Malte	

HIHIM Course Sequence

Prog	Qtr	Yr	Number	Course Title	Cr	Instructor Last	Instructor Last3
HIHIM	AUT	1	HIHIM 400	Health Care Language	3	Jenkins	
HIHIM	AUT	1	HIHIM 410	Foundations in Health Information Management	4	Kaelin	
HIHIM	AUT	1	HIHIM 450	Health Care Delivery & Policy	5	Spigner	
HIHIM	WIN	1	HIHIM 408	Management Concepts with HIM Applications	4	Condon	
HIHIM	WIN	1	HIHIM 409	Disease Concepts for Managers	4	Gunderson	
HIHIM	WIN	1	HIHIM 413	Revenue Cycle Management	3	Jenkins	
HIHIM	WIN	1	HIHIM 470	Health Care Legal Foundations	3	Karwaki	
HIHIM	SPR	1	HIHIM 414	ICD, Clinical Documentation & Revenue Management	4	Jenkins	
HIHIM	SPR	1	HIHIM 456	Quality Improvement in Health Care	4	Kaelin	
HIHIM	SPR	1	HIHIM 480	HIM Operations & Project Management	4	Condon	
HIHIM	AUT	2	HIHIM 405	Health Data Analytics	3	Spice	
HIHIM	AUT	2	HIHIM 415	CPT/HCPCS, Clinical Documentation & Revenue Mgmt	3	Jenkins	
HIHIM	AUT	2	HIHIM 421	Health Information Systems Analysis	5	Spice	
HIHIM	AUT	2	HIHIM 460	HIHIM Professional Pathways	3	Kaelin	
HIHIM	WIN	2	HIHIM 411	Health Data Management	3	Van de Plasch	
HIHIM	WIN	2	HIHIM 420	Health Care Computer Systems & Electronic Health Records	5	Hartgraves	
HIHIM	WIN	2	HIHIM 425	Research Design & Statistics for HIHIM	3	Hartgraves	
HIHIM	WIN	2	HIHIM 454	Finance Concepts for Health Care Managers	3	Condon	
HIHIM	SPR	2	HIHIM 455	Leadership & Strategic Management	4	Lalani	
HIHIM	SPR	2	HIHIM 461	Professional Development & Networking	2	Condon	
HIHIM	SPR	2	HIHIM 462	Capstone Project	5	Condon	Van de Plasch
HIHIM	SPR	2	HIHIM 499	Independent Study	1	Montgomery	

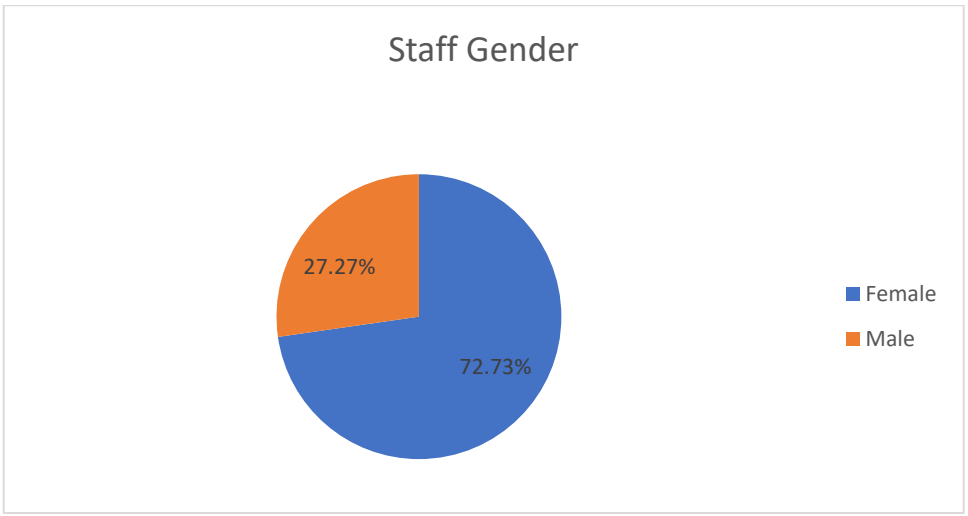
MHIHIM Course Sequence

Prog	Qtr	Yr	Number	Course Title	Cr	Instructor Last
MHIHIM	AUT	1	HIHIM 508	Health Information Management Systems and Leadership	3	Condon
MHIHIM	AUT	1	HIHIM 509	Health Information Management Systems and Practice	3	Hartgraves
MHIHIM	AUT	1	HSMGMT 510	Organizational Behavior	3	Schulz
MHIHIM	SPR	1	HIHIM 524	Healthcare Data Analytics	3	White
MHIHIM	SPR	1	HIHIM 530	Healthcare Privacy and Security	3	Hartgraves
MHIHIM	SPR	1	HIHIM 598	Project Management	3	Hartgraves
MHIHIM	SUM	1	HIHIM 525	Health Care Databases and Applications	3	Spice
MHIHIM	SUM	1	HIHIM 550	Healthcare Information Governance	3	Primeau
MHIHIM	SUM	1	HSMGMT 501	Epidemiology/Critical Evidence Appraisal	3	M/HIHIM
MHIHIM	WIN	1	HIHIM 510	Enterprise Systems and Electronic Health Records	3	Spice
MHIHIM	WIN	1	HIHIM 520	Law, Policy and Ethics in Health Information and Healthcare	3	Primeau
MHIHIM	WIN	1	HIHIM 535	Clinical Vocabularies and Terminologies	3	Peterson
MHIHIM	AUT	2	HIHIM 540	Community Health Informatics and Information Exchange	3	Spice
MHIHIM	AUT	2	HIHIM 552	Business Intellegence	3	Hennessey
MHIHIM	AUT	2	HSMGMT 505	Managing Health Care Organizations	3	Hartgraves
MHIHIM	WIN	2	HIHIM 556	Healthcare Quality and Technology	3	Spice
MHIHIM	WIN	2	HIHIM 599	Capstone Project	3	Spice
MHIHIM	WIN	2	HSMGMT 562	Strategic Management	3	Lalani

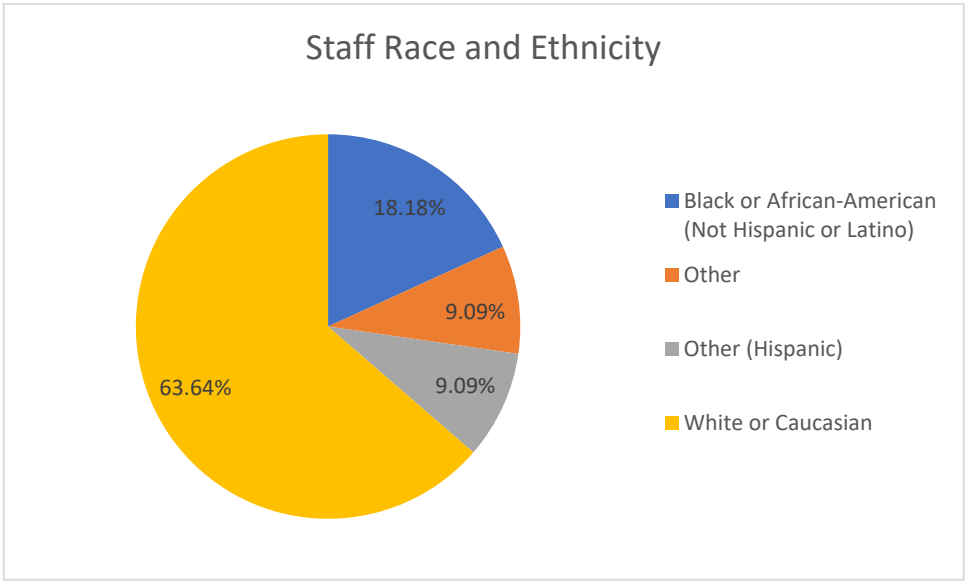
Appendix G: Information about Staff

Staff Demographics

STAFF GENDER



STAFF RACE AND ETHNICITY



DEPARTMENT OF HEALTH SYSTEMS AND POPULATION HEALTH FEE-BASED DEGREE PROGRAMS

2022-23

Program				Per Credit Fees				Degree Credit Totals	2-Yr Estim Based on Current Yr Rates	(though it's understood most programs likely to increase ~3% annually)
				Incoming Cohort		Continuing Cohort				
Name	Abbrev	Degree	Major Code	Resident	Non-resident	Resident	Non-resident			
Master of Health Administration	MHA	MHA	HA G 00-27	$885	$885	$885	$885	76	$67,260	(resident & non-resident)
Executive Master of Health Administration	EMHA	MHA	HA GX 00-27	$1,025	$1,025	$1,025	$1,025	69	$70,725	(resident & non-resident)
Online Master of Public Health	EMPH	MPH	HSERVX 00-27	$926	$926	$926	$926	63	$58,338	(resident & non-resident)
Health Informatics & Health Information Management - master's	MHIHM	MS	HIHMVE 10-27	$910	$910	$910	$910	54	$49,140	(resident & non-resident)
Health Informatics & Health Information Management - bachelor's	HIHM	BS	HIHMVE 00-16	$425	$425	$425	$425	78	$33,150	(resident & non-resident)

Program				Quarterly Flat Rate				Degree Credit Totals	2-Yr Estim Based on Current Yr Rates	(though it's understood most programs likely to increase ~3% annually)
				Incoming Cohort		Continuing Cohort				
Name	Abbrev	Degree	Major Code	Resident	Non-resident	Resident	Non-resident			
Community Oriented Public Health Practice *	COPHP	MPH	HSERV 05-27	$10,199	$10,199	$10,199	$10,199	63	$61,194	(resident & non-resident)

~~Tuition-based MPH rates (source: https://www.washington.edu/opb/tuition-fees/current-tuition-and-fees-dashboards/detailed-tuition-dashboard/)~~ → 63 $48,384 (resident) / $82,662 (non-resident)

Program rate changes are initiated in autumn quarter each year.

** Both first and second year students in the COPHP program are charged a flat quarterly rate. The flat rate covers core course requirements (13 credits). Students registering for credit loads greater than covered by their quarterly rate will be charged $785 per additional credit.*

Continuing concurrent degree student fees may be charged differently. Programs will work directly with students and UNVC2 to coordinate as needed.

Course fees above do not include quarterly UNVC2 registration or other UW fees, such as technology, SEA, MAA, building renovation, or U PASS.

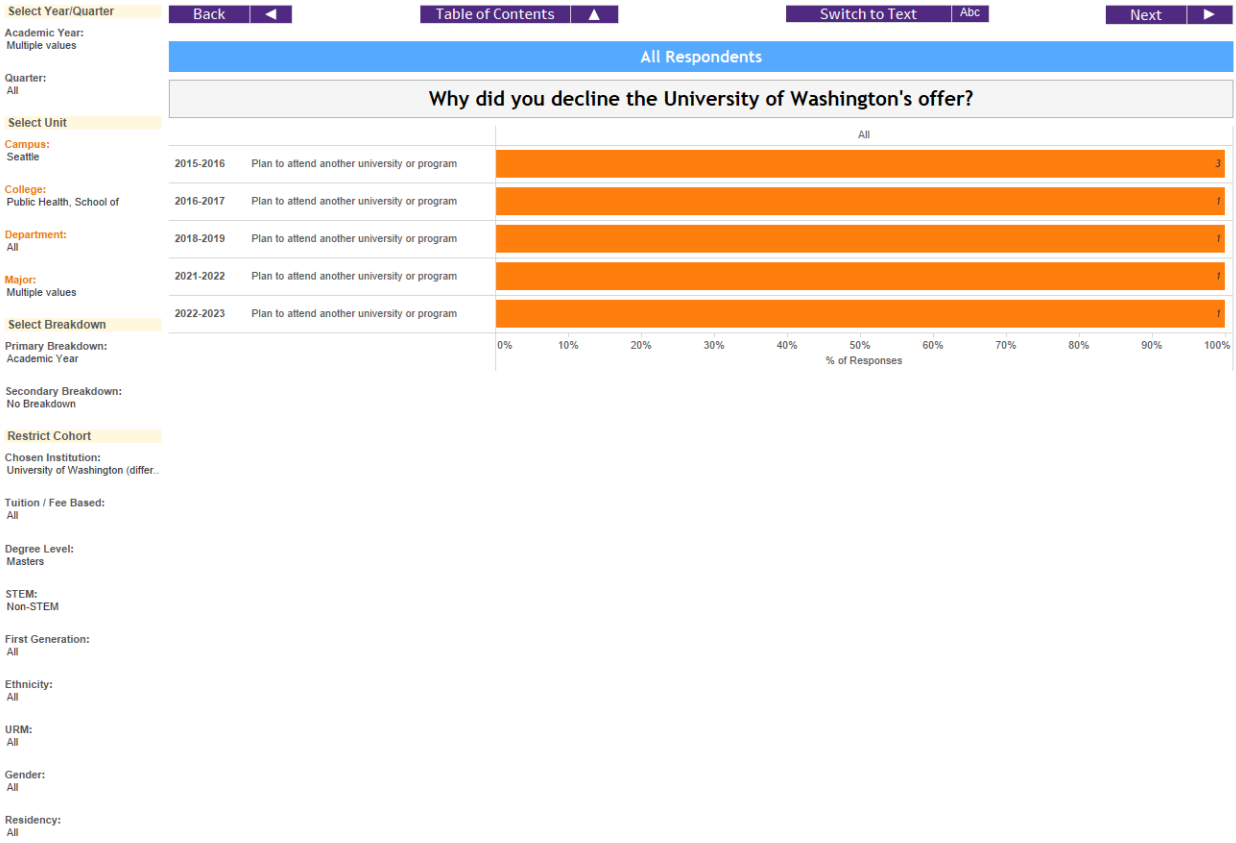
Appendix I: Admissions Data

Program Application Data

	Applications	Offers	Enrollment	% Offers	% Enroll
MHA[Ŧ]					
2018	103	65	38	63%	58%
2019	93	55	28	59%	51%
2020	102	57	25	56%	44%
2021	105	66	29	63%	44%
2022	93	65	23	70%	35%
EMHA[Ŧ]					
2018	43	36	27	84%	75%
2019	32	31	24	97%	77%
2020	26	23	19	88%	83%
2021	29	25	24	86%	96%
2022	16	16	9	100%	56%
HIHIM*					
2018	62	47	45	76%	96%
2019	69	48	49	70%	102%
2020	66	48	48	73%	100%
2021	63	37	37	59%	100%
2022	61	36	40	59%	111%
MHIHIM[^]					
2018	38	35	20	92%	57%
2019	35	32	20	91%	63%
2020	37	33	26	89%	79%
2021	40	37	26	93%	70%
2022	28	26	16	93%	62%
[Ŧ] Data from MyGrad					
*** Data from program records**					
^ Data from Graduate School Statistics and Reports					

Graduate School's Program Declined Offer Survey Data

Applicants to the HIHIM are not surveyed on why they decline the offer of admission, and most applicants who decline offer of admission to one of the three HMI graduate programs do not provide information on why they choose to decline, but we offer this in response to the Program Review Committee's request:



Appendix J: Peer and Aspirational Institutions

MHA Competitors	Degree	School/College	State/Private	Resident Cost	Non-Resident Cost	Year	US News Ranking
USC	MHA	Sol Price School of Public Policy	P	$106,711	$106,711	22-23	16
Columbia U	MHA	Mailman School of Public Health	P	$105,880	$105,880	23-25	12
Tulane University	MHA	School of Public Health and Tropical Medicine	P	$95,184	$95,184	23-24	16
Cornell U	MHA	Brooks Public Policy (Sloan MHA)	P	$85,376	$85,376	23-24	8
Johns Hopkins U	MHA	School of Public Health	P	$79,260	$79,260	23-24	7
Rush U	MS-HSM	College of Health Science	P	$71,572	$71,572	22-23	3
UW MHA	MHA	School of Public Health	S	$68,324	$68,324	23-24	16
U of Michigan	MHSA	School of Public Health	S	$68,245	$112,121	23-24	3
U of Minnesota	MHA	School of Public Health	S	$66,420	$87,300	23-24	2
George Washington U	MHA	Milken Institute School of Public Health	P	$66,096	$66,096	23-24	8
UC Berkeley	MPH	School of Public Health	S	$64,083	$88,573	23-24	NR
Ohio State U	MHA	College of Public Health	S	$63,867	$70,355	23-24	8
UCLA	MPH	Fielding School of Public Health	S	$50,646	$76,048	22-23	NR
U of Alabama Birmingham	MSHA	School of Health Professions	S	$43,774	$98,492	22-23	1
Oregon Health & Sciences U	MSHA	School of Medicine Division of Mgmt	S	$37,110	$37,110	23-24	47
UNC Chapel Hill	MHA	School of Global Public Health	S	$36,836	$71,906	23-24	3
Virginia Commonwealth	MHA	College of Health Professions	S	$33,508	$63,180	23-24	3

EMHA Competitors	Degree	School/College	State/Private	Resident Cost	Non-Resident Cost	Year	US News Ranking
NYU - Online	MHA	Wagner School of Public Administration	P	$103,657	$103,657	23-24	NR
Columbia U	MHA/MPH	Mailman School of Public Health	P	$102,324	$102,324	23-25	12
George Washington U - Online	MHA	Milken Institute School of Public Health	P	$91,750	$91,750	22-23	8
Tulane University - Online	MHA	School of Public Health and Tropical Medicine	P	$86,724	$86,724	23-24	16
Cornell U	EMHA	Brooks Public Policy (Sloan MHA)	P	$85,376	$85,376	23-24	8
UW EMHA	EMHA	School of Public Health	S	$71,415	$71,415	23-24	16
UCLA	EMPH	Fielding School of Public Health	S	$70,000	$70,000	23-24	NR
Rush U	MS-HSM	College of Health Science	P	$64,168	$64,168	22-23	3
UCLA - Online	MHA	Department of Health Policy and Management	S	$61,050	$61,050	23-24	NR
UC San Francisco	MS	Healthcare Administration and Interprofessional Leadership	S	$59,720	$59,720	23-24	NR
U of Alabama Birmingham	MSHA	School of Health Professions	S	$59,600	$59,600	23-24	1
U of Minnesota	EMHA	School of Public Health	S	$46,494	$46,494	23-24	2
Virginia Commonwealth	MHA	College of Health Professions	S	$40,108	$69,780	23-24	3
UNC Chapel Hill	EMHA	School of Global Public Health	S	$22,836	$57,906	23-24	3

HSHM Competitors	Degree	School/College	State/Private	Resident Cost	Non-Resident Cost	Year	
Tacoma Community College - Online	BAS	Tacoma Community College	S	$13,561	$41,564	21-22	
Western Governors University - Online	BSHM	Leavitt School of Health	P	$4,085/term*	$4,085/term*	23-24	*Competency model
Loma Linda University	BSHM	School of Allied Health Professions	P	$45,010	$45,010	23-24	
UW HSHM	BSHM	School of Public Health	S	$33,540	$33,540	23-24	

MSHM Competitors	Degree	School/College	State/Private	Resident Cost	Non-Resident Cost	Year
UW MSHM	MSHM	School of Public Health	S	$58,228	$58,228	23-24
Oregon Health Sciences University	MS	School of Medicine	S	$46,000	$46,000	22-23
Loma Linda University	MSH	School of Allied Health Professions	P	$41,000	$41,000	23-24
Medical University of South Carolina	MSH	College of Health Professions	P	$27,340	$27,340	23-24

Appendix K: Competency and Required Domain Assessment

HIHIM: CAHIIM requires that the undergraduate curriculum be cross-walked to competencies in five domains, each domain containing statements of competency. A sample from the CAHIIM template is provided below. Excel files will be available for review at the site visit.

Domain I. Data Structure, Content, and Information Governance		
I.1. Compare diverse stakeholder perspectives through the delivery of health care services.	5	HHIMM 408, Management Concepts with HIM Applications. Week 2: Chapter 2 (Kelly & Greenstone Text) Case Study and Discussion Board Assignments (6) HHIMM 420, Healthcare Computer Systems and EHRs. Weeks 1 - 4 Individual Assignment: Assess major drivers and interpret issues within healthcare informatics, evaluate diverse perspectives and best practice through assessment of Electronic Health Records (EHR), Clinical Systems, HITECH Act and Institute of Medicine (IOM) historical reports; Individual Assignment 1: HITECH and the History of EHRs (5)
I.2. Analyze strategies for the management of information.	4	HHIMM 410, Foundations in Health Information Management. Week 3 Assignment: Review the Acute Care Record (4) HHIMM 411, Health Data Management. Week 10 Assignment: Good Data Requires a Systems Approach (5)
I.3. Evaluate policies and strategies to achieve data integrity.	5	HHIMM 410, Foundations in Health Information Management. Week 5 Assignment: New Patient Registration and Scheduling (EHR GoI) (5) HHIMM 411, Health Data Management. Week 10 Assignment: Good Data Requires a Systems Approach (5)
I.4. Recommend compliance of health record content across the health system.	5	HHIMM 411, Health Data Management. Week 1 Assignment: PHR Discrepancies That Can Hurt You (5) HHIMM 420, Healthcare Computer Systems and EHRs. Weeks 2 - 4 Individual Assignment: Analyze a patients Electronic Health Record (EHR); identify deficiencies and make future recommendations; Individual Assignment 4: Analyzing for Chart Deficiencies (5)
I.5 Utilize classification systems, clinical vocabularies, and nomenclatures.	3	HHIMM 414, ICD, Clinical Documentation And Revenue Management. Week 2 Assignments: Class Exercises, Practice Exercises, Exercise 2, and quiz (5) HHIMM 420, Healthcare Computer Systems and EHRs. Weeks 2 - 4 Individual Assignment: Analyze a patients Electronic Health Record (EHR); identify deficiencies and make future recommendations; Individual Assignment 4: Analyzing for Chart Deficiencies (5)
I.6. Evaluate data dictionaries & data sets for compliance with government standards.	5	HHIMM 414, ICD, Clinical Documentation And Revenue Management. Week 10 Assignments: SNOMED CT to ICD-10 CM Mapping (5) HHIMM 420, Healthcare Computer Systems and EHRs. Weeks 2-5 Individual Assignment: Address EHR government program data compliance through CDS implementation plan; Individual assignment 3B: Implementing Clinical Decision Support Structured and Unstructered Data (5)
Domain II. Information Protection: Access, Disclosure, Archival, Privacy, and Security		
II.1. Recommend privacy strategies for health information.	5	HHIMM 420, Healthcare Computer Systems and EHRs. Week 7 In-Class Exercise: Evaluate and make determinations around HIPAA privacy, explain applicability of laws - HIPAA Breach Exercise (5) HHIMM 410, Foundations in Health Information Management. Week 9 Assignment: An Ounce of Prevention is Worth a Pound of Cure (5)
II.2. Recommend security strategies for health information.	5	HHIMM 410, Foundations in Health Information Management. Week 8 Assignment: ROI and Accounting of Disclosures (EHR GoI) (5) HHIMM 411, Health Data Management. Week 9 Assignment: An Ounce of Prevention is Worth a Pound of Cure (5)
II.3. Analyze compliance requirements throughout the health information life cycle.	4	HHIMM 410, Foundations in Health Information Management. Week 8 Assignment: ROI and Accounting of Disclosures (EHR GoI) (5) HHIMM 420, Healthcare Computer Systems and EHRs. Week 7 In-Class Exercise: Explain applicability of laws, rules and standards in managing health information; HIPAA Breach Exercise (4)
Domain III. Informatics, Analytics, and Data Use		

MHIHIM: CAHIIM requires that accredited graduate degree programs crosswalk course learning objectives to ten competency domains categorized by levels of competence as described in Miller's Pyramid. The resulting "Curriculum Self-Evaluation Tool" (CSET) is updated annually with course changes and/or instructor changes. A sample from the CAHIIM template is provided below. Excel files will be available for review at the site visit.

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input from a drop down list Course Name	Course Objectives	Educational Activities	Assessments	Knowledge Dom	Millers Level of Competence	This is pre-calculated and locked to user input KSA
HSMGMT 562 Strategic Management	Analyze and interpret major environmental (internal and external) forces facing healthcare organizations	Webinar 1: SWOT Exercise	Pulse Quiz	F7-Social, Behavioral, and Information Science and Technology Applied to Health	Does	Attitudes
HSMGMT 562 Strategic Management	Apply information-seeking, conceptual, and analytic tools to assess environmental, market, and internal factors pertinent to strategy formulation. Identify strategies that fit different situations	On-site 2: Strategy Formulation Exercise	Middleboro case study: develop 5-year strategic plan	F7-Social, Behavioral, and Information Science and Technology Applied to Health	Does	Attitudes
HSMGMT 562 Strategic Management	Recommend a variety of strategies (e.g., growth, performance improvement, IT/infrastructure) for a specific healthcare organization—consistent with its mission, vision, and values and responsive to the internal and external environment—and consider the variables that will enable or inhibit their successful implementation	On-site 2: Strategy Formulation Exercise	Middleboro case study: develop 5-year strategic plan	F10-Leadership	Does	Attitudes
HSMGMT 562 Strategic Management	Appreciate the importance and inherent challenges of developing and successfully implementing strategies in a rapidly changing environment	On-site class 3: Operational Planning exercise	Operational Planning Exercise	F9-Interprofessional Collaborative Practice (ICP)	Does	Attitudes

MHA/EMHA: As outlined in the self-study, the MHA Program developed its own competency model after fifteen years of detailed implementation and evaluation of the then-standard National Center for Healthcare Leadership (NCHL) competency model. The competency statements are below. All courses are linked to the UW MHA model, and a crosswalk is provided that tracks the "primary" assessment for a specific competency. All primary assessments use a three-point rubric for the assessment of competency attainment, with the middle point identifying program competency targets.

DOMAIN 1: Values and Professional Identity
The ability to identify and examine one's core beliefs and values to forge an authentic, professional identity as a healthcare leader.

1. Establishes habits encouraging a growth mindset in supporting resilience and well-being in life and work.
2. Practices self-reflection, self-assessment, and self-compassion for an accurate view of one's strengths and development needs.
3. Uses critical, creative, and innovative thinking skills and frameworks for decision-making.
4. Demonstrates ethical professional practice, social responsibility, a commitment to equity, diversity and inclusion, and community stewardship.

DOMAIN 2: The Healthcare Environment
The ability to see and make sense of the entire healthcare system.

5. Analyzes the current healthcare environment including care models, issues, and trends.
6. Identifies the impact of digital transformation in the healthcare environment.
7. Uses frameworks for analyzing health policy, ethics and legal issues.

DOMAIN 3: Business and Analytic Skills
The ability to exercise the fundamental skills needed to perform and lead business tasks and projects.

8. Demonstrates an understanding of the economics of health care delivery.
9. Demonstrates financial skills, including explaining financial and accounting information, preparing and managing budgets, and preparing and managing business plans and proposals.
10. Plans, executes and leads complex projects.
11. Obtains, analyzes, presents, and defends data used in tactical and strategic decision making.
12. Applies clinical and business process improvement skills and tools.
13. Demonstrates knowledge of human resources employment principles, policies and law.

DOMAIN 4: Interpersonal Dynamics
The ability to forge strong relationships.

14. Develops and applies conflict management skills, including giving and receiving critical and supportive feedback.

15. Participates in, leads, and develops teams.

16. Communicates effectively to diverse audiences through writing, speaking, and presenting.

DOMAIN 5: Adaptive Leadership and Innovation

The ability to adapt and lead change in a volatile, uncertain, complex, and ambiguous environment with flexible and rapid decision-making and risk-taking strategies.

17. Diagnoses complex organizational challenges.

18. Develops a strategic orientation founded on market, social, cultural, economic, and political forces.

19. Demonstrates the ability to lead change to accomplish organizational strategic goals.

20. Identifies the potential of digital technology to enable health care design and delivery transformation.

21. Creates processes that support teams in identifying and pursuing new approaches to their work.

22. Encourages creative and innovative thinking among team members.

23. Recognizes the role of non-traditional partners in healthcare innovation.

Sample competency assessment

Competency .11. Obtains, analyzes, presents, and defends data used in tactical and strategic decision making

HSMGMT 562: Strategic Management of HC Orgs			HSMGMT 545 (Q6)		
Level 1	Level 2	Level 3	Level 1 (4)	Level 2 (5)	Level 3 (6)
Holds only a basic understanding of digital technology; applies limited understanding of the application of digital technology to delivery system redesign; when assessing health care organizations delivery system design, does not identify key opportunities for improvement using digital technology; shows basic knowledge of current design considerations but fails to define key elements that will determine the success of digital technology projects.	Demonstrates and applies familiarity with digital technology; shows consistent understanding of application of digital technology to delivery system redesign; often identifies improvement using digital technology; shows knowledge of current design considerations and defines key elements that will determine the success of digital technology projects.	Demonstrates and applies nuanced understanding of digital technology; shows detailed understanding of the application of digital technology to delivery system redesign; reliably identifies improvement using digital technology; hows and applies advanced knowledge of current design considerations and key elements that will determine the success of digital technology projects.	Demonstrates only a basic understanding of the strategic relevance of the capstone project; collects and analyses minimum data to support recommendations; demonstrates ability to visualize or graphically present data analysis and findings; presentation of r results/findings is factual, with little support for recommendations	Outlines the strategic relevance of the capstone project; shows evidence of data collection and analysis that support recommendations; uses compelling visual or graphic presentation of data analysis and findings; presents results/findings, recommend. in compelling oral presentation	Persuasively defines strategic relevance of the capstone project; shows depth of data collection and analysis well mapped to project recommendations; expertly presents visual and graphic data analysis and findings; presents results/findings and recmd. in compelling oral presentation

Competency Assessment Crosswalks

UW MHA COMPETENCY COVERAGE ACROSS THE CURRICULUM
Program Assessment of Competencies in the **MHA** Curriculum

UW MHA Competency Domain	VALUES AND PROFESSIONAL IDENTITY				HEALTHCARE ENVIRONMENT			BUSINESS AND ANALYTIC SKILLS						INTERPERSONAL DYNAMICS			ADAPTIVE LEADERSHIP AND INNOVATION						
UW MHA Competency	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Q1																							
HSERV 511											X							X					X
HSMGMT 505													X										
HSMGMT 507														X	X								
HSMGMT 570																							
HSMGMT 579									X														
HSMGMT 592 I																							
Q2																							
HSMGMT 510																	X		X			X	
HSMGMT 514								X										X					
HSMGMT 531																				X			
HSMGMT 571																							
HSMGMT 513																							
HSMGMT 578										X									X				
HSMGMT 592 II																							
Q3																							
HSMGMT 501																							
HSMGMT 562									X														
HSMGMT 567																							
HSMGMT 592 III	X	X	X	X																			
Q4																							
HSERV 552							X									X							
HSMGMT 503																							X
HSMGMT 523						X																	
HSMGMT 568												X											
HSMGMT 592 IV																							
Q5																							
HSMGMT 500																							
HSMGMT 513																							
HSMGMT 552							X																
HSMGMT 592 V																							
Q6																							
HSMGMT 518					X		X																
HSMGMT 545			X							X	X	x				X	X	X					
HSMGMT 592 VI	X	X		X			X	X	X				X	X	X				X	X	X	X	X

UW MHA COMPETENCY COVERAGE ACROSS THE CURRICULUM
Program Assessment of Competencies in the **EMHA** Curriculum

UW MHA Competency Domain	VALUES AND PROFESSIONAL IDENTITY				HEALTHCARE ENVIRONMENT			BUSINESS AND ANALYTIC SKILLS						INTERPERSONAL DYNAMICS			ADAPTIVE LEADERSHIP AND INNOVATION						
UW MHA Competency	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**
Q1																							
HSMGMT 505	X												X										
HSMGMT 507 II														X	X								
HSERV 511					X													X					
HSMGMT 570																							
Q2																							
HSMGMT 510																	X		X			X	
HSMGMT 574																							
Q3									X														
HSMGMT 513																							
HSMGMT 531																				X			
HSMGMT 567										X													
HSMGMT 578																							X
Q4																							
HSMGMT 501																							
HSMGMT 514								X															
HSMGMT 568												X							X		X		
Q5																							
HSERV 552							X																
HSMGMT 562																		X					
HSMGMT 576																							
Q6																							
HSMGMT 507 II		X																					
HSMGMT 523						X														X			
HSMGMT 552							X																
Q7																							
HSMGMT 503																							X
HSMGMT 518				X	X		X																
HSMGMT 590	X			X					X														
Q8																							
HSMGMT 545			X		X					X	X	X					X						
HSMGMT 592	X	X		X		X	X	X	X				X	X	X	X		X	X	X	X	X	X

Appendix L: Measures of Student Satisfaction

M/HIHM

At the undergraduate and graduate programs request UWC² sends an annual recurring survey to graduates. The MHIHIM also conducts an internal exit survey with the graduation cohort. Key findings from the most recent surveys available are below. Additionally, mid-program (end of first year) program feedback sessions are conducted by the Program Director for the graduate students. *The Program advises caution when interpreting these results, as the response rates have been below 20% for the last five years.*

HIHIM: Sent November 22nd, 2022, closed December 20th.

Program Feedback

- 85.7% of respondents rated the overall quality of their preparation as a health informatics and health information management professional as either "Excellent (28.6%)" or "Good (57.1%)."
- According to respondents, the most valuable part of the program was both the core curriculum in health informatics and analysis (85.7%), and core curriculum in health leadership and strategy (85.7%).

Career Impact

- 85.7% said the program helped them secure new employment.
- All (100.0%) respondents would somewhat or strongly agree that the program helped them acquire the knowledge and skills necessary to function in their jobs.
- 57.1% of respondents said there are aspects of their current jobs that the program did not adequately prepare them for.

Credentials and Further Education

- 85.7% of respondents have not actively pursued attaining an RHIA credential.
- 0.0% of respondents are members of AHIMA.
- 14.3% of respondents are currently attending graduate school or another education program.

Employment Information

- 66.7% of respondents are employed full-time, while another 11.1% are not currently employed.
- A majority of respondents (66.7%) are not working in the same industry as they were before the degree program.

MHIHIM: Commissioned November 22nd, 2022, closed December 20th.

Program Feedback

- All respondents (100.0%) rated the overall quality of their preparation as a health informatics and health information management professional as "Excellent" (60.0%) or "Good" (40.0%).
- According to respondents, the most valuable parts of the program were the core curriculum in health leadership and strategy (100.0%) and core curriculum in health informatics and analysis (80.0%).

Career Impact

- All respondents (100.0%) reported that the program had a positive impact on their career. o 80.0% of respondents said that the program contributed to them securing new employment

- 80% of respondents said they strongly agree (60.0%) or somewhat agree (20.0%) that the program helped them acquire the knowledge and skills necessary to function in their jobs.
- 60.0% of respondents also said there are aspects of their current jobs that the program did not adequately prepare them for. These respondents said they would have liked greater focus on technical skills (i.e., Tableau, Power BI, SAS, R, etc.).

Credentials and Professional Organizations

- No respondents (0.0%) have earned a professional certification since completing the program.
- 60.0% of respondents are not a member of any professional organization.

Employment Information

- 42.9% of respondents are employed full-time and 42.9% of them looking for new or different employment.
- 50.0% of respondents are working in a different industry than the one they were working in before completing the degree program.

In accordance with CAHIIM requirements, alumni surveys are conducted every three years. Most recently, the alumni survey yielded a response rate of 25%, raising similar caution in interpreting the results. Key findings are below.

MHIHIM: Commissioned November 22nd, 2022, closed December 20th.

Career Outcomes

- 85.8% of respondents either somewhat or strongly agreed that the MHIHIM program helped them acquire the skills and knowledge necessary to function in their job. 7.1% of respondents either somewhat or strongly disagreed.
- 64.3% of respondents said that the program helped them secure new employment. 7.1% of respondents said the degree did not impact their career.
- Out of the respondents who said that the program had benefited their career, 53.8% said they saw the first benefit to their career within 1 year after graduation. 38.5% saw the first benefit to their career while enrolled.

Program Feedback

50.0% of respondents said there were aspects of their job the program did not prepare them for. These included technical skills, programming skills (Python, R, SQL), etc.

- 92.9% of respondents said the most valuable part of the program was the core curriculum in health informatics and analysis. 71.4% said the most valuable part of the program was core curriculum in health leadership and strategy.
- The skills respondents were most likely to describe as “Essential” were data management (92.9%), quality improvement (78.6%), and information management (78.6%).

Employment Profiles

- 85.7% of respondents reported that they were employed full-time. 7.1% were looking for new or different employment, and 0.0% were not currently employed.
- 75.0% of respondents were working in the same field as they were before completing their degree.

E/MHA

The in-residence program conducts exit interviews annually. In accordance with CAHME requirements, alumni surveys are conducted every three years. Key findings from recent years are summarized below.

MHA

Summary of MHA Exit Interviews for 2023 Graduating Cohort

The following is a summary of the major themes that emerged from the exit interviews conducted with members of the 2023 graduating MHA cohort.

Curriculum and courses:

- More emphasis on 'hard' skills, defined as analytics, accounting, finance and statistics. The 'soft' skills are highly valued and important but there is too much of an emphasis in this area and too much repetition over the course of the program.
- Students recognize the importance of the fixed curriculum to ensure that program competencies are met but ideally there would be an opportunity for electives (NOTE: when this issue came up, I explained that the program financial model also made this difficult).
- Courses should find a better balance between too much detail (Christina's class was mentioned in this regard) and too superficial coverage. The goal should be instilling employable skills. In that regard, when possible, courses should focus on preparing students for certification in that area – project management, quality and population health could all be tailored to allow students that wish to proceed to professional certification.
- Group assignments without individual student accountability is a universal concern. Students know that they can get away with doing little or no work on group projects and reject the contention that team members are responsible for ensuring that all team members contribute, and that faculty should be more accountable for this role.
- The predominant viewpoint is that courses have too many guest speakers and in addition, the guest speakers are often not speaking directly to the material being covered in class. Guest speakers should be brought in specifically and only to supplement the instructor's presentation.
- Faculty should use canvas to post assignments and grades. Several students offered that some faculty never post grades and thus students do not know how they are performing in class.
- Course materials – canvas site, syllabi, presentation of grading rubrics – should be standardized.
- Other skills to include in curriculum:
    - Negotiating
    - Labor management
    - Data visualization

Faculty engagement:

- Faculty advisors must do more direct outreach to students. There is a great deal and too much variety in faculty engagement, but all faculty must be directed to reach out to students early and more than occasionally.
- With too few exceptions, faculty provide little substantive feedback on assignments, regardless of the grade the student earned. There were multiple concerns that an A grade accompanied by "good job" as the only comment provided no opportunity for growth and self-improvement.

Similarly, cursory explanations for why a student may have lost points on an assignment where not accompanied by any detail on which the student could build.

Professional Development:

- No one was satisfied with the amount of professional development support. I know that there were a variety of offerings that students did not always take advantage of but the net outcome is that there is a gap between what the program believes it can and should do and what the students want and make use of. Fixing this is a must.
- There was universal dissatisfaction with the amount of program support for internship and fellowship preparation.
- The program should revise how it approaches case competitions. Student participants learn from other university teams of the broader programmatic focus on selecting and preparing students for the case competitions. If the program continues to participate in these competitions, our teams should be better prepared.
- Better efforts should be made to highlight students – although the program likely cannot afford the marketing efforts that other programs conduct but digital media should be used to spotlight our students.
- This will also come up in the discussion of 592, but however this course is changed it must be better linked to professional development.

HSMGMT 592 two year seminar course sequence

592 has its own category as comments about this course sequence were common to more interviews than any other topic. These comments are offered even though 592 is being restricted and some of these student concerns may no longer be relevant.

- Students stressed they had zero doubts about the faculty's concern about their experience. All comments are offered as hopefully constructive feedback.
- 592's goals are not clear. There was consistent feedback that it was a course in search of a purpose.
- Guest speakers should focus on career trajectory topics. In that vein, speakers should be more mid-level people in the midst of their career with better knowledge of current market forces.
- More focus on professional development – enhancing specific job market skills.

General comments:

- International students need more support navigating university and US bureaucracies. As the program recruits more students from outside the US this will become a critical component of program administration.
- There should be more opportunities to engage with executive students.
- Several students noted the variation in student preparation for the program and are aware that the program may be admitting students that are not as academically or professionally sophisticated as other cohort members. This creates challenges for cohort cohesion.
- Several students noted a misplaced emphasis on DEI. Too much talking – and talking about the same things, rather actionable steps.
- Several students had wanted more networking opportunities with executive students and alums.

MHA In-Residence Program
Exit Interview Themes (6-20-2021)

1. What are the top 3 or 4 things the program should keep doing to facilitate student success?

Program Curriculum

Course Sequence

- A well-balanced curriculum with a course sequence that was well designed. The front loaded in class work prepared students for internships and capstone projects
- The required seminar (HSMGT 592) offered every quarter provided continuity and created links to the entire curriculum

The program's focus on **Critical Thinking and Organizational Behavior** were highlights strengths, with students identifying team leadership and dynamics, resilience and organizational ethics as most directly relevant to career pathways

Experiential learning projects, such as class-based consulting projects, capstone and internships added a great deal to the program

General curriculum comments

- Appreciation for the financial and quantitative classes (statistics and modeling) classes
- Several classes were more challenging than expected (e.g., stats, finance, strategy, policy, ethics, law) but the challenges led to a greater understanding of the material and how to apply this knowledge to health care
- The program was supportive in allowing students to pursuing their vision and ideas (e.g., climate change, EDI)
- Population health class was a huge favorite

Speakers

The use of a diverse array of guest speakers from a wide range of public and private organizations allowed students to see the practical aspects of their classroom learnings

Team Based Learning Model

- Students identified the program's team-based model as key to their success. Students raised the value of the being able to develop and hone their leadership and interpersonal skills, the bonding that this model allows students to achieve and the ability to explore one's strengths and identify areas for improvement that the team-based model affords.
- Several students raised concerns about the difficulty of creating individual and joint accountability within team-based work

Professional Development

- Students spoke glowingly about the Professional Development and the work of the Professional Development specialist, Erica Ratner, in developing programming that enhanced career opportunities, one on one help with resume development and interview preparation for internships and fellowships and exposure to regional healthcare community (alumni, community partners)
- The MHA Student Association provides leadership opportunities

- Having faculty and peer mentors that provide academic, career and personal mentoring throughout the two years of the program

The Program's genuine commitment to **Equity, Diversity and Inclusion (EDI)** in student recruitment, faculty composition and guest speakers

The **faculty and staff maintain an** open-door policy and are accommodating to students and what's going on inside and out of the classroom

2. What can the program do better? Did we miss something?

Several items students raised were linked to Covid driven factors and we have included those issues within broader comments related to the program

Students suggested a **better communication strategy** that includes more coordinated and actionable information about university and programmatic matters

Several students suggested that the **admissions process** better identify students that have a strong commitment to careers in health care administration

Despite a broad appreciation for the curriculum and course sequence, several students suggested **some changes** including moving some second to the first year of the program, a greater emphasis on value-based care, more attention to alternative health care delivery models such as FQHCs, CHCs and tribal health, deeper dives into critical health care issues such as behavioral health and a greater emphasis on public health.

Despite the efforts paid to **EDI,** students suggested what else we could do including establishing a more diverse faculty and using a more diverse set of guest speakers and providing more EDI training for students.

3. How has the program affected your growth over the two years?

Students commented on several ways in which they felt the program contributed to their growth

The program's focus on critical thinking and our professional development program allowed students to enhance their **team building, networking, public speaking, communication and presentation skills.** Several students commented on their **increased confidence** and ability to **move out of their comfort zone** and take professional risks.

Students appreciated the way they were **pushed to excel** in their skill development and health care specific knowledge as well as 'harder skills' such as **accounting and quantitative analysis**.

Students were encouraged to take on **leadership roles** and felt empowered to **develop new relationships** among peers and in the professional circles they will soon join.

4. What criteria would you use to select the next cohort of students? (Who would you want to have participating with you in the classroom?)

Students identified several themes that might improve how we select students for the program:

The most consistent topic students raised was to ensure that incoming classes reflect the full range of **diversity** with the United States. Every aspect of diversity should be assessed: racial and ethnic, socio-

economic, geographic, reasons for seeking careers in health care administration, should all factor into the decision to offer admission to the program.

Incoming students should demonstrate a **passion** for health care and demonstrate a propensity for **critical thinking**, **strong quantitative and writing skills, a knowledge of US health care and more experience within US health care** and a desire and capacity to work within **a team-based model.**

5. Was the MHA classroom environment a safe one for you?
Students commented that overall, **classes have been welcoming and feel safe to speak up, but that At times,** but when the **classroom environment could be challenging students worked to lean into the discomfort.** One student commented that **she never felt she couldn't speak her mind** and another said **she never felt judged**

Supplementing these interviews, a graduate satisfaction survey is conducted by the program and reported to CAHME annually. Program information may be found on the public website at https://advance.cahme.org/SELECT.php?q=university+of+washington.

6. Is there anything else you'd like to add?
Students commented on their ability to build a network within the region that was supported by the extensive program alumni community.

The team-based model, the use of real-world examples in every class and the use of the Middleboro Case Competition to foster business, strategic and problem-solving skills.

EMHA
In the EMHA program, the MHA Program Director has conducted informal listening sessions on program satisfaction annually. Session timing has been intermittent in recent years, ranging from the midpoint at end of year one to the final quarter of the curriculum. Records of these listening sessions are not distributed.

Supplementing these interviews, a graduate satisfaction survey is conducted by the program and reported to CAHME annually. Program information may be found on the public website at https://advance.cahme.org/SELECT.php?q=university+of+washington.

MHA/EMHA

The program alumni are surveyed every three years for curriculum and competency gaps. The 2021 survey result provided insight into areas of future competency and curriculum development and directions. A report of that result follows.

2021 Alumni Survey Results

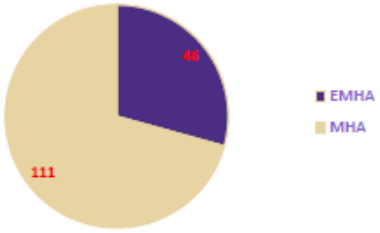
MHA

SCHOOL OF PUBLIC HEALTH
UNIVERSITY of WASHINGTON

Final tally

> 163 responses received
> 157 verified responses used

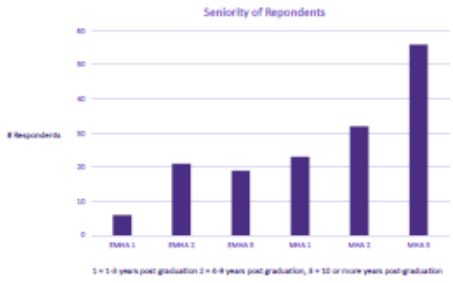
Reponses by Program



Responses Coded by Seniority

- The codes for "seniority"
  - Level 1 = 1-3 years post graduation
  - Level 2 = 4-9 years post graduation
  - Level 3 = 10 or more years post-graduation

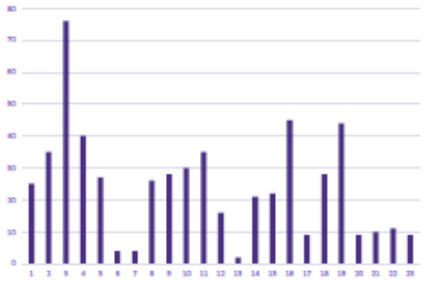
Responses Coded by Seniority (table)



Competency Development Ranking

- Prompt: Please select (from list) the top three priority areas in competency development for health care administration today

Competency Development Ranking (Chart: All results)



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Most commonly selected competencies in "top three"

- Prompt: Please select (from list) the top three priority areas in competency development for health care administration today

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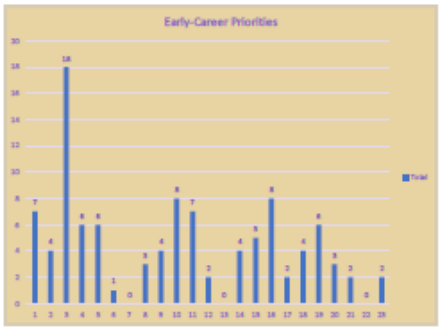
Competency Development Ranking (Chart: Seniority Tiers)



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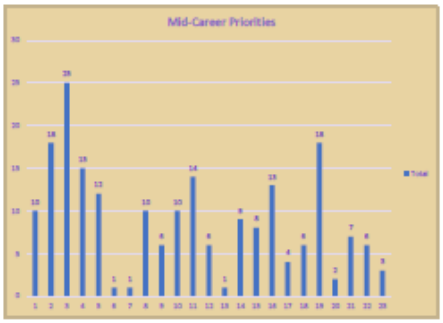
Competency Development Ranking (Chart: Seniority Tiers)



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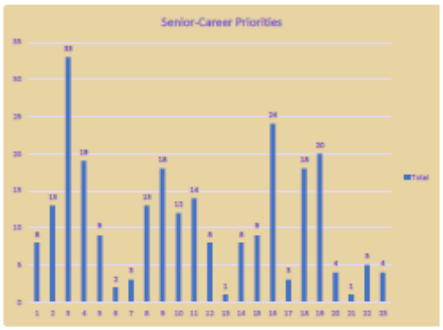
Competency Development Ranking (Chart: Seniority Tiers)



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Competency Development Ranking (Chart: Seniority Tiers)

3. *Uses* critical, creative, and innovative thinking skills and frameworks for decision-making.

16. *Communicates* effectively to diverse audiences through writing, speaking, and presenting.

19. *Demonstrates* the ability to lead change to accomplish organizational strategic goals.

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"What new certificates/training should MHA develop?" (List)

- Data/Financial Analysis/Analytics (78)
- Leadership/Teams/EQ/Conflict Resolution/Change (36)
- Performance Improvement/Delivery/Population Health (22)
- Payment models/Insurance (19)
- Management/Project Management (17)
- "NONE" (13)
- Technology/Digital Transformation (10)
- Policy/Research (7)
- Specific Branded Certificate programs, e.g. PMP, CPHQ, Lean, CAPM, Green Belt, others (7)

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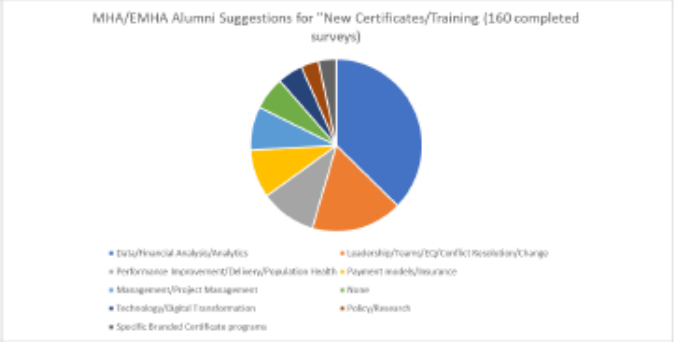
"What new certificates/training should MHA develop?" (Chart)



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Appendix M: Program Evaluation Plans

CAHIIM and CAHME require that programs have an annual evaluation process and plan. They are designed to be used as an ongoing assessment tool with required goals and realistic, customized, and measurable program target outcomes. The HIHIM undergraduate program and the graduate program annually provide evaluation plans measuring and monitoring performance and improvements using a CAHIIM provided Program Evaluation Plan (PEP) spreadsheet template. Recent PEPs are provided as supplemental documents to this self-study.

The MHA Program adopted CAHME requirements for program evaluation into a three year (with annual measurements) strategic and operational plan. The latest version (AUT 2021) of the MHA Strategic Plan is provided as a supplemental document to this self-study. The plan was deferred in 2022, the year of an Interim Program Director, and is being reconceived under new leadership for 2023.