

# PROPOSAL FOR NEW MASTERS PROGRAM

University of Louisville

Institution Submitting Proposal

Master of Science in Health Administration

Degree Designation as on Diploma

MSHA

Title of Proposed Degree Program

EEO Status

CIP Code

Academic Unit (e.g. Department, Division, School)

Name of Academic Unit

Name of Program Director

Intended Date of Implementation

Anticipated Date for Granting First Degrees

Date of Governing Board Approval

Name, Title and Information of Contact Person

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Fall 2018

Summer 2020

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## Introduction

The Department of Health Management and Systems Sciences (HMSS) proposes the Master of Science in Health Administration degree for students with no healthcare experience (MSHA) and a modified curriculum for working mid-career executives (executive MSHA). Figure (1) outlines the two tracks and the differences in student enrollment and course delivery. Evening track students may be enrolled full or part-time. Executive track students must be enrolled full-time (cohort model). As major policy reforms propel widespread disruption across the entire health care delivery system, HMSS recognizes the need to train and further educate a broad cadre of skilled leaders and managers to meet immediate and critical organizational and system-wide challenges.

Please note the different track options for applicants.

- Evening track enrollment: Those entering the MSHA evening track must have less than five years of working experience.
- Executive track enrollment: Students entering the MSHA executive track must have a minimum of five years working experience. Preference will be given to students with health care related work experience.

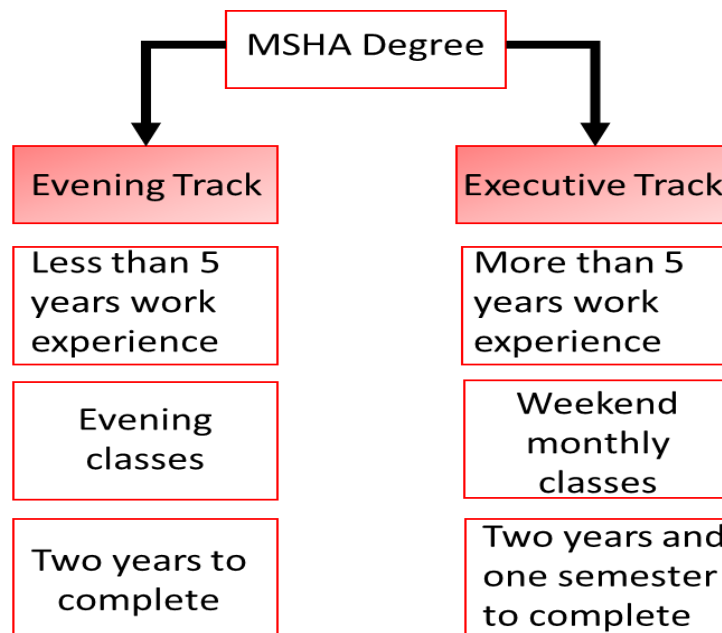


Figure (1) – Dual tracks of MSHA Program

HMSS has built an internal core leadership team to design a program intended to deepen knowledge of environments, processes, structures, and strategies that are driving disruption in health care. The curriculum has 3 main components beginning with an exploration of broad principles and key influencers of leading health care organizations, moving to an examination of evidence-based and data-driven frameworks for strategic leadership and effective management of health care organizations and issues, and then to an analysis of the external health care and policy environments that impact population and community health care management.

## Evaluation Criteria

### A. Centrality to the Institution's Mission and Consistency with State's Goals

#### A.1. Program Objectives

The Program's objectives are the following integrating competency domain categories adapted from the Commission on the Accreditation of Healthcare Management Education (CAHME) [[www.cahme.org](http://www.cahme.org)]. Students graduating from the Program will have expertise in:

**Management and leadership:** This domain includes competencies related to a student's ability to successfully pursue organizational goals that are accomplished through and in collaboration with others. The following are examples of the kinds of competencies that may fall into this domain: Change Leadership, Human Resource Management, Impact & Influence, Initiative, IT Management, Innovative Thinking, Organizational Awareness, Project Management, Public Health Methods, Strategic Orientation, and Talent Development.

**Critical thinking, analysis, and problem solving:** This domain includes competencies related to the appropriate use of information, data, and judgment to inform sound management decisions. The following are examples of the kinds of competencies that may fall into this domain: Analytical Thinking, Financial Management, Information Seeking, Performance Measurement, and Process Management.

**Communications and interpersonal effectiveness:** "Communications" includes competencies associated with giving and receiving of information between an individual and other individuals or groups. "Interpersonal effectiveness" involves competencies associated with developing and maintaining effective working relationships with others. The following are examples of the kinds of competencies that may fall into this domain: Collaboration, Oral Communications, Relationship Building, and Written Communications.

**Professionalism and ethics:** This domain includes competencies that relate to upholding high professional and ethical standards. The following are examples of the kinds of competencies that may fall into this domain: Orientation, Ethical decision-making, Professionalism, Accountability, Acting with Integrity, Achievement and Self-Confidence.

#### A.2. Program and University's Mission and Strategic Plan

The Program has a strong fit within the University's mission statement:

*"The University of Louisville pursues excellence and inclusiveness in its work to educate and serve its community through:*

- 1. teaching diverse undergraduate, graduate, and professional students in order to develop engaged citizens, leaders, and scholars,*
- 2. practicing and applying research, scholarship and creative activity, and*
- 3. providing engaged service and outreach that improve the quality of life for local and global communities.*

*The University is committed to achieving preeminence as a nationally recognized metropolitan research university."*

This proposed MSHA degree program reinforces our commitment to advancing our mission and is a logical outgrowth of many of the programs and activities that are already in place. We believe we are well positioned to deliver this curriculum because of our established educational platform in SPHIS; direct access to leaders in health care reform; the strength and status of our HMSS and SPHIS faculty; and our close and collaborative relationships with the Louisville-metro health care industry that will provide financial resources and student access to create a degree program second to none. Specifically, the program addresses these interrelated strategic areas as identified with the University's strategic plan "The 2020 Plan: Making It Happen" in the following ways:

- (1) Educational Excellence: The four program objectives presented in section A.1. are state of the art in healthcare management training at the Masters level. This Program is designed to provide a first-rate and second-to-none exceptional experience for mid-career professionals seeking to achieve their personal career objectives within the healthcare industry.
- (2) Research, Scholarship, and Creative Activity: The Program has a culminating capstone course that is an applied management experience in the healthcare industry. Students assist organizations in solving real-world and real-time problems using critical-thinking and problem-solving skills gained in the curriculum. Projects throughout the Program are linked to the healthcare industry, practicing managers, SPHIS faculty, and graduate students. Students will be able to participate in research projects via multiple research centers housed within SPHIS and expect that these projects could lead to authorship opportunities in peer reviewed journals.

National Science Foundation (NSF) Center for Health Organization Transformation (CHOT) – UofL was recently awarded a new NSF Industry/University Cooperative Research Center (I/UCRC) site award. This new activity will greatly enhance UofL's masters and doctoral level education, research, and links to the practice community. UofL CHOT will increase collaboration within local hospitals and healthcare organizations, as well as impact under-served populations and the population at large. Lessons from KY and CHOT will be shared so they can be applied both locally and across the nation. Students will participate in these activities within health industry organizations and this will make them very competitive for job opportunities post-graduation. Faculty will bring relevant real-time problems into the classroom and this will greatly enhance the relevance of the curriculum.

- (3) Community Engagement: Most, if not all, of the courses in the curriculum will be linked with presenters, projects, and or site visits within the Louisville community. The majority of the students that enroll in this Program will be mid-career employees in the Louisville area. The local healthcare industry is a strong supporter of the Program and it has been developed with their input. A Program advisory committee will be formed to provide stakeholder input about the quality and strategic direction of the Program. Projects within courses will primarily be Louisville-based and will provide answers to real problems and thus real value to the community.

UofL CHOT requires that industry members guide research and participate in all aspects of the projects that are produced within the center. These activities require a strong community engagement that feeds into the quality and relevance of the proposed new degree.

- (4) Diversity, Opportunity and Social Justice: Social justice and health equity are integral aspects of healthcare management education and are woven throughout the curriculum. In particular, “Managing Healthcare Organizations”, “Health Law & Ethics”, and “Population Health Management” explore the healthcare industry as a dynamic system, with special attention to cultural diversity as a function of heritage, ethnicity, language, socioeconomic status, and generation. These and other courses expose students to how these issues can impact financial performance, access to care, inequalities, and poor patient healthcare outcomes. Communication is an area that is emphasized in literally every course in the curriculum as managers must be able to lead organizations and communicate ideas and strategies to their workforce. Conducting this communication within complex and diverse populations is emphasized in the program.
- (5) Creative and Responsible Stewardship: Two courses in the curriculum, “Managing Healthcare Organizations” and “Population Health Management” provide introductions and exploration of the relationships between the environment, both natural and built, and the community’s health. Not only is it a societal goal to be good stewards of the natural and built environment, but there are economic and healthcare quality goals that make these issues very important for healthcare executives.

### **A.3. Program and Kentucky’s Postsecondary Education Strategic Agenda**

Section 14.2 of Kentucky’s developmental goals for the public health workforce, set out by the Cabinet for Health and Family Services, states, “Increase the number of schools training public health workers that integrate specific training in the essential public health services into their curricula.”<sup>1</sup> The UofL MSHA will meet these goals within its curriculum. The degree will be offered through a School of Public Health and we anticipate that many graduates will enter the public health workforce.

The Kentucky Institute of Public Health Practice Enhancement has also called for additional trained public health professionals for the Commonwealth: “Recent national studies have reported a shortage of trained public health professionals. In Kentucky, more than half of the public health workforce lacks formal education/training in the essential services of the core functions of public health. The viability of the public health infrastructure in the Commonwealth depends on a capable workforce fully competent to respond to the challenge of assuring health to all Kentuckians.”<sup>2</sup>

In addition to the Commonwealth, there is a national shortage of public health professionals that has resulted in a call for more education of public health workers. One barrier to strengthening the public health workforce is the “lack of formal training in public health and in the application of broad public health competencies to emerging new functions.”

Within the health services sector of Public Health, the US Bureau of Labor Statistics Occupational Outlook Handbook has identified the increasing “baby boomer” health care needs as driving higher

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<sup>1</sup> Kentucky Cabinet for Health and Family Services, “Healthy Kentuckians 2010 Mid-Decade Review, Ch. 14 Public Health Infrastructure,” March 2006, p. 61. <<http://chfs.ky.gov/NR/rdonlyres/85F4C333-8D69-4CCB-8D1F-A61A83320A78/0/MidDecadeReviewSummaryFinalPDF.pdf>>.

<sup>2</sup> Kentucky Institute of Public Health Practice Enhancement website, last updated February 15, 2010. <<http://www.mc.uky.edu/kiphe/index.html>>, accessed 03/13/12 22:35.

demand for the health management occupation. From 2014 – 2024, growth in this occupation is expected to be 17%. It is anticipated that the growth in this field will be a faster growth rate than all occupations (7%) and management occupations (6%). Those employed as health managers mean pay in 2015 was \$94,500. The source of this growth is multifaceted:

*“Employment is projected to grow in offices of health practitioners. Many services previously provided in hospitals will shift to these settings, especially as medical technologies improve. Demand in medical group practice management is projected to grow as medical group practices become larger and more complex. In addition, widespread use of electronic health records (EHRs) will continue to create demand for managers with knowledge of health information technology (IT) and informatics systems. Medical and health services managers will be needed to organize, manage, and integrate these records across areas of the healthcare industry.”*

The Commission on the Accreditation of Healthcare Management Education (CAHME) is the accrediting body for graduate programs in health management in the United States. There are currently no CAHME accredited programs for working mid-career professionals in Kentucky and one CAHME accredited Program for non-working professionals. The local working professional health management degree offerings are all within non-CAHME accredited programs and exist in various delivery formats, although most are online programs. The proposed HMSS MSHA Program is being designed at the onset to be CAHME accredited within the minimum timeframe that is allowed by the accrediting body. Indiana University, University of Kentucky, University of Memphis, and Xavier University offer traditional day Programs that are CAHME accredited, but do not meet the needs of the working mid-career professional. The University of Louisville MSHA Program will cater to mid-career executives (courses offered once a month during weekends).

Business schools (including those at University of Louisville and University of Kentucky) offer executive programs with health care concentrations and there are many online degree options available to mid-career professionals. None of these programs are CAHME accredited within the market area. In addition, business schools typically provide excellent general business skills, but do not provide the context specific skills that health care managers will need if they want to understand quality management, population health, community assessment, and health care contextual issues (e.g., health policy, health insurance, and health care finance) that impact the delivery of care in health care organizations. Graduates of the MSHA Program will have a solid foundation in the principles and issues in public health from a population health perspective.

#### **A.4. Program and Kentucky’s Plan for Implementing Strategic Agenda**

In the 2016-2021 Strategic Agenda “Stronger by Degrees: A Plan to Create a More Educated & Prosperous Kentucky”<sup>3</sup>, the Kentucky Council on Postsecondary Education presents a set of eleven policy objectives in the agenda. The MSHA furthers the implementation plan primarily in the following objectives and strategies (which are reproduced in italics for contextual orientation).

- **Policy Objective 3:** *Increase participation in postsecondary education, particularly among traditionally underserved populations*

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<sup>3</sup> Kentucky Council on Postsecondary Education <http://cpe.ky.gov/ourwork/strongerbydegrees.html>

- **Strategy 3.2:** *Expand the availability of flexible, affordable, competency-based postsecondary programs like Commonwealth College, as well as other innovative strategies like Project Graduate and employer partnerships that encourage and support working-age adults to pursue job-enhancing postsecondary credentials.*
  - The MSHA Program will serve as a feeder degree for graduates of the UofL Health Leadership Competency-Based Education Program.
  - The curriculum is offered over one weekend a month (for experienced, mid-level career students). This allows our students to work full time while completing their degrees. They can also take advantage of employer tuition reimbursement programs with this curriculum structure.
- **Policy Objective 4:** *Improve the education and skill levels of Kentucky adult education students to prepare them for careers and/or postsecondary education.*
  - **Strategy 4.2:** *Strengthen partnerships with business and industry, workforce partner agencies, institutions of higher education, and other organizations that lead to increased student enrollment and engagement in adult education programs.*
    - The table below identifies the organizations that were contacted about this proposed degree offering. Given the emphasis of the UofL MSHA Program on health organization leadership, it follows that all of the organizations interviewed were extremely enthusiastic about a potentially new CAHME accredited MSHA Program at the University of Louisville. This is seen in the Louisville health industry community as a weakness in the educational offerings within the marketplace. Their employees need the training and the high quality MSHA Programs require a commitment to allow their employees to travel sometimes great distances to earn their MSHA degrees. The proposed HMSS MSHA would solve this problem.

Name of Organization	Supportive?	Employees Interested
Baptist Health System	Yes	Yes
Christian Care Communities	Yes	Yes
Humana	Yes	Yes
KentuckyOne Health System	Yes	Yes
Kindred Health System	Yes	Yes
Norton Health System	Yes	Yes
Passport Health Plan	Yes	Yes

- A UofL Healthcare Leadership Advisory Board was created in 2016 that most recently met on October 27, 2017. The board’s membership includes 18 healthcare executives that represent 16 healthcare companies in the region. The minutes from the most recent meeting and a list of the members are included in appendix (3). All members expressed enthusiasm about this proposed degree and see it filling a need within their organizations. Also included in appendix (3) is a letter from the Kentucky Chapter of the American College of Healthcare Executives (ACHE), the professional organization for healthcare managers in Kentucky. Kentucky ACHE sees the proposed degree program filling a void within Louisville and supports the creation of the program.



- **Policy Objective 6:** *Increase persistence and timely completion for all students at all levels, particularly for low-income and underrepresented minority students.*
  - **Strategy 6.1:** *Improve student advising by faculty and professional advisors by focusing on effective practices and the role of advising in retention and graduation.*
    - CAHME, the MSHA accrediting body, provides very specific guidance on how to structure advising practices that insure excellent retention and good employment opportunities for graduates. All MSHA graduates are expected to be employed within 90-days of graduating from a CAHME accredited Program. The advising processes for both faculty and mentors within the healthcare executive community are designed to achieve that outcome.
    - The UofL MSHA faculty is very diverse (both in gender and ethnicity) and located within an urban setting. The Program will have access to a very diverse potential student population and this has historically been part of the mission of the University.
  
- **Policy Objective 8:** *Promote academic excellence through improvements in teaching and learning.*
  - **Strategy 8.2:** *Provide more pedagogical training and professional development opportunities to strengthen learning and improve student success.*
    - Because healthcare management is an information-intensive, team-based field that adopts any technology that helps get the job done, all required courses and required supporting courses (“selectives”) in the Program include the use of data, information, team-based learning techniques, research methods, or technology, most more than one of these and many all four. (For complete details, see the full listing of coursework in [section B.12](#), below.)
    - The Program’s courses are designed to include i2a principles, especially active learning (e.g., think-pair-share, iClickers). Active learning aims to establish and maintain cognitively active students in the classroom for lectures, group activities, and other pedagogical techniques. The intent is not only to improve learning and thinking but also to develop lifelong learners and to increase retention and graduation rates.
    - These teaching techniques are non-traditional and require educating faculty using UofL resources like the Delphi Center to improve pedagogical capabilities.
  
- **Policy Objective 9:** *Improve the career readiness of postsecondary educational graduates.*
  - **Strategy 9.1:** *Make career development a state and institutional priority and a key strategy for student success. Improve career development through earlier advising efforts, clearly articulated career pathways, degree maps, tools that match skills to jobs and students with employers, and entrepreneurship training.*
    - A great deal of emphasis is placed on developing students throughout the curriculum for their next job. The Health Systems Leadership course lays the foundation in the first semester and teaches students career, professional, and job-search related skills that will be honed during their time in the Program.
    - An advisor is assigned to each student based on his or her career emphasis. The advisor works closely with the student to make sure that he or she is prepared to maximize job prospects at graduation.

- The Program administrative staff will link students with career services within UofL as appropriate. These can include basics like resume writing and job searching, but can also include topics like interviewing skills and salary negotiating.
  - **Strategy 9.4:** *Work with the employer community, foundations, and state agencies to provide “work and learn” opportunities, including experiential or project-based learning, co-ops, internships, externships, and clinical experiences.*
    - Employers serve as instructors, presenters, and collaborators throughout the MSHA curriculum.
    - All of the MSHA courses draw from real world projects gathered from the local healthcare industry.
    - Students can apply what they learn in class for a real-time return on investment in their jobs. Thus, employers receive an almost immediate return on their educational dollar investment through a “learn and work” model.
  - **Strategy 9.5:** *Promote regular, meaningful employer involvement in the development and evaluation of postsecondary programs that are relevant to their business/industry.*
    - The MSHA advisory board will consist of healthcare industry partners and employers in the Louisville-metro area.
    - The healthcare industry was consulted about the MSHA curriculum and continues to offer quality improvements through meetings and solicited feedback.
- **Policy Objective 11:** *Expand regional partnerships, outreach and public service that improve the health and quality of life of Kentucky communities.*
  - Strategy 11.1: The MSHA Program and its population health leadership focus will graduate students with a skillset that will enhance the quality of healthcare received within Kentucky communities.
  - Strategy 11.2: The MSHA curriculum was developed in consultation with industry leaders about best practices for entry-level and mid-career managers within the healthcare industry.

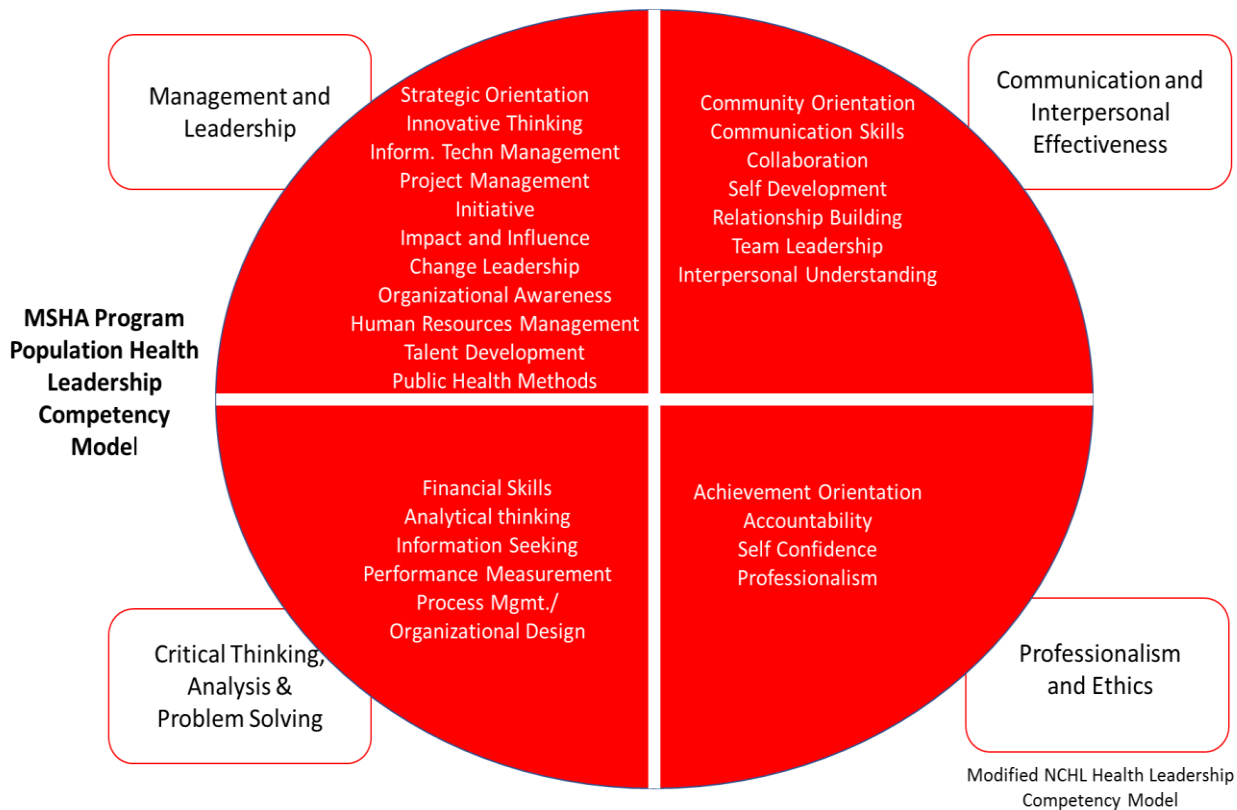
## **B. Program Quality and Student Success**

### **B.1. Student Learning Outcomes of the Program**

The Program will use the University of Louisville’s Population Health Leadership (PHL) Competency Model. This competency model is a modified version of the National Center for Health Care Leadership (NCHL) competency model.<sup>4</sup> Dr. Johnson directed health management programs that were original demonstration sites for the NCHL competency integration in health management education. The PHL model will guide the curriculum and developmental experiences in the degree by a minimum assessed demonstration level of the 27 competencies. The competencies are grouped into four areas, as shown below.

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<sup>4</sup> National Center for Healthcare Leadership <http://www.nchl.org/static.asp?path=2852.3238>



Here is a description of each competency students will attain by student learning objective (SLO) in the MSHA Program:

### SLO Management & Leadership

**Strategic Orientation-** The ability to draw implications and conclusions in light of the business, economic, demographic, ethno- cultural, political, and regulatory trends and developments, and to use these insights to develop an evolving vision for the organization and the health industry that results in long- term success and viability.

**Innovative Thinking-** The ability to apply complex concepts, develop creative solutions, or adapt previous solutions in new ways for breakthrough thinking in the field.

**Information Technology Management-** The ability to see the potential in and understand the use of administrative and clinical information technology and decision- support tools in process and

**Project Management-** The ability to plan, execute, and oversee a multi- year, large- scale project involving significant resources, scope, and impact. Examples include the construction of a major building, implementation of an enterprise- wide system (patient tracking, SAP), or development of a new service line.

**Initiative-** The ability to anticipate obstacles, developments, and problems by looking ahead several months to over a year.

**Impact and Influence-** The ability to persuade and convince others (individuals or groups) to support a point of view, position, or recommendation.

**Change Leadership-** The ability to energize stakeholders and sustain their commitment to changes in approaches, processes, and strategies.

**Organizational Awareness-** The ability to understand and learn the formal and informal decision- making structures and power relationships in an organization or industry (e.g., stakeholders, suppliers). This includes the ability to identify who the real decision makers are and

the individuals who can influence them, and to predict how new events will affect individuals and groups within the organization.

**Human Resources Management-** The ability to implement staff development and other management practices that represent contemporary best practices, comply with legal and regulatory requirements, and optimize the performance of the workforce, including performance assessments, alternative compensation and benefit methods, and the alignment of human resource practices and processes to meet the strategic goals of the organization.

**Talent Development-** The drive to build the breadth and depth of the organization's human capability, including supporting top- performing people and taking a personal interest in coaching and mentoring high- potential leaders.

**Public Health Methods-** To ensure healthy conditions, public health incorporates diverse public and private stakeholders working in different ways to advance society's health. Thus, population health (i.e., the health of populations) is the ultimate goal; we must employ public health methods and approaches to achieve it.

### **SLO Critical Thinking, Analysis, & Problem Solving**

**Financial Skills-** The ability to understand and explain financial and accounting information, prepare and manage budgets, and make sound long- term investment decisions.

**Analytical Thinking-** The ability to understand a situation, issue, or problem by breaking it into smaller pieces or tracing its implications in a step- by- step way. It includes organizing the parts of a situation, issue, or problem systematically; making systematic comparisons of different features or aspects; setting priorities on a rational basis; and identifying time sequences, causal relationships, or if- then relationships.

**Information Seeking-** An underlying curiosity and desire to know more about things, people, or issues, including the desire for knowledge and staying current with health, organizational, industry, and professional trends and developments.

**Performance Measurement-** The ability to understand and use statistical and financial methods and metrics to set goals and measure clinical as well as organizational performance; commitment to and employment of evidence- based techniques.

**Process Management/Organizational Design-** The ability to analyze and design or improve an organizational process, including incorporating the principles of quality management as well as customer satisfaction.

### **SLO Communication and Interpersonal Effectiveness**

**Community Orientation-** The ability to align one's own and the organization's priorities with the needs and values of the community, including its cultural and ethnocentric values and to move health forward in line with population- based wellness needs and national health agenda.

**Communication Skills-** The ability to speak and write in a clear, logical, and grammatical manner in formal and informal situations, to prepare cogent business presentations, and to facilitate a group.

**Collaboration-** The ability to work cooperatively with others as part of a team or group, including demonstrating positive attitudes about the team, its members, and its ability to get its mission accomplished.

**Self Development-** The ability to see an accurate view of one's own strengths and development needs, including one's impact on others. A willingness to address needs through reflective, self- directed learning and trying new leadership approaches.

**Relationship Building-** The ability to establish, build, and sustain professional contacts for the purpose of building networks of people with similar goals and that support similar interests.

**Team Leadership-** The ability to see oneself as a leader of others, from forming a top team that possesses balanced capabilities to setting the mission, values, and norms, as well as holding the team members accountable individually and as a group for results.

**Interpersonal Understanding-** The ability to accurately hear and understand the unspoken or partly expressed thoughts, feelings, and concerns of others.

### **SLO Professionalism & Ethics**

**Achievement Orientation-** A concern for surpassing a standard of excellence. The standard may be one's own past performance (striving for improvement); an objective measure (results orientation); outperforming others (competitiveness); challenging goals, or something that has not been done previously (innovation).

**Accountability-** The ability to hold people accountable to standards of performance or ensure compliance using the power of one's position or force of personality appropriately and effectively, with the long-term good of the organization in mind.

**Self Confidence-** A belief and conviction in one's own ability, success, and decisions or opinions when executing plans and addressing challenges.

**Professionalism-** The demonstration of ethics and professional practices, as well as stimulating social accountability and community stewardship. The desire to act in a way that is consistent with one's values and what one says is important.

### **B.2. Achievement of Student Learning Outcomes**

Each of the PHL competencies are mapped to the course learning objectives within the curriculum. Based on the Bloom's taxonomy for the learning objective and the competency level (a complete description of the PHL competency levels can be found in appendix 1), assessments are assigned for the competency within the course. Appendix 2 is a mapping of the PHL competencies to courses within the curriculum.

The success of the curriculum in teaching competencies is measured in the following ways:

- (1) Self-Assessments during the Program – Each student will do a set of self-assessments that measure their self-rated competency attainment along the different NCHL domains. These assessments are completed at the beginning, middle, and end of the Program. In addition, there are self-assessments built into many of the courses in the curriculum.
- (2) Exit interview – All graduating students complete an online assessment and are interviewed by the Program Director to determine how successfully the curriculum improved the student's competency attainment while in the Program.
- (3) Alumni survey – All graduates will be asked to respond to a survey three and five years post-graduation. These surveys will measure how they perceive their competency attainment in the Program based on their work experience in the field.

- (4) MSHA Capstone Course – Students are expected to apply the competencies that they learn throughout the curriculum to community-based projects. The organizations that sponsor these projects will provide feedback to the students about their competency attainment proficiency.
- (5) Stakeholder Advisory Board – Local employers and other stakeholders will meet twice a year as members of the Health Management Advisory Board. This board will provide feedback about competency attainment among graduates based on their experience as employers of MSHA students.

### **B.3. Distinctive Qualities of the Program**

The Program has the following distinctive qualities:

- Will be the only in-person CAHME accredited traditional MSHA and executive MSHA Program in Kentucky.
- Designed to be taught as a single degree with two tracks: (1) an evening course curriculum for students with less than five-years healthcare management experience that can continue to work full-time and (2) a weekend Program for students with more than five-years healthcare management experience so that students can continue to work full-time.
- Developed as an industry/academic project. Appendix 3 contains letters of support from local healthcare organizations.
- Will be located in a Council on Education for Public Health (CEPH) School of Public Health and Information Sciences, making it the only Public Health based executive MSHA Program in Kentucky.

### **B.4. Effects on Existing Programs**

The Program replaces the Master of Public Health concentration in Population Health Management (MPH in PHM). The resources dedicated to the MPH in PHM and additional contributions invested by community industrial partners will be used to deliver the content in the curriculum. The change from the MPH in PHM to MSHA Program is being driven by student, alumni, and employer feedback about name recognition for the degree within the healthcare industry. The MSHA is a more recognized degree and is offered by many universities that teach healthcare management. This change also allows for a tighter alignment of curriculum content across both tracks in the MSHA Program. Competency attainment levels will be different for the traditional vs. executive track, but the content will be the same. Finally, the new MSHA curriculum adds content and competencies that could not be included within the MPH in PHM curriculum because of the way that the MPH in PHM was designed and its purpose.

There are eleven new courses being developed for the MSHA that could enhance electives and other health management focused degree programs within the School of Medicine and other portions of the UofL. Because there is an executive cohort MSHA track, it is anticipated that the eleven new courses developed for this Program could potentially be used in other executive degree programs (for example the joint UofL and University of Kentucky Executive MBA Program).

The anticipated faculty to student ratio will be one faculty for every three students.

Current students enrolled in the MPH in PHM will be offered the opportunity to transfer into the new MSHA as evening students. Those that choose to remain in the MPH in PHM will be able to do so and the courses required to accomplish both transitions (for those that wish to stay in PHM and those that wish to transfer to MSHA) are identified and mapped to the current PHM and proposed MSHA curricula.

### **B.5. Accrediting Agency and Plans for Accreditation**

The accrediting agency is the Commission on the Accreditation of Healthcare Management Education (CAHME) and we will seek CAHME accreditation. Appendix 4 lists the accreditation criteria.

This Program will be eligible to apply for CAHME Accreditation. Over the past eight years, Dr. Christopher Johnson (Professor & Chair HMSS) has served as a CAHME Fellow and member of CAHME's Candidacy Committee (the committee responsible for new Program applications for accreditation). Dr. Johnson has discussed this potential degree with CAHME's leadership and it anticipates receiving an application from the University of Louisville for this Program.

From CAHME's website

([http://cahme.org/CAHME/Program\\_Directors/Candidate\\_Programs/CAHME/Program\\_Directors/Candidate\\_Programs.aspx?hkey=871f0537-5587-49ab-8e5b-4c02a3d34c2d](http://cahme.org/CAHME/Program_Directors/Candidate_Programs/CAHME/Program_Directors/Candidate_Programs.aspx?hkey=871f0537-5587-49ab-8e5b-4c02a3d34c2d)):

#### *“Considering Candidacy*

*Programs interested in CAHME accreditation must submit an eligibility application on the eAccreditation system. A letter of intent to apply for Candidacy should be submitted to CAHME's eAccreditation system. The letter of intent should be signed by the Program Director and the Chief Administrative Officer of the University or designated representative. This letter should include an expression of the program's commitment and indication of institutional support to achieve accreditation. After being determined to be eligible, a Program may submit an application for Candidacy to CAHME.*

*If accepted into Candidacy, the program has five years to move from Candidacy to a site visit. A Candidacy period, not to exceed four years, will be used to develop the self-study document and to prepare for the initial accreditation site visit. The fifth year in candidacy is the Program's latest possible designated Self - Study year. The candidacy period can be adapted to apply to a program's stage of development; however, a program must have admitted at least two classes before an application can be submitted and will have graduated two classes before the initial accreditation site visit. Candidacy is an iterative process. Programs may receive a deferral on their application based on responses and information that does not indicate compliance with the CAHME accreditation criteria. This is the first step in continuous quality improvement and will help the program in the future.”*

The MPH in PHM is currently undergoing the initial CAHME accreditation approval process. The MPH in PHM is in “candidacy” status and has already graduated more than two graduating classes. This means that the MSHA Program will retain the accreditation that the MPH in PHM receives. Once the MSHA degree is approved, HMSS will inform CAHME of the curriculum change and the

accreditation will transfer to the MSHA. Given the current MPH in PHM accreditation timeline, the MSHA will be accredited in AY 2019-2020.

## **B.6. Faculty Resources**

Appendix 5 provides a roster of HMSS faculty committed to the Program and their credentials.

All present HMSS faculty are committed to teaching and advising in the Program. As of this proposal's submission, we have 13 faculty members and, among them, have sufficient teaching effort available to teach this curriculum. All HMSS faculty are credentialed by both SACS and CEPH to teach at the graduate level. Faculty participation in graduate education is governed by the following criteria:

### *SPHIS Graduate Education Guidelines*

#### *II. Faculty Participation in Graduate Education*

*A. Faculty who teach graduate-level courses offered by the school must meet the requirements stated below, which are consistent with the University of Louisville faculty credentials policy and the guidelines of the Southern Association of Colleges and Schools (SACS) and which were accepted by the university and SACS during the most recent SACS accreditation cycle.*

*To teach graduate-level courses offered by the school, a faculty member must meet any of the following:*

- *Doctoral degree (Dr.P.H., Ph.D., D.Sc., or equivalent) from an accredited school of public health*
- *Doctoral degree (Ph.D., Dr.P.H., D.Sc., or equivalent) from an accredited U.S. institution in epidemiology, biostatistics, environmental health, occupational health, behavioral science, health education, decision science, health management, health policy, or other recognized public health-related discipline*
- *M.D., DMD, or DDS from an accredited U.S. institution*
- *Terminal degree (Ph.D., D.Sc., J.D., Ed.D., or equivalent) from an institution or in a field not cited above; and recommendations by the department's chair and executive faculty and approval by the dean, both of which are based on one or more of the following considerations, as appropriate:*
  - *Terminal degree area of study, research, and other educational activities*
  - *Scholarship in a field cited above or considered relevant to public health*
  - *Experience in a field cited above or considered relevant to public health*

## **B.7. Library Resources, Facilities and Equipment**

Library resources and access to them are more than adequate based on experience with our existing programs. The breadth of public health-related journals is excellent; all key publications are included in the library's collection. Electronic access to restricted library holdings is available to students, staff, and faculty via the Internet, allowing the level of access that is required for students in the Program.



The Program utilizes the classrooms and is housed in SPHIS offices on the University's Health Sciences Center (HSC) campus. The facilities include the instructional equipment needed in the Program's courses (viz., digital projector and Internet access). SPHIS has an inventory of instructional laptops available for the few classrooms not equipped with a computer.

Since courses are taught during times when classrooms are not used by SPHIS (Friday, Saturday, and Sunday), there will be no conflict for using these rooms for students in the executive track of the Program.

Instructional support, both online and offline, can be acquired via the Delphi Center. It is made up of the following units, or areas of focus: Faculty Development, Instructional Design and Technology, Blackboard Support, Ideas to Action (i2a), Online Learning, Professional Development, Event and Conference Services, and Lifelong Learning.

With a presence on each of the university's campuses, the Delphi Center provides programming learning opportunities and other resources to university faculty, staff and community members that encourage excellence in teaching and foster a spirit of learning.

#### **B.8. Student Admission, Retention, and Completion Standards**

**Evening track admissions:** Those entering the MSHA evening track must have less than five years of working experience. Prospective students must have a bachelor's degree from an accredited institution or its equivalent. It is recommended that applying students have a minimum GPA of 3.0 on a 4.0 scale. Test scores from any of the following: GRE, GMAT, MCAT, LSAT, or DAT. Scores must be no more than 3 years old. It is recommended that applicants score above the 50<sup>th</sup> percentile on the tests.

If applicable, Test of English as a Foreign Language (TOEFL) exam with a minimum score of 90; passing the exit examination for the advanced level of the Intensive English as a Second Language Program at the University of Louisville; or a degree from an accredited U.S. institution (this requires provisional admission with evaluation of English language competency).

**Executive track admissions:** Students entering the MSHA executive track must have a minimum of five years working experience. Preference will be given to students with health care related work experience. Prospective students must have a bachelor's degree from an accredited institution or its equivalent. It is recommended that applying students have a minimum GPA of 3.0 on a 4.0 scale. There is no test score requirement.

If applicable, Test of English as a Foreign Language (TOEFL) exam with a minimum score of 90; passing the exit examination for the advanced level of the Intensive English as a Second Language Program at the University of Louisville; or a degree from an accredited U.S. institution (this requires provisional admission with evaluation of English language competency).

**Performance within curriculum for both tracks:** Students in the Program must maintain a minimum 3.0 GPA in coursework. The anticipated faculty to student ratio will be one faculty for every three students.

Students must successfully complete the 56-credit hour curriculum, earn a passing grade in the MSHA Capstone Course, and have an overall 3.0 GPA in coursework in order to graduate from the Program.

**B.9. Degree Completion Requirements**

To graduate, students must successfully complete the 56 credit hour curriculum, earn a passing grade in the MSHA Capstone Course, and have an overall 3.0 GPA in coursework.

All courses within the curriculum are required and there are no electives.

**B.10. Degree Credit Hours**

There are 56 total credit hours in this curriculum. There are no electives or concentrations.

**B.11. Articulation with Related Programs in Kentucky**

There is currently one CAHME accredited traditional Master of Health Administration (MHA) Program in Kentucky at the University of Kentucky. There is an unaccredited online executive MHA Program at Western Kentucky University. At the present time, however, we have not discussed formal articulation agreements with the related programs.

**B.12. Coursework**

Students within both the evening and executive tracks take the same courses except for the MSHA Practicum. The practicum is designed to expose students new to the health management field to working conditions in healthcare organizations between their first and second year in the Program. The MSHA executive track substitutes the practicum with a Current Topics in Health Administration course that allows students to consider and discuss the current, real-time challenges facing the healthcare industry. Since the executive track students have management experience, the practicum is not required.

A sample course syllabus is included in appendix 6.

MSHA Courses				
Catalog ID	Course Title	Course Description	Cr Hrs	Status
PHMS-XXX	Project Management for Population Health	This course provides students the training health they need to improve the quality of care at their organization through projects delivered on time and within budget.	2	new
PHMS-615	Introduction to Health Systems	Designed to explore and analyze health systems using ecological principals.	3	existing
PHMS-XXX	Population Health Quantitative Methods	Basic statistical concepts applied to health management problems. Descriptive statistics, index numbers, basic probability, Binomial,	3	new

		normal, Poisson, sampling, statistical inference, distributions, and estimation.		
PHMS-650	Population Health Information Management	This course introduces key concepts and issues surrounding the adoption and use of information systems within health care organizations.	3	new
PHMS-680	Health Management Leadership Seminar	The course bridges coursework and the world of practice with a focus on developing career planning and professional skills.	1	existing
PHEP-501	Introduction to Epidemiology	Basic epidemiological methods are presented: terminology; study design; issues of contemporary practice; basic skills for interacting with epidemiologists, reading disease control literature, and drawing on epidemiological concepts.	2	existing
PHMS-XXX	Healthcare Marketing	Students will investigate the role that marketing plays in the strategic management of health care organizations, and identify and address marketing opportunities and problems using a variety of tools and strategies.	2	new
PHMS-XXX	Healthcare Operations Management & Science	Application of mathematical and statistical techniques to health care management problems. Network planning techniques, linear programming, inventory systems, queuing theory, simulation, and decision analysis.	3	new
PHMS-710	Health Policy & Analysis	This course focuses on the legal basis of and the processes of development, implementation and analysis of health policy as it is carried out in the context of the United States health care system.	3	existing
PHMS-609	Health Finance and Financial Management	This course is designed to provide an overview of health finance and financial management including context of health finance and the approaches and processes involved in managing the health enterprise.	3	existing
PHMS-XXX	Healthcare Quality Management	The purpose of this course is to prepare students to implement quality management techniques within their organizational setting.	3	new
PHMS-XXX	MSHA Practicum (evening track only)	Students develop an understanding and gain knowledge of the complex health care industry and the internal and external factors that influence decision-making in an assigned organization.	3	new
PHMS-XXX	Current Topics in Health	Real-time discussion about the challenges and opportunities facing the health care industry.	3	new

	Administration (executive track only)	Students will consider how they as managers will overcome obstacles or exploit opportunities that face the industry.		
PHMS-XXX	Insurance & Alternative Payment Models	Presents the principles and practices of health insurance and risk. Emphasizes health care financing arrangements in the United States, including both private and government-sponsored (public) programs.	2	new
PHMS-XXX	Managerial Accounting for Healthcare Managers	Focuses on case studies and modern theory in managerial finance relevant to health organizations. Students prepare group presentations and individual case study analyses of health services finance problems.	3	new
PHMS-620	Healthcare Strategic Management	Management of goals, strategy and structure in health care organizations. Design of external relationships and internal structures, strategy formulation, decision-making and change. Integration of professional, social and organizational values.	2	new
PHMS-662	Health Economics	The course uses principles of microeconomic analysis to study health care system: demand for medical services; role of health insurance; productivity/cost measurement; labor markets and competition.	3	existing
PHMS-605	Governance and Management of Healthcare Organizations	Students will read and discuss literature that seeks to consider organizations and leadership from a complexity perspective.	3	existing
PHMS-635	Health Law and Ethics	The course will provide students exposure to law related issues and presents an overview of the legal system and the health law and ethical issues likely to confront managers and providers in health care organizations.	3	existing
PHMS-625	Population Health Management	This course will provide students with training in the measurement, analysis, method, language, models, and concepts of population health.	3	existing
PHMS-630	Human Resource Management	The purpose of this course is to provide the student in public health and health care fields an overview of Human Resource Management.	3	existing
PHMS-XXX	MSHA Capstone Course	The primary objective of the course is to assist students in the transition from theory to practice and from learner to user of management knowledge and skills. The course will emphasize the integration and	3	new

		application of management theory in ‘real world’ context.		
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**B.13. Planned Alternative Methods of Program Delivery**

MSHA Evening Track Education Plan – The evening track is designed so that students can work as full-time employees and attend classes after 4:00 PM, Monday – Thursday. This strategy allows students who have little work experience gain healthcare-related experience that can be listed on their resumes, thus making them more competitive for employment opportunities post-graduation. Many of the evening track students will have little healthcare experience and HMSS encourages all to work within healthcare organizations. SPHIS’ location within a large metropolitan healthcare industry center makes these employment opportunities plentiful for students enrolled in the Program. In addition to defraying some of the cost associated with earning the degree, the real-world exposure to healthcare problems helps make the students better learners and participants in classroom discussions.

MSHA Executive-Track Hybrid Distance Education Plan - The overall guiding philosophy for the executive track in the MSHA curriculum design is that the Program will only meet once a month and that a hybrid method of content delivery will be used so that the mid-career executives can proceed working in their current jobs while in the Program.

Semesters will be organized as follows:

	Course Meeting Sequence During Semester						
Meeting	1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>		4 <sup>th</sup>
Fri (8hrs)	CR1	Webinars	CR2	Webinars	CR3	Webinars	CR1
Sat (8hrs)	CR2		CR3		CR1		CR2
Sun (8hrs)	CR3		CR1		CR2		CR3

CR1, CR2, CR3 = the courses taught during the semester. The above presents these as eight-hour blocks, but they could be broken down into four hour blocks split over multiple days during a particular meeting session (so that the students would have one course in the morning and a different course in the afternoon, etc.).

Webinars are synchronous sessions where the instructor can meet to deliver additional course content, help with course projects, etc. These would be two hours in length.

The Program’s courses are designed to include i2a principles, especially active learning (e.g., think-pair-share, iClickers). Active learning aims to establish and maintain cognitively active students in the classroom regardless of whether lecture, group activity, or other technique. The intent is not only to improve learning and thinking but also to develop lifelong learners and to increase retention and graduation rates.

**C. Program Demand/Unnecessary Duplication**

HMSS and School of Public Health and Information Sciences (SPHIS) leadership interviewed Louisville’s health care industry community leaders to conduct a competitive market and demand assessment. These were detailed sets of interviews with health care executives in hospital and clinical settings across the Louisville metro-area. The assessment provided a probative analysis of existing

graduate degree programs that serve working mid-career executives geared toward leadership development of mid-career health care professionals, especially in an urban setting.

The principal conclusions of the assessment included: 1) there is a viable and growing market for graduate programs in health care delivery leadership for experienced mid-career professionals, 2) University of Louisville has a recognized brand that is well positioned to differentiate as a recognized academic institution, 3) there is a high demand for a program geared toward working professionals, 4) there is similar demand for new bachelors trained employees, 5) that the MPH Population Health Management Concentration was not meeting those needs, and 6) the new program needs to be high quality and rooted in developing deep understandings by participating students of the reform context and impact on health care delivery systems, as well as build upon the strengths of SPHIS and HMSS (urban population health management, community engagement, managing community disparities, health care entrepreneurship, and evidence-driven health care delivery).

In addition, the new UofL NSF CHOT site is a unique opportunity within Kentucky to greatly enhance management practice that is not duplicated within the Commonwealth. UofL CHOT will raise UofL’s profile as an important place to study and understand how to transform the healthcare system. These lessons will not only enhance science but will also be brought into the classroom and offer new training opportunities for students within the healthcare industry partners that are members of UofL CHOT.

As mentioned above in section A.3 (p. 5), CAHME accredited, traditional day Programs are offered at Indiana University, University of Kentucky, University of Memphis, and Xavier University; however, they do not meet the needs of the working mid-career professional, nor do they cater to the mid-career executives.

**C.1. Student Demand**

The table below identifies the organizations that were contacted about this proposed degree offering. Given the emphasis of the HMSS MSHA Program on both entry-level and mid-career health organization leadership, it follows that all of the organizations interviewed were extremely enthusiastic about a potentially new CAHME accredited MSHA Program at the University of Louisville. This is seen in the Louisville health industry community as a weakness in the educational offerings within the marketplace. Their employees need the training and other/similar high quality MSHA Programs require a commitment to allow their employees to travel sometimes great distances to earn their MSHA degrees. The proposed HMSS MSHA would solve this problem.

Name of Organization	Supportive?	Potentially Contributing Students?
Baptist Health System	Yes	Yes
Christian Care Communities	Yes	Response Missing
Humana	Yes	Yes
KentuckyOne Health System	Yes	Yes
Kindred Health System	Yes	Yes
Norton Health System	Yes	Yes
Passport Health System	Yes	Yes

<i>Applicant Pool</i>	<i>Identifying and Establishing Prospects</i>
Healthcare Industry	<ul style="list-style-type: none"> <li>• Work with human resources departments to get them familiar with the MSHA Program to include the Program in their catalogs of options and opportunities for graduate education and career enhancement</li> <li>• Attend career events within the Louisville community</li> <li>• Advertise and contribute articles in organization newsletters (print and electronic)</li> <li>• Teach guest lectures in health management as part of executive leadership series</li> <li>• Present health management and the Program at events attended by people who are likely to be interested in graduate opportunities (professional organizations like Kentucky Hospital Association)</li> <li>• Connect through electronic social media</li> </ul>
Regional public health and health management workforce	<ul style="list-style-type: none"> <li>• Work with regional public health departments and health care organizations to identify workers without a graduate degree who may be interested in the Program and to establish accommodations between work and school and possibly incentives</li> <li>• Contact directly workforce prospects to discuss opportunities and possibilities</li> </ul>

The proposed MSHA Program builds upon the already established MPH in PHM. The MSHA was designed in response to student concerns about necessary management skills and competencies that were not covered in the MPH in PHM. The current MPH PHM concentration was created as a first response to student concerns expressed about the MPH concentration in Health Management (HM) that is no longer offered by HMSS and the MPH Program.

The changes in the MPH in PHM resulted in the total entering students increasing from three (2015), to seven (2016), and to fourteen (2017) over the past three years, essentially doubling the entering class numbers every year that the MPH in PHM has been in existence. This MSHA degree proposal is a direct response to student and health industry concerns about limitations within the MPH in PHM and we anticipate continuing growth in enrollments. Furthermore, all of this growth has occurred prior to achieving CAHME accreditation.

CAHME accreditation will increase the demand for the UofL MSHA. The MSHA Director and the SPHIS Dean have first-hand experience with the impact of CAHME accreditation on enrollment because both created and led the Master of Health Administration (MHA) Program at Texas A&M University. Applications to Texas A&M’s MHA Program nearly doubled the year after its initial CAHME accreditation. HMSS is currently in the initial candidacy phase for CAHME accreditation and the site visit will occur in AY 2018-19.

The Program will increase net enrollment at the University because these students’ needs are currently not being met at UofL and they are attending other universities outside of Kentucky for this type of management training. The healthcare organizations in the Louisville community would prefer to keep their employees within the metro-area within a high quality educational Program.

Student demand calculations were based on historical admissions demand within our MPH in PHM and the historical demand for a new executive track MHA that the MSHA Program Director helped create at Texas A&M University. In addition, we anticipate that 12 students will transfer into the evening MSHA from MPH in PHM and will graduate during AY 20178.

Estimated student demand for the first five years of the Program is presented in the following table:

Academic Year	Degrees Conferred		Majors (Headcount) – Fall Semester	
	Evening	Exec	Evening	Exec
2018	12	0	24	10
2019	14	10	28	25
2020	14	15	28	30
2021	15	15	35	40
2022	20	20	40	40

## C.2. Employer Demand

Healthcare management is a broad field serving one of the largest and most essential industry segments in the United States and Canada. Management is needed in the multiple aspects of the industry which include: hospitals, nursing homes, physician’s offices, pharmaceutical and device manufacturers, consulting, government and public policy, and many more.

Healthcare management as a profession was recognized more than fifty years ago. Even then, the industry was complex. Leaders and administrators required a level of expertise and skills not normally attained at the undergraduate level. From the first CAHME Accredited Graduate Program founded in 1932 until now, the Masters degree is recognized as the essential first step toward an executive and managerial career in most healthcare organizations.<sup>5</sup>

The US Bureau of Labor Statistics Occupational Outlook Handbook has identified the increasing “baby boomer” health care needs as driving higher demand for the health management occupation. From 2014 – 2024, growth in this occupation is expected to be 17%. It is anticipated that the growth in this field will be a faster growth rate than all occupations (14%) and management occupations (7%). Those employed as health managers mean pay in 2016 was \$96,540.<sup>6</sup>

Hanover Research was commissioned to do a market analysis for this degree. They reached out to more than 75 professionals who work in the healthcare sector in Louisville, Kentucky and neighboring metropolitan areas. The primary goals of the interviews were to discuss the current job market for public health professionals and learn respondents’ perception of a new degree program developed by the University of Louisville School of Public Health and Information Sciences (SPHIS). The interview respondents were supportive of the proposed Program and noted the emphasis on population health management (as evidenced by the PHL competency model) will be attractive to potential employers. Career examples are provided in appendix 7.

<sup>5</sup> Commission on the Accreditation of Health Management Education <http://cahme.org/>

<sup>6</sup> US Bureau of Labor Statistics, Medical and Health Services Managers <https://www.bls.gov/ooh/management/medical-and-health-services-managers.htm>



### C.3. Academic Discipline Needs

While the health management and public health workforce is in need of new programs in health administration, the needs of the academic disciplines in public health are not directly affected by the Program.

### C.4. Similar Programs

Existing Graduate Programs in Kentucky Related to Proposed Program				
Institution	Location	Program Name	CIP	CIP Description
University of Kentucky	Lexington	Master of Health Administration	51.0701	Health/Health Care Administration/Management
Western Kentucky University	Bowling Green	Master of Health Administration	51.0701	Health/Health Care Administration/Management

The executive track of the Program differs from the two related programs in the following ways:

Comparison of Proposed and Existing Programs		
Feature	Proposed Program	Related Programs
Curriculum coursework	Delivered on weekends and in the evening in person	Delivered during the week before 5:00 PM or completely online
Geographic service area	Large combined metropolitan area	Small and medium city metropolitan areas
Character of service area	Urban	Rural
Population in service area	1.45 million (Lou-Eliz-Scot CSA)	690,000 (Lex-Fay-Frank-Richmond MSA) 126,000 (Bowling Green MSA)
Population health emphasis	Students gain skills understanding how to manage in a value-based health care system	Emphasize more general management skills

Based on the above comparison, our responses to the questions posed in the template are as follows:

- *Does the proposed program differ from existing programs? If yes, please explain.*  
Yes. See comparison table, above.
- *Does the proposed program serve a different student population from existing programs? If yes, please explain.*  
Yes. The existing and proposed programs are somewhat remote from one another. The Louisville Metropolitan Statistical Area (MSA) represents 29.7% of Kentucky's population. Most if not all of the students will be employed full time within the Louisville area. Together, these three facts indicate that a large percentage of potential students in Kentucky are unlikely to enroll in the existing programs due to the time, distance, and expense of commuting or they prefer the networking and in person contact

that classroom (as opposed to completely online) classes provide. Relocation to nearer the existing programs' institutions could be done only at the loss of current jobs and trying to find new jobs in much less populated areas.

- *Is access to existing programs limited? If yes, please explain.*  
Yes, if access includes travel distances or preference for in-person classroom interactions. The admission standards for the existing programs do not suggest that access is limited in that regard.
- *Is there excess demand for existing similar programs? If yes, please explain.*  
Yes. Company executives are sending their employees outside of Louisville and Kentucky and to non-CAHME accredited programs to receive these degrees. They would prefer to have the option for employees to remain in their full time jobs and receive training in Louisville.

#### **D. Cost and Funding of the Proposed Program**

The proposed MSHA Program leverages resources already allocated for the MPH in Population Health Management and repurposes them to the degree. Additional resources have been developed from industry partners to offset the costs of additional faculty for the executive track.

- Will this program require additional resources?  
Yes, HMSS plans to hire two new tenure-track faculty to help support the MSHA executive track. These will be hired via contributed resources from industry partners. There is no additional cost to the university.
- Will this program impact existing programs and/or organizational units within your institution?  
Yes, the MPH concentration in Population Health Management will no longer be offered as a concentration option within the MPH Program. We expect that students interested in that concentration will be happier within the MSHA curriculum. Many of the changes being proposed are due to feedback from current students within the MPH Population Health Management concentration.
- Provide adequate documentation to demonstrate sufficient return on investment to the state to offset new costs and justify approval for the proposed program.  
Please see the below tables. There are no new costs to the University for this Program. However, there are significant revenue returns.

#### **D.1. Cost/Funding Explanation**

The following budget provides data for the MSHA Evening Track and the MSHA Executive Track combined.

<b>A. Funding Sources, by year of program</b>	<b>1<sup>st</sup> Year</b>	<b>2<sup>nd</sup> Year</b>	<b>3<sup>rd</sup> Year</b>	<b>4<sup>th</sup> Year</b>	<b>5<sup>th</sup> Year</b>
<b>Total Resources Available from Federal Sources</b>					
New	\$0	\$0	\$0	\$0	\$0

Existing	\$0	\$0	\$0	\$0	\$0
<b>Narrative Explanation/Justification:</b> Not applicable.					
<b>Total Resources Available from Other Non-State Sources</b>					
New	\$0	\$0	\$0	\$0	\$0
Existing	\$283,237	\$0	\$0	\$0	\$0
<b>Narrative Explanation/Justification:</b> Funding in the amount of \$283,237 remains available for support of the MSHA degree program from a KentuckyOne Health investment proposal (\$16,763 expended; HA14A). (Other potential funding as mentioned in the letters of support will likely not be realized.) Given this support, it is projected that the MSHA Program will be self-sustaining through tuition revenue generated by the fourth year of operation. Revenue surplus will be used to provide scholarships to incoming students and to enhance student services.					
<b>State Resources</b>					
New	\$0	\$0	\$0	\$0	\$0
Existing	\$0	\$0	\$0	\$0	\$0
<b>Narrative Explanation/Justification:</b> Not applicable.					
<b>Internal Allocation</b>	\$0	\$0	\$0	\$0	\$0
<b>Internal Reallocation</b>	\$0	\$0	\$0	\$0	\$0
<b>Narrative Explanation/Justification:</b> Not applicable.					
<b>Student Tuition</b>					
New	\$493,180	\$1,112,228	\$1,322,717	\$1,588,504	\$1,811,187
Existing	\$0	\$0	\$0	\$0	\$0
<b>Narrative Explanation/Justification:</b> <b>Evening Track:</b> It is assumed that students will be enrolled full-time in the fall and spring semesters and for three hours over the summer semesters for two years. The program expects to admit 10 new students in year one, 15 in years two and three, and 20 in years four and five. Assuming a 20% annual attrition rate, enrollment will be 10 in year one, 23 in year two, 27 in year three, 32 in year four and 36 in year five. We have projected an equal split between resident and nonresident students. <b>Executive Track:</b> The program is proposing an annual tuition of \$27,000 per student (regardless of residency), an annual fee of \$305 to support technology support, and expects to admit the same number of students per year as noted above. Students entering the MSHA Executive Track will be required to have a minimum of five years working experience, with preference given to students having healthcare-related work experience. It is expected that most students will be employed full-time during the course of the program and would not otherwise be seeking educational opportunities at UofL. As part of the tuition agreement, the university agreed to recover the equivalent of 0.5 FTEE resident graduate tuition per student, while SPHIS would retain the difference (see Appendix 3). The justification for this was that the targeted audience for this program (i.e. working healthcare professionals) would otherwise not be potential UofL students.					
<b>TOTAL</b>	<b>\$776,417</b>	<b>\$1,112,228</b>	<b>\$1,322,717</b>	<b>\$1,588,504</b>	<b>\$1,811,187</b>
<b>B. Breakdown of Budget Expenses/Requirements</b>	<b>1st Year</b>	<b>2nd Year</b>	<b>3rd Year</b>	<b>4th Year</b>	<b>5th Year</b>
<b>Staff</b>					
<a href="#"><u>Executive, Administrative, Managerial</u></a>					
New	\$0	\$0	\$0	\$0	\$0
Existing	\$52,943	\$54,531	\$56,167	\$57,852	\$59,588
<a href="#"><u>Other Professional</u></a>					
New	\$0	\$0	\$0	\$0	\$0

Existing	\$27,628	\$28,457	\$29,311	\$30,190	\$31,096
<b>Faculty</b>					
New	\$0	\$282,700	\$291,181	\$299,916	\$308,914
Existing	\$481,443	\$863,140	\$898,034	\$915,705	\$943,176
<b>Graduate Assistants</b>					
New	\$0	\$0	\$0	\$0	\$0
Existing	\$22,550	\$22,550	\$22,550	\$22,550	\$22,550
<b>Student Employees</b>					
New	\$0	\$0	\$0	\$0	\$0
Existing	\$0	\$0	\$0	\$0	\$0
<b><i>Narrative Explanation/Justification:</i></b>					
<b><i>Executive, Administrative, Managerial:</i></b> Christopher Johnson, PhD, Professor and Chair of the Department of Health Management and Systems Sciences (HMSS), will provide 20% effort annually as Program Director; his salary in fiscal year 2017 is \$206,002.					
<b><i>Other Professional:</i></b> Darla Samuelsen, Program Coordinator, HMMS, will be expected to provide 50% effort annually.					
<b><i>Faculty:</i></b> Existing departmental faculty will be assigned to teach all coursework for the evening program. Since two sections would be required for each course, we have calculated salary at 150% of the normal FTE required (e.g. instead of 0.150 FTEE for a three-hour course, we used 0.225). Two additional faculty members would be hired to support the executive program; existing departmental faculty will be assigned to teach the remaining coursework					
<b><i>Graduate Assistant:</i></b> HMSS currently has one full-time graduate research assistantship included in its base budget. The GRA will be expected to provide 80% effort annually in support of the MSHA program.					
<i>Please note that individual fringe benefits rates were estimated using University Reports.</i>					
<b>Equipment and Instructional Materials</b>					
New	\$10,000	\$23,000	\$27,000	\$32,000	\$36,000
Existing	\$0	\$0	\$0	\$0	\$0
<b><i>Narrative Explanation/Justification:</i></b> The above expenses will be used to provide books and other instructional materials to executive program students at the rate of \$1,000 per student per year.					
<b>Library</b>					
New	\$0	\$0	\$0	\$0	\$0
Existing	\$0	\$0	\$0	\$0	\$0
<b><i>Narrative Explanation/Justification:</i></b> Not applicable.					
<b>Contractual Services</b>					
New	\$0	\$0	\$0	\$0	\$0
Existing	\$0	\$0	\$0	\$0	\$0
<b><i>Narrative Explanation/Justification:</i></b> Not applicable.					
<b>Academic and/or Student Services</b>					
New	\$0	\$0	\$0	\$0	\$0
Existing	\$0	\$0	\$0	\$0	\$0
<b><i>Narrative Explanation/Justification:</i></b> Not applicable.					
<b>Other Support Services</b>					
New	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
Existing	\$0	\$0	\$0	\$0	\$0
<b><i>Narrative Explanation/Justification:</i></b> The above expenses will be used to market the new program to prospective students and local healthcare organizations.					
<b>Faculty Development</b>					
New	\$0	\$0	\$0	\$0	\$0

Existing	\$0	\$0	\$0	\$0	\$0
<b>Narrative Explanation/Justification:</b> Not applicable.					
<b>Assessment</b>					
New	\$0	\$0	\$0	\$0	\$0
Existing	\$0	\$0	\$0	\$0	\$0
<b>Narrative Explanation/Justification:</b> Not applicable.					
<b>Other</b>					
New	\$15,400	\$22,420	\$24,580	\$27,280	\$29,440
Existing	\$0	\$0	\$0	\$0	\$0
<b>Narrative Explanation/Justification:</b> <u>Onsite Meals and Services:</u> These funds will be used to provide food and other amenities to executive program students while attending the in-person, weekend sessions. (\$5,400-Y1; \$12,420-Y2; \$14,580-Y3; \$17,280-Y4; \$19,440-Y5). <u>Travel:</u> Funding is used to support travel by program faculty and staff to professional conferences and marketing events (\$10,000 per year).					
<b>TOTAL</b>					
New	\$45,400	\$348,120	\$362,761	\$379,196	\$394,354
Existing	\$584,554	\$968,678	\$997,062	\$1,026,297	\$1,056,410

## E. Program Review and Assessment

The following table provides information on items E. 1 a-f

<i>Evaluation / Assessment</i>	<i>Data Collection / Report Development</i>				<i>Benchmarks / Targets</i>
	<i>What?</i>	<i>Who?</i>	<i>How?</i>	<i>When?</i>	
Program Student Learning Outcomes Evaluations	Program SLOs measure results	SPHIS Academic Affairs	Electronic submission from Program	End of each academic year	Program SLO measures and targets (see <a href="#">Appendix 2</a> )
Course Student Learning Outcomes Evaluations	Course SLOs measure results	Program	Electronic submissions from instructors	End of each semester or term	Course SLO measures and targets (under development)
Student Course Evaluations	Student assessments of courses and instructors	University Office of Academic Planning and Accountability	Electronic surveys	End of each semester or term	Not applicable; used for instructor and course development
Student Program Evaluations	Student assessments of program, advising, and personnel	SPHIS Academic Affairs	Electronic surveys	End of each academic year	Not applicable; used for personnel and Program development

<i>Evaluation / Assessment</i>	<i>Data Collection / Report Development</i>				<i>Benchmarks / Targets</i>
	<i>What?</i>	<i>Who?</i>	<i>How?</i>	<i>When?</i>	
University Academic Program Review	Report on status and performance of Program	Program	Electronic data submissions to SPHIS Academic Affairs	Every five years	Determined as Acceptable by Provost's review committee
SACS accreditation	Data and reports requested by Provost's office	Program	Electronic submissions to SPHIS Academic Affairs	Every ten years	University and programs reaccredited
CEPH accreditation	Data and reports requested by Dean's office	Program	Electronic submissions to Dean's office	Every five years	SPHIS and programs reaccredited
CAHME accreditation	Data and reports requested by CAHME	Program	Electronic submission to CAHME	Every year (reporting); Every five years (accreditation)	MSHA Program initial accreditation and then reaccredited

**E. 1 (g) Sharing Findings with Faculty:** Program SLO results and student program evaluations are shared with all faculty. Course SLO results and student course evaluations are shared with the instructor(s) of a course and the chair(s) of the instructor(s) department(s). CAHME, the MSHA accrediting body, requires that all programs develop objectives and measurable goals to assess program performance. These are attached as appendix 2. CAHME requires specific tracking of graduate success via alumni surveys and expected job placement rates three-months post graduation.

**E. 1 (i) Use of data:** Every year the Program analyzes the Program SLO results and the student program evaluations to see if revisions to the Program SLOs and/or improvements in the operations of the Program need to be proposed to and discussed with SPHIS Academic Affairs.

**E. 2 Measures of Teaching Effectiveness:** The measure of teaching effectiveness is the results of course SLO measures compared with targets. At least once a year, these measures are analyzed and discussed by Program faculty to determine if either revisions of the course SLOs and/or of the course design needs to be undertaken.

**E. 3 Improving Teaching Effectiveness:** Improvement of teaching effectiveness is driven from at least three independent sources: (1) course SLOs, (2) student course evaluations, and (3) exploration and adoption of new pedagogical concepts and techniques by the instructors. Analysis of data from these sources and establishment of specific plans for development of faculty teaching are done by the instructors and their chairs.

SPHIS has an existing teaching and learning initiative in collaboration with the University's Delphi Center for Teaching and Learning. Every year the faculty is surveyed about teaching and learning topics and their relative rankings. Other efforts include analysis of de-identified data about faculty utilization of Blackboard and its various functions to see what the faculty might be missing or not taking full advantage of. These surveys and analyses are used to plan and schedule monthly Teaching

and Learning Workshops for SPHIS faculty. A workshop may feature an outside expert on a topic or an inside enthusiast or expert.

**E. 4 Evaluating Students' Post-graduate Success:** CEPH accreditation criteria addressing alumni follow-up are:

*“The school or program collects and analyzes data on graduates’ employment or enrollment in further education post-graduation, for each public health degree offered*

*For each degree offered, the school or program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.”*

SPHIS is currently developing a system to meet these criteria.

# Appendix 1: Population Health Leadership Competency Model, Version 1.1

University of Louisville, Population Health Leadership Competency Model- Quick Reference Guide

The following pages have been designed to facilitate the process of matching objectives to competencies. The University of Louisville MPH concentration in PHM has adopted a modified version of the National Center for Healthcare Leadership (NCHL) competency integration in health management education model. This quick reference guide format outlines three competencies per page in alphabetical order, helping faculty to scan the categories and levels for an efficient matching process.

Population Health Leadership Competency Model, Version 1.1

## **L1. Accountability**

The ability to **hold people accountable to standards of performance or ensure compliance** using the power of one's position or force of personality appropriately and effectively, with the long-term good of the organization in mind.

### **L1.1 Communicated Requirements and Expectations**

Gives basic directions; Make needs and requirements reasonably clear; Ensure understanding of task requirements and performance expectations; Explicitly delegates details of routine tasks in order to free self for more valuable or longer-range considerations

### **L1.2 Set Limits**

Established high but achievable performance, quality, and resource utilization standards; Firmly says no to unreasonable requests; Sets limits for others' behavior and actions; Limit others' options to force them to make desired resources available

**L1.3 Demands High Performance** Imposes new, different, or higher standards of performance with little input from others; Insists on compliance with own orders or requests; Monitors performance against clear standards; Ensures promised results are achieved; Demands high performance, quality, and resources; Issues clear warnings about consequences for non-performance; Shares results with stakeholders

**L1.4 Confronts Performance Problems** Openly and directly confronts individual and team performance shortfalls and problems; Holds people accountable for performance; Ensures timely resolution to performance deficiencies; Appropriately dismissed people for cause

**L1.5 Creates Culture of Accountability** Creates a culture of strong accountability throughout the organization; Holds others accountable for demanding high performance and enforcing consequences of non-performance and taking action; Accepts responsibility for results of own work that delegates to others

## **L2. Achievement Orientation**

A concern for **surpassing a standard of excellence**. The standard may be one's own past performance (striving for improvement); an objective measure (results orientation); outperforming others (competitiveness); challenging goals, or something that has bit been done preciously (innovation).

### **L2.1 Wants to Do Job Well**

Tries to do the job well or right; Expresses a desire to do better; Expresses frustration at waste or in efficiency; Delivers expected results in line with job requirements

**L2.2 Creates Own Measure of Excellence** Sets standard of personal expectation for excellence in both the quality and quantity of work; Tracks and measures outcomes against a standard of excellence – one that is higher and more precise – not imposed by others; Focuses on new or more precise ways of meeting goals set by others

### **L2.3 Improves Performance**

Makes specific changes in the system or in own work methods to improve performance; Does something better, faster, at lower cost, more efficiently

### **L2.4 Sets and Works to Meet Challenging Goals**

Established – “stretch goals” for self and others that are realistic and possible to reach; Strives to achieve a unique standard (e.g., “No one had ever done it before.”); Compares specific measures of baseline performance compared with better performance at a later point in time (e.g., “When I took over, efficiency was 20%; now it is up to 85%.”)

**L2.5 Makes Cost-Benefit Analyses** Makes decisions, set priorities, or chooses goals on the basis of calculated inputs and outputs (e.g., makes explicit considerations of potential profit and risks or return on investment); Analyzes entrepreneurial opportunities in relation to risks, return on investment, and the scope and magnitude of the investments

### **L2.6 Takes Calculated Entrepreneurial Risks**

Commits significant resources and/or time in the face of uncertain results when significantly increased or dramatic benefits could be the outcome (e.g., improved performance, a challenging goal)

## **L3. Analytical Thinking**

The ability to **understand a situation, issue, or problem by breaking it into smaller pieces or tracing its implications in a step-by-step way**. It includes organizing the parts of a situation, issue, or problem systematically; making systematic comparisons of different features or aspects; setting priorities on a rational basis; and identifying time sequences, causal relationships, or if-then relationships.

**L3.1 Breaks Down Problems** Breaks problems into simple lists of tasks or activities without assigning values; Lists items with no particular order or set of priorities

**L3.2 Identifies Basic Relationships** Identifies the cause-and-effect relationship between two aspects of a situation; Separates situations into two parts: pro and con; Sorts out a list of tasks in order of importance

**L3.3 Recognizes Multiple Relationships** Makes multiple causal links: several potential causes of events, several consequences of actions or multiplet part chain of events (A leads to B leads to C leads to D); Analyzes relationships among several parts of a problem or situation (e.g., anticipates obstacles and thinks ahead about next steps, in detail, with multiple steps)

**L3.4 Develops Complex Plans or Analyses** Identifies multiple elements of a problem and breaks down each of those elements in detail, showing causal relationships between them; Peels back multiple layers of a problem; Uses several analytical techniques to identify potential solutions and weigh the value of each



## Appendix 1: Population Health Leadership Competency Model, Version 1.1

### **L4. Change Leadership**

The ability to **energize stakeholders and sustain their commitment** to changes in approaches, processes and strategies.

#### **L4.1 Identifies Areas for Change**

Publicly defines one or more specific areas where change is needed; Identifies what needs to change, but may not completely describe the path to change

**L4.2 Expresses Vision for Change** Defines an explicit vision for change (i.e., what should be different and how); Modifies or redefines a previous vision in specific terms; Outlines strategies for change

**L4.3 Ensures Change Message is Heard** Deliver the message or vision for change to everyone affected; Repeats message wherever possible; Posts change messages (e.g., banners, plaques, or other physical and public reminders); Provides opportunities for others to engage in change initiatives

#### **L4.4 Challenges Status Quo**

Publicly challenges the status quo by comparing it to an ideal or a vision of change; Creates a realistic sense of crisis or a disequilibrium in order to prepare the ground for change; Energizes others for change

#### **L4.5 Reinforces Change Vision Dramatically**

Takes a dramatic action (other than giving a speech) to reinforce or enforce the change effort; Personally exemplifies or embodies the desired change through strong, symbolic actions that are consistent with change

#### **L4.6 Provides Calm During Storm of Change**

Maintains an eye on the strategic goals and values during the chaos of change; Provides focused, unwavering leadership to advance change initiatives; Exemplifies quiet confidence in the progress and benefits of change; Provides direction for overcoming adversity and resistance to change; Defines the vision for the next wave of change

### **L5. Collaboration**

The ability to **work cooperatively with others, to be part of a team**, to work together, as opposed to working separately or competitively. Collaboration applies when a person is a member of a group of people functioning as a team, but not the leader.

#### **L5.1 Conducts work in a cooperative manner**

Supports team decisions; Does his or her share of the work; Keeps other team members informed and up-to-date about what is happening in the group; Shares all relevant or useful information

#### **L5.2 Expresses Positive Attitudes and Expectations of Team or Team Members**

Expresses positive attitudes and expectations of others in terms of their abilities, expected contributions, etc.; Speak of team members in positive terms, either to the team member directly or to a third party; Develops effective working interactions with teammates

#### **L5.3 Solicits Input**

Genuinely values others' input and expertise; Actively seeks the input of others to increase the quality of solutions developed; Displays willingness to learn from others, including subordinates and peers; Solicits ideas and opinions to help form specific decisions or plans; Works to create common mindset

#### **L5.4 Encourages Others**

Publicly credits others who have performed well; Encourages others; Empowers others

#### **L5.5 Builds Team Commitment**

Acts to promote good working relationships regardless of personal likes and dislikes; Breaks down barriers across groups; Builds good morale or cooperation within the team, including creating symbols of group identity or other actions to build cohesiveness; Encourages or facilitates a beneficial resolution to conflict; Create conditions for high performance teams

### **L6. Communication Skills**

The ability to **speak and write in a clear, logical, and grammatical manner** in formal or informal situations to prepare cogent business presentations and to facilitate a group.

#### **L6.1 Uses Generally Accepted English Grammar**

Uses subject-verb agreement and parallel structure; Uses rules of punctuation and sentence and paragraph construction; Uses concise thematic construction

#### **L6.2 Prepares Effective Written Business Cases or Presentations**

Uses accurate and complete presentation of facts; Uses logical presentation of arguments pro and con; Develops well-reasoned recommendations; Prepares concise executive summary

#### **L6.3 Makes Persuasive Oral Presentations**

Uses clear and understandable voice that is free of extraneous phrases (i.e., "uhm" and "you know"); Uses effective audiovisual media (presentation, software, exhibits, etc.); Stays on the topic; Engages in non-defensive Q&A; Stays within time allotment

#### **L6.4 Facilitates Group Interactions**

Uses varied communication management techniques, brainstorming, consensus building, group problem solving, and conflict resolution; Demonstrates good meeting management techniques (e.g., agenda development, time management)

## Appendix 1: Population Health Leadership Competency Model, Version 1.1

### **L7. Community Orientation**

The ability to **align one's own and the organization's priorities with the needs and values of the community**, including its cultural and ethnocentric values and to move health forward in line with population-based wellness needs and national health agenda.

#### **L7.1 Responds Appropriately to Community Needs**

Follows through, when asked, on inquires, requests, complaints; Keeps stakeholders up-to-date about progress of projects or other events that impact them

**L7.2 Maintains Clear Communication** Maintains clear communication with community leaders and constituents regarding mutual expectations; Monitors community satisfaction and potential health needs; Regularly distributes helpful information to key stakeholders; Gives friendly, cheerful service

**L7.3 Takes Personal Responsibility for Initiating Collaborative Planning** Corrects problems promptly and non-defensively; Takes personal responsibility for correcting service problems; Initiates collaborative planning; Mobilizes resources to meet community health needs and challenges

#### **L7.4 Participates with and Understands the Community**

Sponsors activities, takes action, and conducts data gathering to understand the health needs of the local and regional communities; Gets involved in the community for the purposes increasing wellness and presenting a good image of the organization; Is routinely involved in community health programs, interventions, and services

#### **L7.5 Provides Services to the Community**

Takes deliberate action to support the local and regional community's health values and needs; Initiates or develops a new service or array of services to address the specific needs of the population and how it wants to receive health, recognizing ethnic and cultural differences; Works with other regional health organizations and constituencies to create a comprehensive and integrated health system to promote long-term wellness and serve community needs; Advocates for community health need and priorities

#### **L7.6 Advocated for the Broader Health Environment**

Engages in meaningful actions at the national level to move recognized priorities forward; Partners across health constituencies to create a coordinated and dynamic health system on a national basis that meets long-term health and wellness needs; Understands needs of health stakeholders nationally and pushes their agenda forward

### **L8. Financial Skills**

The ability to **see potential in and understand the use of administrative and clinical information technology and decision-support tools** in process and performance improvement. Actively sponsors their utilization and the continuous upgrading of information management capabilities.

#### **L8.1 Explains the Organization's Financial Metrics and Reports**

Uses financial metrics to drive and track the organization's success; Explains income statement, balance sheet, cash flow; Explains indicators of financial health, especially profitability, and accounting entries through general ledger to revenue

**L8.2 Manages Budgets and Assets** Develops budgets; Demonstrates expense and revenue management (unit or department); Manages budget variances, including revisions and corrective actions; Explains expense sources and management alternatives with implications; Understands sources of revenue including sensitivity analyses; Demonstrates capital budgeting and asset management

#### **L8.3 Understands Impact of Reimbursement Models**

Assesses reimbursement and payment system alternatives; Explains connections between models and behavior of providers and payers; Develops incentives; Considers impact of reimbursement and payment systems when assessing management alternatives

#### **L8.4 Evaluates Financial Analyses and Investments**

Analyze rate of return, net present value, cash flow analyses, and risk-return trade-offs and cost-benefit analyses; Analyzes population, disease, utilization data; Understands basics of insurance rating and actuarial risk

#### **L8.5 Develops Long-term Financial Plans**

Develops long-term plans for funding growth and development (e.g., new services, clinical programs, community outreach); Develops long-term capital spending for building renovation and expansion; Develops funding sources and their financial implications

### **L9. Human Resources Management**

The ability to **implement staff development and other management practices that represent contemporary best practices, comply with legal and regulatory requirements, and optimize the performance of the workforce**, including performance assessments, alternative compensation and benefit methods, and the alignment of human resource practices and processes to meet the strategic goals of the organization.

#### **L9.1 Is Familiar with Basic Employment Processes and Law**

Demonstrates basic knowledge of employment management principles, policies, and law in relation to hiring, promotion, or dismissal; Applies human resources policies and procedures; Applies equal opportunity and federal contract compliance (EEOC/OFCCP), the disabilities act (ADA), fair labor standards (FLSA) and employee income, security, and refinement regulations (ERISA); Demonstrates an understanding of union/labor principles and practices (e.g., contracting, negotiations, grievance process, mediation)

#### **L9.2 Uses Alternative Compensation and Benefit Programs**

Conducts job analysis, evaluation, and grading; Uses compensation structures, including: market pricing, pay delivery models and their implications, benefits and their role in total compensation, and union wage and hour contract provisions; Uses compensation, benefit, and incentive programs of diverse employee stakeholders; Conducts performance assessments

#### **L9.3 Aligns Human Resource Functions with Strategy**

Aligns human resource functions to achieve organizational strategic outcomes; Understands the importance of aligning recruitment and selection, job design and work systems, learning and development, reward and recognition, and succession planning

## Appendix 1: Population Health Leadership Competency Model, Version 1.1

### **L10. Impact and Influence**

The ability to **persuade, convince, influence, or impress others (individuals or groups)** in order to get them to go along with or to support one's opinion or position. The "key" is understanding others, since *Impact and Influence* is based on the desire to have a specific impact or effect on others where the person has a specific type of impression to make, or a course of action that he or she wants the others to adopt.

#### **L10.1 Expresses Logical Intention but Takes No Action**

Intends to have a specific effect or impact; Communicates intentions; Expresses concern with reputation, status, appearance, etc., but does not take any specific actions

**L10.2 Takes a Single Action to Persuade** Uses direct persuasion in a discussion or presentation; Appeals to reason, data, others' self-interest; Uses concrete examples, visual aids, demonstrations, etc.; Makes no apparent attempt to adapt presentation to the interest and level of the audience

**L10.3 Takes Multiple Actions to Persuade** Takes two or more steps to persuade without trying to adapt specifically to level or interest of an audience; Includes careful preparation of data for presentation; Makes two or more *different* arguments or points in a presentation or a discussion; Uses multiple points of view and delivery alternatives

**L10.4 Calculates Impact of Actions or Words** Analyzes the needs, interests, and expectations of key stakeholders; Anticipates the effect of an action or other detail on people's image of the speaker; Prepares for others' reactions; Tailors messages to interest and needs of audience; Aligns persuasion actions for targeted effects or impact; Takes a wellthought-out dramatic or unusual action in order to have a specific impact

**L10.5 Uses Indirect Influence** Uses chains of indirect influence: "Get A to show B so B will tell C such-and-such"; Takes two or more steps to influence, with each step adapted to the specific adapted audience; Enlists endorsements of others (e.g., experts or other third parties) to influence

**L10.6 Use Complex Influence Strategies** Assembles coalitions; Builds "behind-the-scenes" support for ideas; Uses an in-depth understanding of the interactions within a group to move toward a specific position (e.g., may give or withhold information among individuals to have specific effects)

### **L11. Information Seeking**

An underlying curiosity and desire to know more about things, people, or issues, including the desire for knowledge and staying current with health, organizational, industry, and professional trends and developments. It includes **pressing for exact information; resolving discrepancies by asking a series of questions; and scanning for potential opportunities** or information that may be of future use, as well as staying current and seeking best practices for adoption.

#### **L11.1 Consults Available Resources**

Asks direct questions of the people who are knowledgeable about the situation, such as people who are directly involved; Uses readily available information, or consults other resources

**L11.2 Investigates Beyond Routine Questions** Conducts preliminary investigations regarding a problem or situation beyond routine questioning; Finds those closest to the problem and investigates further, such as asking, "What happened?"

#### **L11.3 Delves Deeper**

Asks a series of probing questions to get at the root of a situation, a problem, or a potential opportunity below the surface issues presented; Calls on others who are not personally involved, to get their perspective, background information, experience, etc.; Does not stop with the first answer; finds out why something happened; Seeks comprehensive information including expecting complexity

#### **L11.4 Conducts Research to Maintain Knowledge**

Makes a systematic effort over a limited period of time to obtain needed data or feedback; Conducts in-depth investigation from unusual sources; Commissions others to conduct formal research (e.g., market, financial, competitive) through newspapers, magazines, computer search systems, or other resources regarding practices in health and other industries for the purpose of keeping current; Seeks expert perspective and knowledge

#### **L11.5 Is Recognized as a User of Best Practices**

Establishes ongoing systems or habits to get information; for example, walks around, holds regular informal meetings, or scans publications that feature best practices; Enlists individuals to do regular, ongoing information gathering; Adopts the best practices from other industries

### **L12. Information Technology Management**

The ability to **see the potential in and understand the use of administrative and clinical information technology and decision-support tools** in process and performance improvement. Actively sponsors their utilization and the continuous upgrading of information and management capabilities.

#### **L12.1 Recognizes the Potential of Information Systems in Process and Patient Service Improvement**

Is familiar with current technology for patient tracking (especially registration, billing and records management), financial automation and reporting, and reimbursement management; Is open to automation of paper-based processes

#### **L12.2 Actively Promotes Information Systems Implementation**

Understands PC and network technologies and uses this knowledge to advocate integrates systems that collect, track and share information across local- and wide- area networks; Understands how information technology tools simplify, streamline and improve care, including the ability to make a cogent case for using these tools to clinical and administrative audiences; Personally uses and supports investment in databases, Web-based tools, and information systems

#### **L12.3 Champions Decision-Support Systems Implementation**

Provides staff and clinicians with state-of-the-art tools (such as handheld devices, notepad computers, etc) to access information, record data (including patient data) and make decisions; Supports use of Web-based diagnostic capabilities; Provides patients with access to their health information on-line, including scheduling and seeing laboratory and test data; Develops and resources a long-term (i.e., five years) information systems plan that includes intranet and Internet capabilities

#### **L12.4 Seeks and Challenges the Organization to Use**

**Leading-Edge and Developing Information Technology** Stays up to date on the latest developments in information technology; Identifies new opportunities to use latest information technology in the organization. These uses fundamentally alter the way the organization operates or promotes wellness; Partners with the latest thinkers and developers to identify and implement breakthrough systems

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### **L13. Initiative**

**Identifying a problem, obstacle, or opportunity and taking action in light of this identification to address current or future problems or opportunities.** Initiative should be seen in the context of proactively doing things and not simply thinking about future actions. The time frame of this scale moves from addressing current situations to acting on future opportunities or problems.

**L13.1 Reacts to Short-Term Opportunities or Problems;** Recognizes and reacts to present opportunities; Reacts to present problems, including overcoming obstacles

### **L13.2 Is Decisive in Time-Sensitive Situations**

Acts quickly and decisively in a crisis or other timesensitive situation; Acts with a sense of urgency when the norm is to wait, study the situation, and hope the problem will resolve itself

### **L13.3 Looks Ahead to Take Action Short-term**

Anticipates short-term opportunities, obstacles, and problems; Takes action to create an opportunity, prevent problems, or avoid future crisis, looking ahead within three-month time frame

### **L13.4 Takes Action on Longer-term Opportunities**

Anticipates longer-term opportunities, problems, and obstacles; Proactively takes action to create an opportunity or avoid future crisis, looking ahead 4-12 months

### **L13.5 Acts Over a Year Ahead**

Scans for environmental inflection points to anticipate changes, future opportunities, and potential crises that others may not see; Anticipates and takes action to create an opportunity or avoid future crisis looking over a year ahead

### **L14. Innovative Thinking**

The ability to **apply complex concepts, develop creative solutions, or adapt previous solutions** in new ways for breakthrough thinking in the field.

### **L14.1 Applies Basic Rules**

Applies simple rules, common sense, evidence, and past experiences to identify problems; Recognizes when a current situation is exactly the same as a past situation

### **L14.2 Recognizes Patterns Bases on Life Experiences**

When looking at information, sees patterns, trends, or missing pieces/linkages; Notices when a current situation is similar, and identifies the similarities and/or differences

### **L14.3 Applies “Tried and True” Concepts or Trends**

Uses knowledge of theory and different past trends or occurrences to look at current situations; Applies and modifies concepts or methods appropriately

### **L14.4 Clarifies Complex Ideas or Situations**

Makes complex ideas or situations clear, simple, and/or understandable (e.g., re-framing the problem, use of analogy); Assembles ideas, issues, and observations into a clear and useful explanation; Restates existing observations or knowledge in a simpler fashion; Takes intricate data and puts it into lay terms; “boils down” information

### **L14.5 Creates New Concepts or Breakthrough Thinking**

Creates new concepts that are not obvious to others and not learned from previous education to explain situations or resolve problems; Looks at things in new ways that yield new or innovative approaches-breakthrough thinking; Shifts the paradigm; starts a new line of thought

### **L15. Interpersonal Understanding**

The ability to understand other people as well as to **accurately hear and understand the unspoken or partly expressed thoughts, feelings, and concerns of others.** It measures increasing complexity and depth of understanding of others and includes cross-cultural sensitivity.

### **L15.1 Recognizes Emotions and Concerns of Others**

Recognizes emotion by reading body language, facial expression, and/or tone of voice; Attends to thoughts and concerns (spoken and unspoken) displayed by others

### **L15.2 Interprets Emotions and Verbal Content**

Understands *both* emotion (by reading body language, facial expression, and/or tone of voice) and the content of what the person is saying; Accurately interprets emotion and content of what others say; Recognizes when the emotion and content do not appear to be in sync

### **L15.3 Commits to Understanding Others**

Takes time to get to know people beyond superficial or jobrelated information; Genuinely seeks to understand people as individuals and their points of view; Uses insights gained from the knowledge of others to know “where they are coming from” or why they act in certain ways

### **L15.4 Displays Sensitivity to Cultural, Ethnic, and Social Issues**

Is sensitive to the cultural, ethnic, and social backgrounds of individuals and groups; Understands their difference with an eye toward accommodating or appreciating them; Displays an in-depth understanding of the ongoing reasons for a person’s behavior or responses

### **L15.5 Actively Increases Diversity and Multicultural Approaches**

Uses own insights and perceptions to create greater diversity and multiculturalism; Uses understanding to shape future care scenarios to respond to more positively to different community and demographic groups

## Appendix 1: Population Health Leadership Competency Model, Version 1.1

### **L16. Organizational Awareness**

The ability to understand and **learn the formal and informal decision-making structures** and power relationships in an organization or industry (e.g., stakeholders, suppliers). This includes the ability to identify who the real decision makers are and the individuals who can influence them, and to predict how new events will affect individuals and groups within the organization.

#### **L16.1 Uses Formal Structure**

Uses the formal structure or hierarchy of an organization to get things done; Understands chain of command, positional power, rules and regulations, policies and procedures, etc.

#### **L16.2 Applies Understanding of Informal Structure**

Uses the informal structure of an organization when the formal structure does not work as well as desired; Recognizes key actors, decision influences, etc.; Applies this knowledge when formal structure does not work as well as desired

#### **L16.3 Adapts Actions to Climate and Culture**

Recognizes norms and values of an organization including the unspoken guidelines about what people are and are not comfortable doing, and what is and is not possible at certain times by people in certain positions; Adopts the “language and feel” of the organization; Uses formats and terminology that reflect the environment

#### **L16.4 Considers Priorities and Values of Multiple Constituencies**

Takes time to become familiar with the expectation, priorities, and values of health’s many stakeholders (e.g., physicians, nurses, patients, staff, professionals, families, community leaders); Uses this understanding to build coalitions and consensus around the organization’s vision, priorities, and national health and wellness agendas; Recognizes and/or uses ongoing power and political relationships within the constituencies (alliances, rivalries) with a clear sense of organizational impact

#### **L16.5 Uses Insights of Stakeholders’ Underlying Actions and Issues**

Addresses the deeper reasons for organization, industry, and stakeholder actions, such as the underlying cultural, ethnic, economic, and demographic history and traditions; Uses these insights to gain long-term support for the creation of local, regional, and national integrated health systems that achieve national agenda for health and wellness

### **L17. Performance Measurement**

The ability to **understand and use statistical and financial methods and metrics to set goals and measure clinical as well as organizational performance**; commitment to and employment of evidence-based techniques.

#### **L17.1 Monitors Indicators of Performance**

Uses of knowledge of customers, markets, and financial and management accounting to track organization performance and financial results; Implements basic patient tracking (e.g., registration, invoicing, third-party payer) and operational (e.g., numbers of procedures, equipment usage) measurement systems; Reports results in an accurate, timely manner that clearly shows organization performance

#### **L17.2 Monitors a “Scorecard” of Quantitative and Qualitative Measures**

Tracks financial, customer, quality, and employee performance measures; Uses patient and constituent satisfaction scores, as well as demographics and epidemiological statistics to set organizational priorities, plans, and investments; Gathers both quantitative and qualitative information on customer perceptions, market position, and financial viability; Tracks highincidence procedures and conditions; Establishes procedures based on evidence; Ensures medical professionals undergo quality reviews; Uses measurement systems to determine “early warning” as well as “rear window” indicators

#### **L17.3 Uses Evidence-based Approaches to Support Community Wellness**

Monitors community wellness; Measures organization success by tracking community wellness and performance against national criteria and priorities; Uses advances warning measures to enable the movement of people, equipment, and resources; Anticipates community needs; Ensures timeliness, effectiveness, and efficiency of services; Advocates for treatment and other care decisions that are evidenced based and patient/customer centered

### **L18. Process Management and Organizational Design**

The ability to **analyze and design or improve an organizational process**, including incorporating the principles of quality management as well as customer satisfaction.

#### **L18.1 Conducts Process Flow Analyses**

Uses process mapping and analysis software; Maps process steps; Identifies key decision points; Determines staffing requirements (number, costs and essential knowledge, skills and other attributes), cost implications, and service implications

#### **L18.2 Benchmarks Good Processes and Practices**

Conducts benchmarking and best practices research and interpretation to improve both clinical and nonclinical organizational practices; Understands customer service and satisfaction drivers; Understands continuum of care across different delivery sites (e.g., outpatient, acute care, specialty clinic); Defines roles and responsibilities of administrators and departments; Understands legal, accrediting, and regulatory requirements; Understands clinical research requirements and practices; Knows patient and information confidentiality requirements; Determines costs and revenue implications

#### **L18.3 Evaluates Organization Structure and Design**

Assesses organizing structures (functional, departmental, service line, etc.) and their advantages and disadvantages; Understands basic differences in provider structures (i.e., practice site, teaching hospital, community hospital, clinic, subacute provider); Uses organization structure to design and improve performance

#### **L8.4 Understand the Basics of Organization Governance**

Understands governance practices, including board relations, committee structure, and fiduciary, ethics, and clinical review responsibilities; Defines role and responsibilities of foundations and other auxiliary organizations; Uses key governing and regulatory organizations such as state, county, and city governments; Uses organization governance to enhance quality, customer satisfaction, and performance

## Appendix 1: Population Health Leadership Competency Model, Version 1.1

### **L19. Professionalism**

The demonstration of **ethics, sound professional practices, social accountability, and community stewardship**. The desire to act in a way that is consistent with one's values and what one says is important.

#### **L19.1 Acts Openly and Honestly**

Acts consistently and according to organization's expressed core values; Deals with staff, public, and government in an open and truthful manner; Expresses what he or she believes even when the message may not be welcome; Shares information, insights, or comments when it would be easier to refrain from doing so

**L19.2 Promotes Organizational Integrity** Ensures that organization adheres to honesty and fair dealing with all constituencies, including employees and community stakeholders; Promotes the development of professional roles/values that are compatible with the improvement of health and wellness; Serves all equally and upholds trustworthiness

**L19.3 Maintains Social Accountability** Develops and implements systems for tracking and sustaining commitments to the community and customers ; Acknowledges issues and contributing factors; Publicly admits to mistakes; Establishes approaches to handling issues and mistakes openness, honesty, and fairness

#### **L19.4 Promotes Community Stewardship**

Develops professional roles/values compatible with improving population and individual health; Commits to addressing the health and wellness needs of the total population, including adapting new approaches that address diverse cultural attitudes about health; Ensures organizational stewardship and accountability for honesty and fair dealing with all constituents

### **L20. Project Management**

The ability to **plan, execute, and oversee a multiyear, large-scale project involving significant resources, scope, and impact**. Examples include the construction of a major building, implementation of an enterprise-wide system (patient tracking, SAP), or development of a new service line.

**L20.1 Prepares a Detailed Project Plan** Uses project management software; Establishes phases and steps with realistic timelines; Identifies required knowledge, skills, and abilities of team and vendors; Selects team; Identifies selection and contracting processes and criteria and selects vendor; Identifies performance requirements, measurements systems, and tracking and reporting processes; Establishes budget

**L20.2 Manages Projects Effectively** Tracks performance against plan and budget; Holds vendors accountable; Holds team members accountable; Reports project outcomes; Adjusts plan and re-projects; Ensures delivery within prescribed timeframes and budget

**L20.3 Provides Project Oversight and Sponsorships** Identifies project performance requirements, including financing and ROI; Defines project requirements; Select manager; Provides project plan and major decision review and oversight; Acquires resources; Manages major obstacles; Provides project performance reporting review and problem solving

### **L21. Relationship Building**

The ability to **establish, build, and sustain professional contacts** for the purpose of building networks of people with similar goals and that support similar interests.

#### **L21.1 Develops or Sustains Informal Contacts**

Makes or sustains informal contacts with others that extend beyond formal work relationships; Is approachable and able to engage in "small talk" and informal conversations

#### **L21.2 Builds Friendly Rapport with Associates**

Maintains friendly relations and rapport with work contacts; Attends events with associates and other business contacts that provide informal mingling and contact such as business meals, sporting events, and other outings; Find things that one has in common with associates and uses them to build friendly relations

**L21.3 Sustains Formal Contacts** Organizes parties, outings, or special gatherings designed to improve or strengthen relationships with others; Creates forums for conducting business; Participates in a broad range of relationships with others who have the potential to become strong business allies

#### **L21.4 Establishes Important Relationships with Key Leaders**

Works to meet key people in the health industry, the community, and other constituencies; Identifies the "movers and shakers" – today and the future – and establishes good working relationships with them

**L21.5 Sustains Strong Personal Networks** Builds personal relationships with colleagues such that one can ask and readily receive favors and requests; Maintains contacts with others in the field for mutual assistance; Can call on others for support and, if needed, personal testimonials and references; Is recognized as "one of the"

## Appendix 1: Population Health Leadership Competency Model, Version 1.1

### **L22. Self-Confidence**

A belief in one's own capability to accomplish a task and select an effective approach to a task or problem. This includes confidence in one's ability as expressed in increasingly challenging circumstances and confidence in one's decisions or opinions.

#### **L22.1 Acts Confidently within Job or Role**

Works without needing direct supervision; Appears confident in person; Presents self well

#### **L22.2 Acts Confidently at the Limits or Slightly Beyond the Limits of Job or Role**

Makes decisions without asking others; Makes decisions even when others disagree; Acts outside formal role or authority; Acts in uncertain circumstances

#### **L22.3 States Confidence in Own Ability**

Describes self as an expert, someone who makes things happen, a prime mover, or a source of authority; Sees self as among the top performers in an organization; Explicitly states confidence in own judgement or abilities; Communicates self-assuredness to take on new roles, responsibilities, and challenges

#### **L22.4 Takes on Challenges**

Seeks challenging assignments and is excited by a challenge; Looks for and gets new responsibilities; Speaks up when he or she disagrees with management or others in power; but disagrees politely, stating own view clearly and confidently – even in a conflict

#### **L22.5 Choose Extremely Challenging Situations**

Willingly takes on extremely challenging (i.e., those that are personally risky) assignments; Confronts management or others with power directly; Can be blunt and bold when necessary

### **L23. Self-Development**

The ability to have an accurate view of one's own strengths and development needs, including the impact that one has on others. A willingness to address needs through reflective, self-directed learning, and by trying new approaches.

#### **L23.1 Seeks Feedback**

Routinely seeks feedback from others, including those who are likely to be critical, Appreciates the need to learn and grow

**L23.2 Improves Own Performance** Regularly reflects on own performance including events that were successful and those that were less so; Learns from less successful events, missteps, and challenges; Sets annual improvement goals; Is open to coaching

#### **L23.3 Considers the Impact One Has on Others**

Is aware of what behaviors and styles get the best results and matches styles to the situation; Reflects on the impact one has on others prior to making decisions or taking actions; Modifies behaviors in response to informal cues as well as formal feedback and integrates the results into personal development efforts and goals; Tried out new leadership techniques and adopts those with positive impact

#### **L23.4 Pursues Long-term Personal Development**

Independently analyzes future developmental needs, factoring in accurate self-assessment, feedback from others, personal career goals, and organization direction; proactively pursues multiyear personal development, including willingness to tackle fundamental behavior change (e.g., from pacesetter to consensus builder)

### **L24. Strategic Orientation**

The ability to consider the business, demographic, ethno-cultural, political, and regulatory implications of decisions and develop strategies that continually improve the long-term success and viability of the organization.

#### **L24.1 Conducts Environmental Scanning**

Performs analyses that identify the competitive/market, governmental and regulatory, public opinion, scientific, and technological forces that currently and will shape the organization; Identifies the strengths and challenges of the organization vis-à-vis the forces today and into the future; Identifies the required social and economic position of the organization in light of the environmental scan

#### **L24.2 Develops Strategy to Address Environmental Forces**

Positions the organization in light of the environmental forces over the next three to five years; Develops strategic goals and plans for the organization that take advantage of its strengths, addresses its shortcomings, build on opportunities, and attempts to minimize environmental threats; Aligns organizational units and investment strategy (financial, people, technology, materials) to achieve strategy

#### **L24.3 Aligns Organization to Address Long-term Environment**

Understands the forces that are shaping health over the next 5 to 10 years (market, social, cultural, economic, and political); Aligns strategy, structure, or people with the long-term environment; Develops a long-term organizational strategy (including competitive, financial, structural, and people elements) to position the organization for success over the next 10 years

#### **L24.4 Shapes Industry Strategy**

Develops a perspective on long-term health and wellness trends and developments that is respected by colleagues and leading policymakers; Helps to shape industry competitive positioning through policymaking forums and industry-specific strategic groups

## Appendix 1: Population Health Leadership Competency Model, Version 1.1

### L25. Talent Development

The drive to build the breadth and depth of the organization's human capability and professionalism, including supporting topperforming people and taking a personal interest in coaching and mentoring high-potential leaders.

#### L25.1 Expresses Positive Expectations of Others

Makes positive comments regarding others' developmental future, particularly those whom others might see as not having high potential; Believes others want to, and/or can learn to, improve their performance

#### L25.2 Gives Short-Term, Task-Oriented Instruction

Gives detailed instructions and/or on-the-job demonstrations; Provides specific helpful suggestions

#### L25.3 Provides Constructive Feedback and Support

Gives directions or demonstrations with reasons or rationale as a training strategy; Provides practical support or assistance to make an assignment easier for the others; Volunteers additional resources, tools, information, and expert advice; Supports learning and professional growth of others; Asks questions, gives tests, or uses other methods to verify that others have understood explanation or directions; Gives feedback in balanced, behavioral, and constructive manner; Provides constructive development expectations

#### L25.4 Supports Ongoing Development

Uses surveys, assessment tools, and personal engagement to develop a comprehensive understanding of talent strengths and needs in the organization; Actively supports resource investments to close talent gaps; Is a vocal supporter of growing talent and capability; Demonstrates commitment to developing talent by investing resources; Provides opportunities for more responsibility and "stretch assignments"

#### L25.5 Acts as a Developer of Talent

Recognizes that developing people in the organization is a key priority and accountability; Knows who the organization's "rising stars" are and gives them mentoring; Participates in formal development and training, occasionally serving as a trainer; Ensures that succession plans are robust and current; Serves as a coach for successors to own and other key top positions

#### L25.6 Develops Health Industry Talent

Contributes personal time and energy to mentoring and improving healthcare talent industry-wide; Develops a vision of top leadership requirements and works with industry colleagues to implement a vision; Serves as a coach/trainer for industry leadership development programs

### L26. Team Leadership

Sees oneself as a leader of others, from forming a team that possesses balanced capabilities to setting its missions, values, and norms, as well as to holding the team member accountable individually and as a group for results.

#### L26.1 Manages Team Meetings Well

Conducts efficient and effective meetings; States meeting agendas and objectives; Control time and pace; Makes assignments

#### L26.2 Keeps People Informed

Provides essential information for decision making and fulfillment of responsibilities individually and collectively; Lets people affected by the team know what is happening and the status of decisions; Explains the reasons behind the decision promptly and candidly

#### L26.3 Promotes Team Effectiveness

Creates the conditions that enable the team to perform at its best (e.g., setting clear direction, providing appropriate structure, getting the right people); Determines team membership (including selection and dismissal), team assignments, performance management, and team development actions in a manner that promotes team morale and productivity; Obtains input from others to promote the effectiveness of the group or process; Builds team spirit for purposes of promoting the effectiveness of the group or process

#### L26.4 Obtains Resources/Takes Care of the Team

Obtains needed personnel, resources, and information to meet team goals; Holds team members accountable for their contribution to team success, including bringing team resources to their assistance; Protects the group and its reputation vis-à-vis the larger organization or the community at large; Provides or secures needed support and development for both the individuals and the team as a group

#### L26.5 Demonstrates Leadership

Established norms for team behavior; Personally models the norms; Takes appropriate action when members violate the norms; Works with team members to gain their personal commitment and energy to the team mission, goals, and norms; Uses own positional power, trust, respect of others, and relationships to remove or smooth over obstacles that the team meets; Coaches and develops team members to top performance

#### L26.6 Is a Role Model for Leadership

Is recognized throughout the health industry as an example of outstanding leadership; Provides guidance and perspectives on leading others to peers and colleagues outside the organization; Takes an active role in spreading leadership approaches across the industry; Is recognized by the industry as a leader whose leadership approaches are considered best practice; Is often sought out for perspective and guidance in the field

### L27. Public Health Methods

To ensure healthy conditions, public health incorporates diverse public and private stakeholders working in different ways to advance society's health. Population health are the health outcomes of a group of individuals, including the distribution of such outcomes within the group. Thus, population health (i.e., the health of populations) is the ultimate goal; we must employ public health methods and approaches to achieve it.

#### L27.1 Examine the characteristics that bind people together as a community—including social ties, common perspectives and interests, and geography—and how these relate to health.

Able to define community and discuss the role of community in health. Can identify and define a meaningful population for health improvement purposes.

#### L27.2 Address the role of socioeconomic, environmental, cultural, and other population level determinants of health on the health status and health care of individuals and populations.

Describes population-level determinants of health and discusses how these factors influence health status and health care delivery. Explains population level determinants affecting the health of a population. Identifies potential strategies for addressing population-level determinants of health.

#### L27.3 Use community assets and resources to improve health at the individual and population levels.

Describes relevant assets and resources for population health improvement within a specific community. Discusses potential collaborations with community resources to improve population health.

#### L27.4 Apply strategies that improve the health of populations.

Develops and implements population-based prevention strategies in collaboration with community partners. Measures and documents improvements in health status. Applies evidence-based approaches in development, evaluation, and continual improvement of interventions.

#### L27.5 Analyze the essential functions of public health systems.

Analyzes existing functions of public health systems and identifies new potential strategies to improve population health. Analyzes interactions between the medical and public health systems, and recommend improvements in both so that these systems can work together more easily.

#### L27.6 Integrate population health and community engagement in daily practice.

Engages the community in guidance of the PCMH and care redesign. Conducts research for practice improvement.

#### L27.7 Understand and support the principles of accountability and accreditation at the community or public health agency level.

Analyzes complex regulatory problems relevant to community and population health efforts in collaboration with legal experts. Ensures compliance of programs with all regulatory requirements.



### MSHA Student Learning Objectives (SLO) Matrix

The MSHA SLO matrix shows the relationship between the four major objectives with the Population Health Leadership Competency model. Each course in the curriculum is listed in the matrix. Each competency assessed by the course is listed and corresponds to the competencies that are found in appendix 1.

Also listed are points in the curriculum where either students and mentors assess their competency attainment. The specific competencies assessed are designated with an “X” in the matrix. Finally, the major curriculum delivery methods are listed at the bottom of the matrix for each course. These are found in the “education experience inventory” section of the matrix.

MSHA SLO	PHL Leadership Competency	1 <sup>st</sup> Year MSHA Requirements												2 <sup>nd</sup> Year Requirements										EXIT INTV COMPETENCY ASSESSMENT	Number of courses for this competency			
		MPH ORIENTATION	PHL COMPETENCY ASSESSMENT	PHMS XXX Project Management for Population Health	PHMS 615 Introduction to Health Systems	PHPB XXX Population Health Quantitative Methods	PHMS XXX Population Health Information Management	PHMS 680 Health Management Leadership Seminar	PHEP 501 Introduction to Epidemiology	PHMS XXX Healthcare Marketing	PHMS XXX Health Operations Management & Science	PHMS 710 Health Policy & Analysis	PHMS 609 Health Finance & Financial Management.	PHMS XXX Healthcare Quality Management	PHMS XXX MSHA Practicum	PRECEPTOR ASSESSMENT	PHMS XXX Insurance & Alternative Payment models	PHMS XXX Managerial Accounting for Healthcare Managers	PHMS 620 Healthcare Strategic Management	PHMS 662 Health Economics	PHMS 605 Governance and Management of Healthcare Organizations	PHMS 635 Health Law and Ethics	PHMS 625 Population Health Managements			PHMS 630 Human Resource Management	PHMS XXX MSHA Capstone Course	
		Strategic Orientation	X	B L24.1	B L24.1					I L24.1										A L24.3	I L24.3		A L24.3					I L24.3
Innovative Thinking	X			B L14.4	I L14.1				I L14.2	I L14.3				I L14.4		I L14.4	A L14.5		I L14.4	I L14.4	A L14.4				A L14.4		X	11
I.T. Management	X				I L12.2				I L12.1																		X	2
Project Management	X	A L20.3						I L20.2										I L20.2							A L20.2		X	4
Initiative	X			I L13.3		B L13.1								I L13.4	X										A L13.2		X	4
Impact and Influence	X									I L10.4				B L10.4							I L10.4						X	3
Change Leadership	X								I L4.2			B L4.1		I L4.2						I L4.4	I L4.2	I L4.4					X	6
Organizational Awareness	X		I L16.4	A L16.4				B L16.4		I L16.4				I L16.3		A L16.4				A L16.4	A L16.4				A L16.2		X	9
H.R. Management	X																							A L9.3		X	1	
Talent Development	X																							A L25.5	A L25.3		X	2
Public Health Methods	X		B L27.1-6					B L27.2						A L27.1		I L27.4						A L27.7		A L27.4		X	6	
Financial Skills	X				I L8.4						I L8.1-5	I L8.4				A L8.4			I L8.3						A L8.2		X	6
Analytical Thinking	X	B L3.3		A L3.3	I L3.3		B L3.1	I L3.4	A L3.4	A L3.4		B L3.2	I L3.3	X	A L3.3	I L3.3	A L3.4	I L3.3		A L3.4	A L3.2			A L3.4		X	16	
Information Seeking	X			B L11.3					I L11.2	B L11.1-2				I L11.4		A 11.4				A L11.3				A L11.3		X	7	
Performance Measurement	X			I L17.1	I L17.1		B L17.1		I L17.1			A L17.1-3				A L17.2	I L17.3									X	7	
Process Mgmt./Org Design	X	I L18.1							A L18.2			B L18.3									A L18.4			A L18.3		X	5	

Appendix 2: MSHA Program Competency Crosswalk to Core Courses

MSHA SLO	PHL Leadership Competency	1 <sup>st</sup> Year													2 <sup>nd</sup> Year										EXIT INTV COMPETENCY ASSESSMENT	Number of courses for this competency					
		Course Requirements															Course Requirements														
		MSHA Orientation	PHL COMPETENCY ASSESSMENT	PHMS XXX Project Management for Population Health	PHMS 615 Introduction to Health Systems	PHPB XXX Population Health Quantitative Methods	PHMS XXX Population Health Information Management	PHMS 680 Health Management Leadership Seminar	PHHP 501 Introduction to Epidemiology	PHMS XXX Healthcare Marketing	PHMS XXX Health Operations Management & Science	PHMS 710 Health Policy & Analysis	PHMS 609 Health Finance & Financial Management.	PHMS XXX Healthcare Quality Management	PHMS XXX MSHA Practicum	PRECEPTOR ASSESSMENT	PHMS XXX Insurance & Alternative Payment models	PHMS XXX Managerial Accounting for Healthcare Managers	PHMS 620 Healthcare Strategic Management	PHMS 662 Health Economics	PHMS 605 Governance and Management of Healthcare Organizations	PHMS 635 Health Law and Ethics	PHMS 625 Population Health Managements	PHMS 630 Human Resource Management			PHMS XXX MSHA Capstone Course				
Communication and Interpersonal Effectiveness	Community Orientation	B L7.1	X										B L7.2							I L7.2						I L7.6	A L7.5			X	5
	Communication Skills		X										B L6.2		A L6.3	I L6.4	I L6.2	I L6.6	X		I L6.4		A L6.3	A L6.3				A L6.3	X	9	
	Collaboration	B L5.1	X			I L5.1									I L5.5	I L5.5		I L5.2	X							I L5.3-5			X	6	
	Self-Development	B L23.1	X										A L23.1, 2-4			I L23.3	A L23.5										I L23.2		A L23.2	X	6
	Relationship Building	B L21.1-2	X											B L21.1-2					A L21.4	X									X	3	
	Team Leadership	B L26.1	X													A L26.3	A L26.5												A L26.4	X	4
	Interpersonal Understanding	B L15.1	X											B L15.1													I L15.3	I L15.4	I L15.5		X
Professionalism and Ethics	Achievement Orientation	B L2.1	X												A L1.5	B L2.2	A L2.3	X		I L2.3		B L2.5								X	6
	Accountability		X			B L1.3												A L1.4	X							I L1.5		A L1.3	X	4	
	Self-Confidence		X											L22.1		B L22.1	A L22.5	I L22.3	X								I L22.2		A L22.1	X	6
	Professionalism	B L19.1	X											B L19.1					A L19.1	X						B L22.2	B L19.4			X	5
Educational Experience Inventory	Consultative Exp.			X		X		X					X							X	X							X			
	Simulation					X	X					X								X		X									
	TBL			X		X	X					X	X	X														X			
	Reflective Modeling					X		X					X	X	X							X	X					X			
	Integrative Exp												X															X			



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December 21, 2015

Dean Craig H. Blakely  
University of Louisville  
School of Public Health and Information Sciences  
Louisville, KY 40202

Dear Dean Blakely,

Thank for your leadership of the School of Public Health and Information Sciences (the "SPHIS") within the University of Louisville. The purpose of this letter to formally communicate our support of your efforts to establish an Executive Masters of Health Administration program within the SPHIS.

As you are aware, the health care market sector is an important component of the Louisville and Kentucky economy. And, the business of health care is becoming increasingly complex and challenging as we seek new ways to improve health through a transformed health system. Post-graduate educational programs are needed that focus on developing the skills and competencies desired by future leaders. We believe your plans to establish the Executive MHA program within the SPHIS is worthy of our support.

To that end, it is the intention of Passport Health Plan to assist the program by offering fellowship opportunities to graduates of the program and to seek approval from our Board of Directors to support the program financially during its formative years. Our support is contingent upon the receipt of a formal proposal from the SPHIS and on the approval of the Council on Post-Secondary Education's approval of the program.

Thank you for the opportunity to provide this letter of support. If you have any questions regarding the foregoing, please do not hesitate to call me at 502-585-8351.

Sincerely,

A handwritten signature in black ink, appearing to read "MBC", is written over a light blue horizontal line.

Mark B. Carter  
Chief Executive Officer





# Christian Care Communities

*Since 1884*

January 15, 2016

Dean Craig H. Blakely  
University of Louisville  
School of Public Health & Information Sciences  
Louisville, KY 40202

Dear Dean Blakely,

We at Christian Care Communities recognize there is a great need in Kentucky for people engaged in health care leadership to have access to a rigorous, accredited, mid-career degree program to enrich their capacity to improve the quality of healthcare delivery throughout the Commonwealth, as well as to enhance their career advancement prospects.

I am writing to affirm our commitment to and support of the University of Louisville's School of Public Health and Information Sciences to establishing an Executive Master of Health Administration (MHA) program. Although we cannot commit to a financial contribution at this time, we believe this program will greatly improve competencies and capabilities in the health care system for current and future leaders in our field.

Furthermore, we pledge our assistance to your faculty in the development of course content pertaining to aging services and post-acute care, as well as offer our facilities as potential field experience sites.

If we can be of further assistance, please contact me directly at [keith.knapp@ccc1884.org](mailto:keith.knapp@ccc1884.org) or 502-254-4235.

Sincerely,

A handwritten signature in blue ink that reads "Keith R. Knapp". The signature is written in a cursive style.

Keith R. Knapp, Ph.D., M.H.A., C.N.H.A.  
President and Chief Executive Officer

12710 Townepark Way • Suite 1000 • Louisville, Kentucky 40243  
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Angie Mannino Baptist Health  
2701 Eastpoint Parkway  
Louisville, KY 40223

January 28, 2016

Dean Craig H. Blakely University of  
Louisville  
School of Public Health & Information Sciences Louisville, KY  
40202

Dear Dean Blakely,

We at Baptist Health recognize there is a great need in Kentucky for our employees to have access to a rigorous, accredited mid-career degree program to enrich their capacity for personal career advancement and to improve the quality of healthcare delivery within Kentucky.

We are committed to collaborating with the University of Louisville School of Public Health and Information Sciences and offer our full support to the Master of Health Administration program.

If you have any questions, please contact me at (502) 896-5066. Sincerely,

A handwritten signature in cursive script that reads "Angela K. Mannino".

Angie Mannino  
Chief People and Culture Officer Baptist Health



January 25, 2016

Dean Craig H. Blakely  
University of Louisville  
School of Public Health & Information Sciences  
Louisville, KY 40202

Dear Dean Blakely:

We at Kindred Healthcare recognize there is a great need in Kentucky for our employees to have access to a rigorous, accredited mid-career degree program to enrich their capacity for personal career advancement and to improve the quality of healthcare delivery within Kentucky.

I would like to affirm our commitment and support to the University of Louisville School of Public Health and Information Sciences Executive Master of Health Administration (MHA) program. Although we are unable to confirm a financial contribution at this time, we will continue to collaborate with the University and School regarding educational opportunities and internships within the program for members of our staff.

If you have any questions, please contact me at 502.596.7161.

Sincerely,

A handwritten signature in blue ink that reads "William M. Altman".

William M. Altman  
Executive Vice President  
Strategy, Policy & Integrated Care



200 Abraham Flexner Way  
Louisville, KY 40202  
P 502.587.4011  
F 502.587.4600  
KentuckyOneHealth.org

Dean Craig H. Blakely  
University of Louisville  
School of Public Health & Information Sciences  
Louisville, KY 40202

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Dear Dean Blakely,

We at KentuckyOne Health recognize there is a great need in Kentucky for our hospitals and health system members to have access to a rigorous, accredited mid-career degree program to enrich their capacity for personal career advancement and to improve the quality of healthcare delivery within Kentucky.

We have contributed \$300,000 and I would like to affirm our continued support to the University of Louisville School of Public Health and Information Sciences Executive Master of Health Administration (MHA) program. We are looking forward to continued collaboration to our mutual benefit.

If you have any questions, please contact 502-587-2555

Sincerely,

A handwritten signature in black ink that reads 'Michael Anthony Spine'.

Michael Spine  
SVP, Chief Strategy & Business Development Officer  
KentuckyOne Health, Inc.





# KENTUCKY ACHE CHAPTER

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Dr. Christopher Johnson, PhD.  
Department Chair  
Healthcare, management and System sciences  
University of Louisville  
485 East Gray Street  
Louisville, Kentucky 40202

The Kentucky Chapter of the American College of Healthcare Executives (ACHE), Board of Directors, discussed and strongly endorses the development and offering of a graduate healthcare management program at the University of Louisville.

Currently, no graduate healthcare management program accredited by the Commission on the Accreditation of Healthcare Management Education (CAHME) exists for education of and development of healthcare professionals in Kentucky's largest metropolitan area. We readily support and encourage high quality life-long competency-development opportunities for our members and the members of our healthcare community within the Commonwealth. The proposed Masters in Science Health Administration (MSHA) degree program at the University of Louisville meets all criteria for accreditation, affiliation, and programmatic mission.

Your consideration to this request is greatly appreciated.  
Respectfully submitted,

A handwritten signature in blue ink that reads "David W. Bailey".

David W. Bailey, FACHE  
President  
Kentucky Chapter ACHE

[Baileydw46@fuse.net](mailto:Baileydw46@fuse.net)  
859-7607656

**MEMORANDUM FOR RECORD**

**SUBJECT: Meeting Minutes**

1. The semi-annual University of Louisville Healthcare Leadership Advisory Board was conducted on Friday, October 27<sup>th</sup>, from 2:00 – 4:00 in the Board Room of the University Club on main campus. Meeting notes for each of the main agenda items follow.
2. Overview of new healthcare management programs: An overview (see attached briefing packet) of two proposed new graduate programs, Masters in Science, Health Administration (MSHA) and Masters in Science, Health Data Analytics (MSHDA), was provided to the members to facilitate feedback. Board members reported that they look forward to continuing developments of the program and are ready to provide ongoing advice and counsel regarding new and existing programs. The following points highlight comments from board members:

**MSHA:** Introduction of a new CAHME-accredited healthcare management program is essential in the Louisville area to fill a critical developmental need that has not historically been available within the metropolitan area. Members encouraged MSHA curriculum emphasis on healthcare finance and accounting, quality, leadership development, organizational and market transformations, and future health trends. Each of the represented healthcare organizations noted that graduates from this program would support their human capital development needs. Members were interested in the development of both a full-time, resident program and the potential of an executive-based version of the program existing healthcare executives seeking healthcare management graduate education while working.

**MSHDA:** Members were particularly enthusiastic about the prospects of new graduate program focused on the analysis of health data to drive more effective and efficient population health decision-making. Several members representing both institutional and nationally-based healthcare management organizations noted that this degree program meets compelling current and future needs for competency development. Members inquired about the prospects of introducing artificial intelligence into the curriculum. Members representing health systems and health consulting organizations strongly advocated for opening admissions to this degree and that their organizations would be eager employers of graduates.

3. **B.S. OLL-Healthcare Leadership (CBE) Curriculum Updates:** An overview of the evolution of the new CBE program curriculum was provided. The program revised the 36-credit hour curriculum from 36 1-credit hour courses (course "families of 3") in "module like" format to 12 3-credit courses. Additionally, the program incorporated four new courses, Healthcare Finance and Accounting, Healthcare Quality Evaluation, Healthcare Information Management, and Healthcare Law and Ethics to further enhance competency development coverage of the National Center for Healthcare Leadership (NCHL) competency model. The new courses will be available for enrollment in Spring 2018.
4. **CBE program first year highlights, summary analysis:** Highlights of the first year of CBE Healthcare Leadership program operations include 74 admitted students and 38 active enrollments. Admitted and enrolled student counts substantially exceed targeted goals. Program interest and applications remains strong. The program evolved aspects of the program to meet Department of Education Experimental Site requirements for federal financial aid as CBE students seeking federal financial aid must maintain full-time status (24 credit hours in a 32-week academic year period). The program may consider offering an 8-week term (versus CBE non-term) version of the B.S. OLL-Healthcare Leadership program to meet federal financial aid guidelines for part-time students and/or students that seek term-based courses for course completion.
5. **First CBE program graduate:** Ms. Rachel McClain was introduced as the first graduate (officially in December 2017) of the CBE program. Ms. McClain completed the degree requirements in less than one year (10 months) leveraging the benefits of the CBE non-term, flexible-paced course design and incorporation of the prior-learning assessment course in the curriculum. Ms. McClain enrolled in the program having already earned an associates degree from the Kentucky Community and Technical College System (KCTCS) and serving more than five years in the healthcare field. Ms. McClain will serve as an exemplar and program ambassador to promote enrollment in the program.
6. **Success Coach analysis of year student support:** Ms. Saundra Kimberlain, CBE Success Coach, provided an overview and analysis of first-year student support and advising trends. Primary points of focus include orientation of returning to higher education adult learners and working with the financial aid office to plan financing of education coordinating multiple potential payer

sources including federal financial aid, employer-reimbursement, grants and other awards, and self-pay.

7. **Marketing and Promotion Forward:** The CBE program reviewed the forward-looking market plan developed in conjunction with the University of Louisville Delphi Center Online Programs Marketing staff. The program will market and promote the CBE bachelor's degree-completion program for healthcare professionals in the Louisville area, across the Kentucky region, and nationally. Special focus for marketing and promotion will be applied with local area healthcare organizations. The marketing and promotion plan provides resources for online and print advertising, direct engagement in state and national conferences, and promotional-informational materials. Analysis of past year marketing and promotional activities indicates that direct engagement on primary (program applicant) and network basis (colleagues, supervisors) coupled with online search resources accounted for the large majority of program leads, applicants, and enrollees.
8. **Closing questions, comments.** Board members report looking forward to news of having the MSHA and MSHDA programs available for enrollment in 2018. Board members will coordinate with the program for marketing and promotional opportunities onsite for their respective employees.
9. **Next meeting:** The next Healthcare Leadership Advisory Board meeting will be conducted in Spring 2018 (March or April). A Doodle poll will be conducted to determine whether the meeting will be in person or via teleconference and dates\times.



LEE W. BEWLEY, Ph.D., FACHE  
Program Director, Associate Professor

Attachments  
Healthcare Leadership Advisory Board Roster  
Meeting Briefing Packet

**Healthcare Leadership Program Advisory Board**

Alexander-Carney, Victoria	Signature Healthcare
Cornish, Al	Norton Healthcare
Crotty, Art	Tech Solve: Healthcare Solutions
Duncan, Christopher	Army Medical Department (Officer)
Hamilton, Karen	Hosparus
Hanson, Steve	Executive in Residence
Hare, David	Trilogy Health Services
Johnson, Laura	Army Medical Department (Civil Service)
Jones, Fred	Humana
Key, James	Veterans Health Administration
Lorch, Mike	Anthem
Osborne, Vicki	Optum Healthcare
Roty, Chris	CEO, Baptist-Lagrange
Schaefer, Amie	KentuckyOne Health
Souza, Jonas de	Humana
Steele, Jill	Army Medical Department (Senior Enlisted)
Vancampen, Kathy	Clark Memorial Hospital
Walton, Tom	Executive in Residence

Tuition sharing agreement emails:

**From:** Howarth, Susan Ingram  
**Sent:** Tuesday, November 21, 2017 10:46 AM  
**To:** Billingsley, Dale B. <[dbbill01@exchange.louisville.edu](mailto:dbbill01@exchange.louisville.edu)>; Blakely, Craig H <[chblak01@exchange.louisville.edu](mailto:chblak01@exchange.louisville.edu)>  
**Cc:** Goldstein, Robert Scott <[rsgold03@exchange.louisville.edu](mailto:rsgold03@exchange.louisville.edu)>  
**Subject:** RE: tuition deal for MSHA executive program  
This is ok but will need to consider whether we roll into the standard template as we move forward.  
Thanks!

**From:** Billingsley, Dale B.  
**Sent:** Monday, November 20, 2017 8:28 PM  
**To:** Blakely, Craig H <[chblak01@exchange.louisville.edu](mailto:chblak01@exchange.louisville.edu)>  
**Cc:** Goldstein, Robert Scott <[rsgold03@exchange.louisville.edu](mailto:rsgold03@exchange.louisville.edu)>; Howarth, Susan Ingram <[swingr01@exchange.louisville.edu](mailto:swingr01@exchange.louisville.edu)>  
**Subject:** Re: tuition deal for MSHA executive program  
I am willing for the proposal to go forward at the rate proposed. Susan, do you agree?  
Dale B. Billingsley  
Acting Executive Vice President  
and University Provost  
102 Grawemeyer Hall  
University of Louisville  
Louisville, KY 40292  
Office (502) 852-6160  
Voicemail (502) 852-5209

On Nov 14, 2017, at 5:18 PM, Blakely, Craig H <[chblak01@exchange.louisville.edu](mailto:chblak01@exchange.louisville.edu)> wrote:  
Dale/Bob

The word from APC on way to Faculty Senate is they need the full proposal by Friday to consider it at the December meeting.

At issue is simply whether we confirm the existence of exchanges about a 150% tuition rate, shared 100% to SPHIS/DHMSS and 50% to central administration. These students would not be enrolled in classes at UofL if not for the executive model program.

I have suggested sending it with a place holder so that the members can be looking at the bulk of the proposal.

Thanks

craig

*Craig H. Blakely, PhD, MPH*

Professor and Dean  
School of Public Health and Information Sciences  
485 Gray Street, Suite 233  
University of Louisville  
Louisville, KY 40202-1741  
Phone: 502 852 3297  
E-address: [craig.blakely@louisville.edu](mailto:craig.blakely@louisville.edu)  
Web: [www.louisville.edu/sphis/](http://www.louisville.edu/sphis/)



## ELIGIBILITY REQUIREMENTS

*Red Highlights — Revisions*

### REQUIREMENT A

The University will have established healthcare management as a major course of study leading to a master's degree. Establishment of the Program will have been approved by the appropriate University governing body.

### REQUIREMENT B

Programs will be a part of an institution of higher learning that has achieved regional accreditation or equivalent recognition.

COMMENT: In the United States the institution will be an accredited member of one of the six regional accrediting associations recognized by the Commission on Recognition of Postsecondary Accreditation. In Canada, the institution will hold provisional or ordinary membership in the Association of Universities and Colleges of Canada.

### REQUIREMENT C

If the Program is in a specialized graduate school or schools (such as a medical school, school of public health, or school of business administration) within the University, the school(s) should be accredited by the appropriate recognized specialized accrediting agency (agencies). In the absence of such accreditation(s), a determination will be made by CAHME to the extent lack of specialized accreditation is detrimental to the quality of the Program.

### ~~REQUIREMENT D~~

~~The Program will require full-time study beyond the baccalaureate level of not less than the equivalent of two academic years as defined by the University. CAHME will evaluate whether the Program, as defined by the University, meets this requirement.~~

### REQUIREMENT E

The Program in healthcare management will have graduated at least ~~two~~ **one** class.

### REQUIREMENT F

The Program will require at least 120 contact hours of synchronous instructional time.

This may be accomplished online or in a non-University setting, as long as students are synchronously learning course material under the supervision of and in learning sessions that are facilitated directly by program faculty.

*Synchronous is defined as: existing or occurring at the same time. It is not necessary for students to be in the same room as the instructor so long as the sessions are live and provide opportunities for meaningful interaction between students and instructors.*

*Hour requirements can be met through a combination of formal class sessions and supervised field experiences.*

## **REQUIREMENT G**

The Program will ensure that facilities, equipment, and supplies are sufficient to support Program quality and achieve the Program's mission, goals and objectives. This will include:

1. Library and/or access to information resources;
2. Computing technology and the appropriate management software; and
3. Classroom, and other learning space, and physical facilities for students, faculty, and staff, as appropriate to the method of course/program delivery.

## **REQUIREMENT H**

There will be no discrimination on the basis of gender, age, creed, race, ethnicity, disability or sexual orientation in any aspect of the Program's activities. The Program will be in full compliance with relevant laws and University policy regarding equal opportunity requirements. Nothing herein will be construed to prevent a University from having a religious affiliation and purpose and adopting policies of admission and employment that directly relate to such affiliation and purpose so long as notice of such policies has been provided to applicants, students, faculty, and employees.

## **REQUIREMENT I**

The Program will have a process for handling formal student complaints and use these complaints, where appropriate, for program evaluation and improvement.

## **REQUIREMENT J**

The Program will be subject to a defined policy on academic freedom and academic standards. Faculty in the Program will be aware of Program/University faculty grievance procedures.

## **REQUIREMENT K**

University polices will provide time and support for faculty development, research and/or scholarship, and service.



## REQUIREMENT L

Faculty evaluation will be equitable and fair and faculty responsibilities will be consistent with University policies.

CAHME Accreditation Criteria <b>Red Highlights-</b> <b>Revisions</b>		
Current Criterion	Proposed Criterion	Interpretation of Proposed Criterion
<b>Criteria I: Program Mission, Values, Vision, Goals and Support</b>		
Criteria I.A: Mission and Metrics		
I.A.1 The Program will have statements of mission, vision, and values that guide the Program's design, evaluation and quality improvement efforts.	The Program will have statements of mission, vision, and values that guide the Program's design, evaluation and quality improvement initiatives, <b>and strategic intent and/or market focus.</b>	The mission, vision, and value statements <b>will</b> define the focus of the healthcare management program. <b>The mission, vision and values will provide the basis for reviewing the Program and for assessing Program effectiveness.</b> -- The mission statement defines the purpose, direction and any unique aspects of the Program. The mission statement should identify the Program's strategic purpose and provide clarity regarding the target student population and the types of jobs/markets graduates enter. It guides curriculum focus and clarifies the level and type of scholarly activity of the faculty. In addition, the Program should describe how the Program mission relates to the mission of the University and of the parent College/School. The mission statement will be considered in relation to the mission of the University regarding graduate education, research and service. --The Program's vision is a statement that communicates the Program's ideal state. The vision statement articulates the end result of the Program's work, or of what it aspires to be. It serves to motivate the Program to move towards this ideal state. -- The Program's values reflect commonly held beliefs and principles of behavior that define the culture of the Program and to which the Program leadership, faculty and students feel a strong emotionally-toned commitment. The values statement provides a standard for behavior and decisions.
I.A.2 The Program will establish goals, objectives and performance outcomes that are action-based, observable, and measurable.	The Program will establish goals, objectives <b>and performance outcomes that are aligned with the Program's mission, vision and values and are action-based, observable, and measurable.</b>	CAHME will seek evidence that specified goals and objectives and expected performance outcomes provide direction and criteria for evaluating ongoing program and curriculum enhancement. Goals must support the mission, vision and values statements by identifying specific areas of emphasis of aspirational intent and/or intended improvement within the Program. Objectives serve to operationalize the goals and <b>must</b> include separate educational, <b>scholarship</b> , service, and other appropriate subcategories of <b>the</b> goals. Objectives serve as indicators of successful performance and <b>must</b> be actionable, <b>observable</b> and measurable.

Appendix 4: CAHME Eligibility Requirements and Accreditation Criteria

<p>I.A.3. The Program will monitor changes in the health system, the University environment, and management theory and practice and adjust its mission, vision, goals, objectives and competency model as necessary.</p>	<p>The Program will monitor changes in the <b>health sector</b>, the University environment, and management theory and practice and adjust its mission, goals, objectives and competency model as necessary.</p>	<p>Utilization of market research of the <b>health sector</b> and strategic planning assessment tools will enable the Program to identify the changing needs for essential competencies in graduates. This should include appropriate strategic plans, five year academic plans and evidence of external stakeholder input into the curriculum. The Program will be expected to demonstrate a big picture examination of the market, including population served and demonstrate changes effected in response, <b>consistent with the Program's mission. Stakeholder (e.g. alumni, employers, advisory board) involvement in planning and ongoing monitoring of the environment is important.</b></p>
<p><b>Criteria I.B: Institutional Support</b></p>		
<p>I.B.1 The Program will have sufficient financial and administrative support to ensure that its mission, goals and objectives can be achieved.</p>	<p>The Program will have <b>sufficient financial support, stability</b>, and administrative support to ensure that its mission, goals and objectives can be achieved.</p>	<p>This criterion requires an assessment of the Program's ability to meet its stated objectives in light of its current <b>financial resources</b>, identification of the most significant current resources and the most critical resource <b>constraints. Included should be the Program's ability to make recommendations for future resource development, identify steps to implement these recommendations, and describe the likely timeline for implementation.</b></p>
<p>I.B.2 Program leadership will have the authority to ensure the integrity of the Program.</p>	<p>Program leadership will have <b>sufficient authority and autonomy to develop and guide the Program.</b></p>	<p>This criterion evaluates the authority of the personnel responsible for the Program. <b>As guided by the framework of the University's rules and regulations, the Program Director, faculty, staff and administration have sufficient prerogative and autonomy to ensure the integrity of the Program and facilitate achievement of the Program's mission, goals and objectives. These personnel should have formal opportunities for input in decisions affecting admissions, resource allocation, faculty recruitment and promotion, competency model development, curriculum design and evaluation, assessment methods, research and service activities and degree requirements.</b></p>
<p>I.B.3 Program and University leadership will ensure that the resources available to faculty are commensurate with workload.</p>	<p>Program and University leadership will ensure that supportive resources are available to all Program Faculty <b>and are appropriate for individual faculty workload to support positive student educational outcomes.</b></p>	<p>CAHME recognizes that <b>faculty research requirements</b>, large class sections, and <b>blended or</b> online instruction place additional demands on course faculty and requires that the quality of instruction and student outcomes should not be compromised. CAHME will seek evidence that faculty are supported with additional resources <b>where and when warranted and</b> that the majority of instruction is with the faculty of record who is a qualified content expert. Supportive resources might include human, capital, financial, and technological assets.</p>
<p>I.B.4 The organization of the Program and its relationship to other academic units will enable students to draw broadly on academic resources throughout the University.</p>	<p><b>The Program will support and enable all students to draw broadly on academic resources available</b> throughout the University.</p>	<p>CAHME recognizes that the educational goals of Programs can best be met if all students <b>(including full-time, part-time, or in distance learning)</b> have access to, and utilize to the greatest extent possible, the resources of the entire University for courses, independent study and research</p>
<p><b>Criteria II: Students, Graduates</b></p>		

Appendix 4: CAHME Eligibility Requirements and Accreditation Criteria

<p>II.A.1 The Program will make available full and accurate information regarding its application process; the competencies that form the basis for its curriculum, the curriculum, teaching, learning and assessment methods, and student achievement.</p>	<p>The Program will make <b>publicly available complete and accurate information regarding its mission; application process; the competencies that form the basis for its curriculum; the content and sequence of its curriculum; teaching, learning and assessment methods; outcomes measures including degree completion and employment rates; and differences among accredited degree offerings.</b></p>	<p>The Program will provide sufficient information to allow prospective students to make informed decisions prior to entering the Program, and to allow other interested parties to understand the program and its purpose. This information typically includes recruiting, admissions criteria and practices, academic calendars, grading policies, degree requirements, and student outcomes including completion rate and the percent of students employed within 3 months/90 days of graduation. Since competencies define the nature and content of a Program and establish student expectations, information about them should be widely available to students and prospective students. Accredited Programs with multiple tracks must clearly differentiate between CAHME accredited and non-accredited offerings in their formal and informal communications.</p>
<p>II.A.2 The Program will have recruiting practices and well-defined admission criteria designed to admit qualified students and pursue a diverse student population</p>	<p>The Program will have recruiting practices and well-defined admission criteria designed to <b>recruit</b> and admit qualified students and to pursue a diverse student population <b>as reflected in the Program’s mission-defined market.</b></p>	<p>The Program’s admission criteria should be derived from its mission and provide metrics by which the Program monitors its performance. <b>Recruitment practices and admission criteria should be designed to recruit qualified students and a student population that generally reflects the target market of the Program as identified in the mission statement.</b></p>
<p>II.A.3 The Program will ensure that students are provided appropriate advising and support services, and that these services are evaluated regularly as a basis for continuous improvement.</p>	<p>The Program will ensure that all students are provided access to <b>academic advising, career counseling, and other support services</b> and that these services are <b>evaluated regularly as a part of the Program’s continuous improvement.</b></p>	<p>The Program needs to ensure students receive assistance that is appropriate to their career interests and goals, including, but not limited to: resume writing and job search preparation; training on interviewing skills; assisting students with fellowship and job placements; working with alumni and others in placing students; and offering alumni and healthcare executive contacts. Program advising and support services will include those provided at the Program level such as mentoring, academic advising, career planning and counseling by faculty and preceptors. University-wide resources may include counseling, dispute resolution, and financial aid advisement.</p>
<p>II.A.4 The Program will involve students, alumni, and practitioners in appropriate areas of Program decision-making and evaluation.</p>	<p>No Change</p>	<p>Student, alumni and practitioner involvement in such areas as evaluation of courses, instructors, curriculum, career and academic advising, decisions on student recruitment and admission and selection of new faculty is critical to ensuring the ongoing relevance of the Program to the changing needs of the profession, and will be evaluated in the context of overall University policy. Successful Programs have used these stakeholders creatively to demonstrate currency and relevancy of their Programs. Some examples include: Advisory Groups, Executive in Residence programs, Annual Program Retreats, students serving on program related committees, and Strategic Planning sessions.</p>
<p>II.A.5 The Program will ensure that graduates’ career preparedness is monitored, documented and used for continuous improvement.</p>	<p>No Change</p>	<p>In a Program’s efforts to monitor graduate achievement, the career paths of graduates will be tracked for at least three years (two years for programs undergoing initial accreditation). The Program will provide information on Program completion rates, employment status, and other indicators such as preparedness for functioning in the workplace and student satisfaction with their education.</p>

**Criteria III: Curriculum**

Criteria III.A: Curriculum Design

Appendix 4: CAHME Eligibility Requirements and Accreditation Criteria

<p>III.A.1 The Program will adopt a set of competencies that align with the mission and types of jobs graduates enter. The Program will use these competencies as the basis of its curriculum, course content, learning objectives and teaching and assessment methods.</p>	<p>Proposed: The Program will adopt a set of competencies that aligns with the Program's mission and types of jobs graduates enter. The Program will use these competencies as the basis of its curriculum, course content, learning objectives, and teaching and assessment methods.</p>	<p>Student learning is a central focus of graduate education and is driven by each Program's unique mission and the varied employment settings of its graduates. Therefore, it is important that Programs be able to articulate the expected competencies of Program graduates. These competencies should be driven by the mission; form the basis of the Program's curriculum; serve to link course content in pursuit of competencies; and foster appropriate levels of teaching and methods of assessment.  <b>Programs may choose to create and validate their own competency model based on their mission or adapt a commonly used competency model (NCHL, HLA, SLU etc.). CAHME does not prescribe a specific number of competencies, but the competency model must be aligned with the Program's mission.</b></p>
<p>III.A.2 The program curriculum will provide students with a depth and breadth of knowledge of the healthcare system and healthcare management aligned with the mission.</p>	<p>The Program curriculum will <b>facilitate development</b> of a depth and breadth of knowledge of the <b>health-sector</b> and healthcare management, aligned with the Program's <b>mission and competency model</b>.</p>	<p>Programs must ensure that graduates are receiving an appropriate depth and breadth of knowledge of the <b>mission-defined health sector</b> and healthcare management. Programs should articulate major content areas, describe how the Program monitors appropriate content areas for inclusion, and identify how the curriculum's design exposes students to these areas. Areas of focus will differ by Program dependent on each Program's mission and core requirements. Content knowledge may be provided to students through a single course, a field activity, or provided in an integrated manner across a series of courses or activities. <b>CAHME anticipates that the equivalent of 40 semester hours or 60 quarter hours is the minimum required to develop the set of competencies, exclusive of the residency or internship component of the Program.</b> If a Program is less than 40 semester hours or the equivalent, a detailed description of the implementation of the set of competencies is required. During the site visit, faculty should be prepared to discuss the scope and depth of the course offerings, with particular reference to what they consider to be the key concepts provided by their particular course(s) and expected student competency outcomes.</p>
<p>III.A.3 The Program curriculum will develop students' competencies in communications and interpersonal effectiveness.</p>	<p>The Program curriculum will <b>facilitate development</b> of students' competencies in communications and interpersonal effectiveness.</p>	<p>"Communications" should include competencies associated with giving and receiving of verbal and non-verbal information between an individual and other individuals or groups, <b>including individuals and groups that represent the diverse populations of the Program's target market.</b> "Interpersonal effectiveness" involves competencies associated with <b>developing and maintaining effective, inclusive working relationships with others.</b> The following are examples of the kinds of competencies that may fall into this domain <b>and be addressed in course content:</b> Collaboration, Oral and/or Written Communications, Listening, Observing, and Relationship Building.</p>
<p>III.A.4 The Program curriculum will develop students' competencies in critical thinking, analysis, and problem solving.</p>	<p>The Program curriculum will <b>facilitate development</b> of students' competencies in critical thinking, analysis, and problem solving.</p>	<p>This domain should include competencies related to the appropriate use of information, data, strategic thinking and, judgment to inform sound management decisions. The following are examples of the kinds of competencies that may fall into this domain: Analytical thinking, Financial Management, Information Seeking, Performance Measurement, and Process Management.</p>
<p>III.A.5 The Program curriculum will develop students' competencies in management and leadership.</p>	<p>The Program curriculum will <b>facilitate development</b> of students' competencies in management and leadership.</p>	<p>This domain should include competencies related to a student's ability to successfully pursue organizational goals that involve getting things done through and in collaboration with others. The following are examples of the kinds of competencies that may fall into this domain: <b>Governance,</b> Change leadership, <b>Human Resource Management,</b> Initiative, IT Management, Organizational Awareness, Project Management, Strategic Orientation.</p>
<p>III.A.6 The Program curriculum will develop students' competencies in professionalism and ethics.</p>	<p>The Program curriculum will <b>facilitate development</b> of students' competencies in professionalism and ethics.</p>	<p>This domain should include competencies that relate to upholding high professional and ethical standards. The following are examples of the kinds of competencies that may fall into this domain: Accountability, Acting with Integrity, Achievement Orientation, Ethical decision-making, Professionalism, Life-long learning, and Self-Confidence.</p>
<p><b>Criteria III.B: Teaching and Learning Methods</b></p>		

Appendix 4: CAHME Eligibility Requirements and Accreditation Criteria

<p>III.B.1 The Program will incorporate a range of teaching and learning methods driven by adult learning principles. The methods will be based on higher education taxonomic levels appropriate to graduate education.</p>	<p>The Program will incorporate <b>teaching and learning</b> methods driven by adult learning principles. The teaching and learning methods will be based on higher education taxonomic levels appropriate to graduate education.</p>	<p>Throughout the curriculum, the Program should incorporate teaching and learning methods as appropriate to the course objectives and competencies. The teaching and learning methods should be aligned with the curriculum design and should seek to emphasize methods that involve active student participation (i.e. higher-level methods), which tend to be more effective in developing competencies. <i>Examples of lower and higher-level methods will be provided and of benchmark information will be made available by CAHME.</i></p>
<p>III.B.2 The Program will provide, throughout the curriculum, opportunities for students to participate in team-based and inter-professional activities.</p>	<p>The Program will provide, throughout the curriculum, opportunities for students to participate in team-based <b>activities</b>.</p>	<p>CAHME recognizes that the opportunity for practical collaboration and teamwork serve to develop students' interpersonal skills and prepare them for the workplace. As part of the educational experience students should have opportunities to work in teams, facilitate meetings and practice leadership skills</p>
<p>III.B.3 The Program will provide experiences for students to gain an understanding of, and to interact with, a variety of healthcare professionals and organizations.</p>	<p>No Change</p>	<p>CAHME recognizes the importance of interdisciplinary exposure to health care professionals in graduate education. <b>Students need the opportunity for exposure to other professions. It is this cross-discipline collaboration and professional understanding that will lead to the success of graduates as they enter the field. Opportunities should be provided for students to work with others inside or outside the program and across other disciplines such as nursing, medicine, allied health professions, public health, information technology, policy, insurance, suppliers, and/or engineering.</b> Programs are expected to offer students these opportunities in a number of ways as appropriate to the mission of the Program. The Program will develop relationships with a variety of healthcare management employers to integrate the field of practice into both teaching and career guidance. The Program will design formal and informal avenues for such exposure into the total student experience. These include, but are not limited to: site visits; business case competitions; career panels; informational interviews; professional conference attendance; mentoring programs; guest speakers; adjunct and clinical faculty.</p>
<p>III.B.4 The Program curriculum will include integrative experiences, including field-based applications that require students to draw upon, apply and synthesize knowledge and skills covered throughout the program of study.</p>	<p>No Change</p>	<p>Students should participate in integrative experiences, including field based applications, which foster continuous learning through information access, synthesis, and use in critical thinking. Students should draw upon learning and content provided throughout the Program of study in an integrative manner. Examples of integrative experiences include a well-supervised field experience with a didactic component, internship, a thesis or major paper, oral or written comprehensive exams, a well-managed integrative planning or management simulation, a structured group activity, or any other appropriate activities. Field based settings should be consistent with the Program's <b>mission and</b> educational goals and objectives and be appropriate to the needs of the student. Programs should be able describe the opportunities to assess that students can apply these skills if there are no field based assignments or other field based applications.</p>

**Criteria III.C: Student Assessment (Assessment of Student Learning and Competency Assessment)**

The Criteria III.C recommendation from the Standards Council reflects the restructuring of the former Criteria III.C: Assessment and Evaluation into two components:

1. Criteria III C: Student Assessment (Assessment of Student Learning and Competency Attainment)
2. Criteria III D: Program Evaluation and Quality Improvement

We believe this clarifies for the Program their duty to assess the outcome of the student learning with a variety of methods (III C1) and to aggregate that information so that students gain a clear understanding of their competency attainment (III C2). Criteria III D then clarifies that the Program must assess their teaching and learning structure and process (III D1) and their outcomes (III D2) using the information to continuously improve the Program.

Appendix 4: CAHME Eligibility Requirements and Accreditation Criteria

<p>III.C.1 The Program will incorporate a range of assessment methods driven by adult learning principles. The methods will be based on higher education taxonomic levels appropriate to graduate education and aligned with defined competencies.</p>	<p>III.C.1 The Program will incorporate a range of assessment methods driven by adult learning principles. The methods will be based on higher education taxonomic levels appropriate to graduate education and aligned with defined competencies.</p>	<p>Throughout the curriculum, the Program should incorporate a range of assessment methods as appropriate to the <b>Program's</b> objectives and competencies. These methods should reflect the rigor expected of graduate education and should therefore emphasize methods beyond those associated with knowledge evaluation. Examples of lower and higher-level methods will be provided. <i>Benchmark information will be made available by CAHME.</i></p>
<p><b>III.C.2. (Formerly III C3)</b> The Program will regularly evaluate the extent to which students and graduates attain the competencies and use the evaluation for continuous improvement.</p>	<p>The Program will regularly evaluate the extent to which each student attains the competencies at the level targeted by the Program, and will have a process in place for communicating that information to students.</p>	<p>Programs will have a process which regularly evaluates the extent to which students attain the competencies defined in III.A.1. Competencies should be the primary measure against which student achievement is measured and there should be efforts for both direct and indirect assessment.</p> <p>Direct assessment methods are based on actual student performance and outcomes in the learning environment – either classroom or program-sponsored experiential learning opportunities.</p> <p>Indirect assessment methods are based on opinions and perceptions of student learning, such as those gained in exit interviews, focus groups, surveys, self-reflection assignments, etc.</p> <p>Students will be given a clear understanding of the extent to which they attained the competencies specified by the Program at the target levels.</p>
<p><b>Criteria III.D: Program Evaluation</b></p>		
<p><b>(Formerly III C2)</b> The Program will evaluate course instruction and the curriculum and use the results to improve the quality of the teaching and learning environment.</p>	<p><b>III D 1</b> The Program will evaluate its curriculum, teaching and learning methods, assessment methods, and Program Faculty effectiveness and use the results for continuous quality improvement of the teaching and learning environment.</p>	<p>Evaluating a program’s curriculum, teaching, learning and assessment methods, and instructor effectiveness are essential to a process of continual improvement. Programs should demonstrate a plan which outlines specific methods of curricular review taken; evaluation of courses, student experiences and environments; and how this information is used for improvement.</p>
	<p><b>III D 2</b> The Program will collect, analyze, and use the assessments of student competency attainment for continuous improvement.</p>	<p>Evaluating student attainment of competencies across the curriculum and extra-curricular activities is essential to a process of continual improvement. Programs should demonstrate that they collect and analyze data related to competency attainment to ensure that the curriculum design, sequencing and extra-curricular activities are systematically developing the student competencies at the target level. The Program must outline how the student competency attainment data are collected, analyzed, and used for Programmatic improvement. As required in criterion III.C.1, Programs are expected to demonstrate links between health-sector expectations and alumni feedback in the development and modification of student competencies.</p>
<p><b>Criteria IV: Faculty Teaching, Scholarship and Service</b></p>		
<p>IV.A.1 Program and University leadership will ensure that the complement, involvement and qualifications of Core Program faculty are sufficient to accomplish the mission of the Program.</p>	<p>IV.A.1 Program and University leadership will ensure that the complement, involvement and qualifications of Program Faculty are sufficient to accomplish the mission of the Program.</p>	<p>The Program must describe and illustrate how all Program Faculty, i.e. instructors of record, including those who are full time, holding dual appointments, etc., have opportunities for involvement in the design and delivery of the program, the development of the curriculum and assessment of competency attainment. The Program should describe and illustrate how adjunct and other faculty who are not fully engaged are kept informed of changes in the competency model, curriculum, and assessment processes.</p>

Appendix 4: CAHME Eligibility Requirements and Accreditation Criteria

<p>IV.A.2 The Program will foster a diverse culture within the faculty and learning environment.</p>	<p>The Program will foster <b>faculty diversity and a culture of inclusiveness in the learning environment.</b></p>	<p>The expectation is that the Program will prepare students within an environment that enables them to understand the diversity of cultures, values, and behaviors in contemporary healthcare organizations and the need for inclusiveness. "Inclusiveness" refers to a cultural characteristic that values the roles and contributions of all in a diverse environment. <b>The Program may expose students to diversity through a variety of methods, e.g. guest speakers, mentors, etc.</b></p>
<p>IV.A.3 The Core Program faculty will have responsibility for: making recommendations regarding admission of students, specifying healthcare management competencies, evaluating student performance and awarding degrees.</p>	<p>No Change</p>	<p>CAHME recognizes the responsibility of other organizational units within the University regarding decisions to admit students and award degrees. This criterion will assess the role of Core Program faculty in Program administration and improvement.</p>
<p>IV.A.4 Core Program faculty will participate in defining faculty needs and in recruiting faculty to teach in the Program in accordance with University policy.</p>	<p>No Change</p>	<p>CAHME will seek evidence of faculty membership on appropriate search committees.</p>
<p><b>Criteria IV.B: Research and Scholarship</b></p>		
<p>IV.B.1 Faculty will demonstrate a record of research, scholarship and /or professional achievement appropriate to their career stage, role and responsibilities associated with the Program, and the Program's mission and goals.</p>	<p>IV.B.1 <b>Core</b> Faculty will demonstrate a record of research, scholarship and /or professional achievement appropriate to their career stage, role and responsibilities associated with the Program, and the Program's mission and goals.</p>	<p>CAHME encourages individual, collaborative and multi-disciplinary research and scholarship and/or other relevant professional achievements, including involvement of practitioners and students where appropriate. This should be consistent with university policy on faculty research and scholarship. Research and scholarship may be demonstrated through publications in refereed journals, books, and book chapters, case studies, funded and sponsored projects, presentations at professional meetings and other forms of dissemination. Professional achievements may be demonstrated through accomplishments in the professional practice realm, such as leadership positions held in healthcare organizations or other parts of the health industry. The nature and volume of such achievements should be individually consistent with the stage of the faculty member's career and collectively adequate to support a Program of graduate healthcare management education, consistent with the Program's mission and goals.</p>
<p>IV.B.2 The Program will ensure that there is a systematic plan for, and investment in, individual faculty research and scholarship.</p>	<p>No Change</p>	<p>The purpose of this criterion is to determine how goals to improve research and scholarly activities are identified, and <b>how</b> a plan for meeting those goals, including resource requirements, is developed and implemented. CAHME will seek evidence of continuous development of faculty research and scholarship to support the Program's mission and research goals. It is expected that Programs will develop individual plans that includes all core program faculty.</p>
<p><b>Criteria IV.C: Teaching</b></p>		
<p>IV.C.1 The Program will ensure that there is a systematic plan for, and investment in, individual faculty pedagogical improvement.</p>	<p>No Change</p>	<p>The purpose of this criterion is to determine how goals to improve teaching are identified, and how a plan for meeting those goals, including resource requirements, is developed and implemented. CAHME will seek evidence of continuous development of faculty teaching and assessment methods to support program competency development as well as discipline-based and applied knowledge of healthcare management. It is expected that Programs will develop a systematic plan that includes all core program faculty.</p>
<p>IV.C.2 The faculty will demonstrate that they draw on <b>their own current and relevant research and scholarship</b>, as well as that of others, in their teaching activities.</p>	<p>The <b>Program Faculty</b> will demonstrate that they draw on current and relevant research and scholarship in their teaching activities.</p>	<p>The purpose of this criterion is to enhance faculty teaching by using research and scholarship to influence the field and to provide current and relevant material for the classroom.</p>
<p><b>Criteria IV.D: Community and Professional Service</b></p>		

Appendix 4: CAHME Eligibility Requirements and Accreditation Criteria

<p>IV.D.1 Faculty will participate in health-related community and professional activities.</p>	<p><b>Core</b> Faculty will participate in health-related community and professional activities <b>and will draw upon their experience, as appropriate, in their teaching.</b></p>	<p>The Program should articulate its role and involvement in service to governmental agencies, voluntary and community organizations and health care institutions. Community service can include service to the profession, the university, or the community at large. The purpose of this criterion is to enhance faculty teaching and research activities; serve as a model to students of the role of service in professionalism; and provide faculty with the opportunity to influence the field. While CAHME recognizes that some of these activities may be compensated, e.g., participation in NIH study sections, this criterion will not be fully satisfied by activities that are a part of a faculty member's established consulting business. CAHME recognizes that faculty community and professional service activities will be commensurate with each faculty member's career stage, and their role and responsibilities in the Program and University.</p>
<p>IV.D.2 Faculty will draw upon their community and professional service activities in their teaching.</p>	<p><b>Deleted and included in IV.D.1</b></p>	



## Faculty Roster Form

### Qualifications of Full-Time and Part-Time Faculty

**Name of Institution:** University of Louisville

**Name of Primary Department, Academic Program, or Discipline:** School of Public Health and Information Sciences-  
Department of Health Management and Systems Sciences-Masters of Science in Health Administration

**Academic Term(s) Included:** Fall 2018

**Date Form Completed:** 04/03/2017

1	2	3	4
NAME (F, P)	COURSES TAUGHT	ACADEMIC DEGREES & COURSEWORK	OTHER QUALIFICATIONS & COMMENTS  Research Interests
	Including Term, Course Number & Title, Credit Hours (D, UN, UT, G)	Relevant to Courses Taught, Including Institution & Major  List specific graduate coursework, if needed	Related to Courses Taught
<b>Department of Health Management &amp; Systems Sciences</b>			
Baumgartner, Dr. Kathy (P)	PHEP-501-01 Introduction to Epidemiology (Fall 2019) (G)	University of Texas, School of Public Health at Houston, PhD Epidemiology	Epidemiologic and statistical methods, study design, sampling, questionnaire design, population-based case-control and cohort studies, data analysis and data management (STATA, SAS)
Benitez, Dr. Joseph (F)	PHMS-662-01 Health Economics (Fall 2019) (G)	University of Illinois, PhD Health Policy and Administration	Health Economics, Applied Economics
Bewley, Dr. Lee W. (F)	PHMS-680 Health Management Leadership Seminar (Fall 2018) (G) PHMS XXX-XX Healthcare Marketing (Fall 2019) (G)	University of Alabama at Birmingham, PhD Administration, Health Services (Strategy)	Human Capital Development, Competency-based Education, Strategic Market Interactions
Creel, Dr. Liza (F)	PHMS710-01 Health Policy & Analysis (Spring 2019) (G)	Texas A7M Health Science Center, School of Public Health, PhD Health Services Research with concentration in Health Economics	Maternal and child health, access to healthcare for children with special healthcare needs. interorganizational relationships, health delivery systems and services
Esterhay, Dr. Bob (F)	PHMS-615-01 Introduction to Health Systems (Fall 2018) (G)	Case Western Reserve University School of Medicine, MD	Health information infrastructure for individual health, health care, and population health; people, organizational, and social issues in health; network science applications in health; complex adaptive networks in health; health transaction cost economics; social network analysis
	PHMS-625-01 Population Health Management (Spring 2020) (G)		

Appendix 5: Faculty Roster and Qualifications

1	2	3	4
NAME (F, P)	COURSES TAUGHT	ACADEMIC DEGREES & COURSEWORK	OTHER QUALIFICATIONS & COMMENTS  Research Interests
Jennings, Dr. J'Aime (F)	PHMS-620-01 Healthcare Strategic Management (Spring 2019) (G)	University of Alabama at Birmingham, PhD Health Services Administration with concentration in Strategic Management	Public health systems and services, interorganizational relationships, health disparities, health care strategy and marketing
Johnson, Dr. Chris (F)	PHMS-650-01 Population Health Information Management (Fall 2018) (G)	University of Minnesota, PhD Health Services Research, Policy, and Administration	Organization theory, health services access, quality improvement, long-term care
	PHMS-XXX-XX Population Health Operations Management & Science (Spring 2019) (G)		
	PHMS-XXX-XX Healthcare Quality Management (Fall 2018) (G)		
	PHMS-XXX-XX MSHA Practicum (Summer, Fall 2019; Spring 2020) (G)		
	PHMS-XXX-XX Insurance & Alternative Payment Models (Spring 2020) (G)		
	PHMS-XXX-XX MHA Capstone Course (Spring 2020) (G)		
Kerns, Dr. Alexander (P)	PHMS-609-01 Health Finance and Financial Management (Spring 2019) (G)	University of Louisville, PhD Public Health, Health Management	Health administration
	PHMS-XXX-XX Managerial Accounting for Healthcare Managers (Fall 2019) (G)		
Little, Dr. Bert (F)	PHMS-XXX-XX Population Health Quantitative Methods (Fall 2018) (G)	University of Texas-Austin, PhD Physical Anthropology (Human Genetics, Growth, Adaptability); Applied Mathematics (Statistics, Probability Theory)	Human Genetics/Biology, Applied Mathematics, Health Outcomes, Data Mining/Big Data
Olson Allen, Dr. Susan (F)	PHMS-XXX-XX Project Management for Population Health (Spring 2019) (G)	University of Louisville, PhD Urban and Public Affairs	Health and the Built Environment, Program Evaluation, Policy Development
Schechter, Dr. Martha (P)	PHMA-635-01 Health Law and Ethics (Spring 2020) (G)	Columbia University, School of Law, LLM concentration in Family Law, Jurisprudence and Legal Education	Occupational Health Law and Ethics, Law and Public Health

Appendix 5: Faculty Roster and Qualifications

1	2	3	4
NAME (F, P)	COURSES TAUGHT	ACADEMIC DEGREES & COURSEWORK	OTHER QUALIFICATIONS & COMMENTS  Research Interests
Taylor, Dr. Jim (P)	PHMS-605-01 Governance and Management of Healthcare Organizations (Fall 2019) (G)	University of Hertfordshire, UK, DMan	Health management
Weiss, Dr. Robin (P)	PHMS-630-01 Human Resource Management (Spring 2020) (G)	University of Louisville, PhD Public Health Sciences	Maternal and child health policy

## Appendix 6: Sample Course Syllabus

### Course Data

Number: PHMS-710-01-4172  
Title: Health Policy and Analysis  
Credit-hours: 3  
Department: Health Management and Systems Sciences  
School/College: School of Public Health and Information Sciences  
Sciences Type: Lecture  
Room: SPHIS Room 103

### Catalog Description

This course is designed to introduce students to health policy, mechanisms through which policy is made at the state and federal level, and strategies for health policy analysis.

### Course Description

Health policy provides an overall context within which health services are organized, financed, and evaluated within the United States. Health policy integrates concepts from law, economics, and political science within a broad public context. This context is operationalized at federal, state and local levels. At the same time, each health care delivery organization must continuously decide whether and how to influence, anticipate and adapt to policy changes through the various policy processes. Knowledge of policy context, policy analysis tools, and policy development knowledge and skills are all important for health services managers to achieve strategic and community objectives.

This course examines health policy in the United States from contextual, structural, procedural, and analytic perspectives. In the broad sense the course focuses on questions such as:

- 1) Where does policy come from?
- 2) Why or when is policy intervention appropriate?
- 3) What are the roles or policymakers and/or policy-interested parties?
- 4) How is policy analyzed?
- 5) How can health services managers influence policy development?
- 6) How are policy decisions made and how does the policy development process work?

In addition to examining the foregoing questions and issues, students will be given the opportunity to identify a public policy issue of current interest, while developing and applying their own skills in policy analysis and process management.

### Course Objectives

By the end of the course, students should be able to:

- Describe core concepts of policy-relevant historical, philosophical, political, and legal precedent in guiding ongoing and future policy proposals, processes, and accountabilities. **(Comprehension)**
- Describe core concepts involving policy-relevant legal system structure and process. **(Comprehension)**
- Evaluate the core elements of the policy development process. **(Comprehension)**
- Analyze the policy process structure and key actors (by category of interest): a) Legislature, b) Executive, c) Interest Groups, and d) Bureaucracy. **(Analysis)**
- Apply core economic and political policy analytic tools required to support policy analysis and development processes. **(Application)**

## Appendix 6: Sample Course Syllabus

- Integrate and illustrate core policy concepts from policy precedent, policy structure, policy process, and policy analysis learned in items 1 – 5, above, to assess the appropriateness of current policy proposals and advocacy approaches in one or more key areas, at the federal, state, and/or local level(s). **(Analysis)**
- Demonstrate strong written and orally persuasive policy analytic skills. **(Analysis)**
- Demonstrate an ability to synthesize policy issues and problems objectively while developing a consistent philosophy about and approach to participation in the policy process. **(Synthesis)**

The MPH-Population Health Management concentration is linked to the National Center for Healthcare Leadership competency model and this course corresponds to the competency model as follows:

Learning Objective	Competency	Assessment
Describe core concepts of policy-relevant historical, philosophical, political, and legal precedent in guiding ongoing and future policy proposals, processes, and accountabilities.	<b>L3.2 Analytical Thinking: Identifies Basic Relationships</b>  Identifies the cause and effect relationship between two aspects of a situation; Separates situations into two parts: pro and con; Sorts out a list of tasks in order of importance	Class Discussion Guest Speaker
Describe core concepts involving policy-relevant legal system structure and process.	<b>L11.1 Information Seeking: Consults Available Resources</b>  Asks direct questions of the people who are knowledgeable about the situation, such as people who are directly involved; Uses readily available information, or consults other resources	Class Discussions Guest Speaker
Evaluate the core elements of the policy development process.	<b>L11.2 Information Seeking: Investigates Beyond Routine Questions</b>  Conducts preliminary investigations regarding a problem or situation beyond routine questioning; Finds those closest to the problem and investigates further, such as asking, “What happened?”	Guest Speakers Class Discussion
Analyze the policy process structure and key actors (by category of interest): a) Legislature, b) Executive, c) Interest Groups, and d) Bureaucracy.	<b>L3.3 Analytical Thinking: Recognizes Multiple Relationships</b>  Makes multiple causal links; several potential causes of events, several consequences of actions, or multiple-part chain of events (A leads to B leads to C leads to D); Analyses relationships among several parts of a problem or situation (e.g., anticipates obstacles and thinks ahead about next steps, in detail, with multiple steps)	Class Discussions Individual Policy Analysis Group Policy Analysis
Apply core economic and political policy analytic tools required to support	<b>L14.3 Innovative Thinking: Applies “Tried and True” Concepts or Trends</b>	Class Discussions

Appendix 6: Sample Course Syllabus

<p>policy analysis and development processes.</p>	<p>Uses knowledge of theory and different past trends or occurrences to look at current situations; Applies and modifies concepts or methods appropriately</p>	<p>Individual Policy Analysis Group Policy Analysis</p>
<p>Integrate and illustrate core policy concepts from policy precedent, policy structure, policy process, and policy analysis learned in items 1 – 5, above, to assess the appropriateness of current policy proposals and advocacy approaches in one or more key areas, at the federal, state, and/or local level(s).</p>	<p><b>L3.4 Analytical Thinking: Develops Complex Plan or Analyses</b> Identifies multiple elements of a problem and breaks down each of those elements in detail, showing causal relationships between them; Peels back multiple layers of a problem; Uses several analytical techniques to identify potential solutions and weigh the value of each</p> <p><b>L16.4 Organizational Awareness: Considers Priorities and Values of Multiple Constituencies</b> Takes time to become familiar with the expectations, priorities, and values of health’s many stakeholders (e.g., physicians, nurses, patients, staff, professionals, families, community leaders); Uses this understanding to build coalition and consensus around the organization’s vision, priorities, and national health and wellness agendas; Recognizes and/or uses ongoing power and political relationships within the constituencies (alliances, rivalries) with a clear sense of organizational impact</p>	<p>Individual Policy Analysis Group Policy Analysis</p>
<p>Demonstrate strong written and orally persuasive policy analytic skills.</p>	<p><b>L6.2 Communication Skills: Prepares Effective Written Business Cases or Presentations</b> Uses accurate and complete presentation of facts; Uses logical presentation of arguments pro and con; Develops well-reasoned recommendations; Prepares concise executive summary</p> <p><b>L6.3 Makes Persuasive Oral Presentations</b> Uses clear and understandable voice that is free of extraneous phrases (i.e. “uhm” and “you know”); Uses effective audiovisual media (presentation software, exhibits, etc.); Stays on the topic; Engages in non-defensive Q&amp;A; Stays within time allotment</p>	<p>Individual Policy Analysis Group Policy Analysis</p>
<p>Demonstrate an ability to synthesize policy issues and problems objectively while developing a</p>	<p><b>L5.5 Collaboration: Builds Team Commitment</b> Acts to promote good working relationships regardless of personal likes and dislikes; Breaks</p>	<p>Individual Policy Analysis</p>

## Appendix 6: Sample Course Syllabus

<p>consistent philosophy about and approach to participation in the policy process.</p>	<p>down barriers across groups; Builds good morale or cooperation within the team, including creating symbols of group identity or other actions to build cohesiveness; Encourages or facilitates a beneficial resolution to conflict; Creates conditions for high- performance teams</p> <p><b>L10.4 Impact and Influence: Calculates Impact of Actions or Words</b></p> <p>Analyzes the needs, interests, and expectations of key stakeholders; Anticipates the effect of an action or other detail on people’s image of the speaker; Prepares for others’ reactions; Tailors messages to interests and needs of audience; Aligns persuasion actions for targeted effects or impact; Takes a well-thought-out dramatic or unusual action in order to have a specific impact</p>	<p>Group Policy Analysis</p> <p>Peer Evaluation</p>
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### Prerequisites

None

### Course Instructors

<i>Name</i>	<i>Office</i>	<i>Phone</i>	<i>Email</i>	<i>Office Hours</i>
Liza M. Creel, PhD	SPHIS 128	502-852- 3283	<a href="mailto:liza.creel@louisville.edu">liza.creel@louisville.edu</a>	By appointment

The course instructors welcome conversations with students outside of class. Students may correspond with an instructor by email or set up appointments via email or phone.

Students should also contact either instructor with questions they might have regarding the mechanics or operation of the course.

### Course Topics and Schedule

**IMPORTANT NOTE:** *The schedule and topics may change as the course unfolds. Changes are posted and announced on Blackboard (Bb).*

<i>Class Schedule</i>			
<i>Class</i>	<i>Date</i>	<i>Topic(s)</i>	<i>Major Events</i>
1	Jan 10	Course Introduction Health Policy Defined - forms, categories, and impact of policy on health Health Managers and Health Policy	
2	Jan 17	Introduction to Medicaid and Medicare Introduction to the Patient Protection and Affordable Care Act	
3	Jan 24	A Model of the Public Policymaking Process in the United States Kentucky State Health Policy Making Process	Individual Policy Problem Due Guest Speaker: Susan Buchino, Assistant Director, Commonwealth Institute of Kentucky

## Appendix 6: Sample Course Syllabus

<i>Class Schedule</i>			
<i>Class</i>	<i>Date</i>	<i>Topic(s)</i>	<i>Major Events</i>
4	Jan 31	Database Search Techniques and Strategies for Avoiding Plagiarism Federal Health Policymaking Process	Group Policy Problem Due  Guest Speaker: John Chenault, Associate Professor, Reference Department, Kornhauser Health Sciences Library, University of Louisville
5	Feb 7	Agenda Setting Theory Problem Analysis 101 – Policy Analysis	Guest Speaker: Sherri Craig, Division Vice President, Public Policy, KentuckyOne Health
6	Feb 14	Problem Analysis 102 – Scenario Development Problem Analysis 103 – Scenario Analysis	
7	Feb 21	How is Legislation Developed? Examples of Legislation Developed in Kentucky	Individual Bibliography Due
8	Feb 28	Affordable Care Act Legislation Developed How are Bills Implemented?	Group Bibliography Due
9	Mar 7	Examples of Bill Implementation in Kentucky Affordable Care Act Implementation	Draft Individual Policy Analysis Due
10	Mar 14	NO CLASS – Spring Break	
11	Mar 21	Managing the Implementation of Laws Examples of State-Level Law Management Peer Review of Individual Policy Analysis	
12	Mar 28	Federal Agency Management	Draft Group Presentation Slides Due
13	Apr 4	Policy Modification	Individual Policy Analysis Due
14	Apr 11	Class Debate	
15	Apr 18	Group Policy Analysis Presentations	Group Presentation Final Slides Due / Group Evaluations Due

### Course Materials

#### Blackboard

The primary mechanism for communication in this course, other than class meetings, is UofL's Blackboard system at <http://ulink.louisville.edu/> or <http://blackboard.louisville.edu/>. Instructors use Blackboard to make assignments, provide materials, communicate changes or additions to the course materials or course schedule, and to communicate with students other aspects of the course. It is imperative that students familiarize themselves with Blackboard, check Blackboard frequently for possible announcements, and make sure that their e-mail account in Blackboard is correct, active, and checked frequently.

#### Required Texts

Longest, B.B. *Health Policymaking in the United States, 6th edition*, Chicago, IL: Health Administration Press, 2016.

#### Other Required Reading

Supplemental reading materials will be accessible to students via Blackboard.



## Appendix 6: Sample Course Syllabus

### Additional Suggested Reading

Students should regularly check and read articles from healthcare news outlets (e.g. Modern Healthcare, Kaiser Health News, NPR, etc.) to remain knowledgeable about current healthcare topics and events.

### Prepared Materials Used by Instructors

Materials used by instructors in class are available to students via Blackboard no later than 24 hours following the class. These may include outlines, citations, slide presentations, and other materials. There is no assurance that the materials include everything discussed in the class.

## Course Policies

### Attendance and Class Participation

Students are expected to read the assigned materials before class, attend every class, and come to class having prepared answers to the discussion questions and ready to discuss current health policy events. Students are also expected to submit assignments on time, with attention to grammar, language, and style, as well as content. A student who must miss class should hand in their written responses to the discussion questions for that class. Peer evaluations will be used to assess each student's involvement and commitment to team-based activities. The results of these evaluations will be included in the student's participation grade. All late assignments will be subject to a decrease of two points for each day the assignment is late, up to one week. Assignments submitted later than one week after the deadline will not be accepted.

### Student Evaluation

The components of student evaluation are:

1. **Class Participation (10 points).** It is expected that students will be present in class and engaged in discussing the content for each session. If a class must be missed, the student will need to submit answers to the discussion questions or will lose class participation credit for that class. Peer evaluations will be used to assess each student's involvement and commitment to the group policy analysis.
2. **Group Policy Analysis (40 Points).** Each team will be required to complete a policy analysis about a health care related problem. Details and instructions for this assignment will be discussed in class and posted on the course web site.
3. **Individual Policy Analysis (50 points).** Each individual student will submit an individual policy analysis about a health care related problem. Details and instructions for this assignment will be discussed in class and posted on the course website.

### Grading

The components of student evaluation are weighted as follows:

- |                               |           |
|-------------------------------|-----------|
| 1. Class Participation        | 10 points |
| 2. Group Policy Analysis      | 40 points |
| 3. Individual Policy Analysis | 50 points |

The course will be graded with the +/- letter grades A, B, C, D and F in accordance with the university-wide grading policy. However, students in the program are expected to perform at or above a C level. Performance below that level will require students to repeat the course.

A+	97-100%
A	93-96%
A-	90-92%
B+	87-89%
B	83-86%
B-	82-80%
C+	77-79%

## Appendix 6: Sample Course Syllabus

C	73-76%
C-	72-70%
D+	67-69%
D	63-66%
D-	62-60
F	< 60%

### **Other Policies**

#### Expected Student Effort Out of Class

Students are expected to spend an average of at least 2-1/2 hours per week per credit hour on the course exclusive of class time. This time includes but is not limited to reading, research, preparations for class or team meetings (electronic or otherwise), and course deliverables.

#### Syllabus Revision

The course instructor reserves the right to modify any portion of this syllabus. A best effort is made to provide an opportunity for students to comment on a proposed change before the change takes place.

#### Incident Weather

This course adheres to the University's policy and decisions regarding cancellation or delayed class schedules. Adjustments are made to the class schedule as necessary to take into account any delays or cancellations of this class. Local television and radio stations broadcast University delays or closings. The UofL web site ([www.louisville.edu](http://www.louisville.edu)) and telephone information line (502-852-5555) also broadcast delays or closings.

#### Grievances

A student who has grievances regarding the course should seek to have the matter resolved through informal discussion and through administrative channels, such as the course director, chair of the course's department, associate dean for student affairs, and university grievance officer. If the issue remains unresolved, the student may file a formal grievance. More information is located at [Summary of SPHIS Student Academic Grievance Procedure](https://sharepoint.louisville.edu/sites/sphis/cbg/sagc/) in [Student Academic Grievance Committee](https://sharepoint.louisville.edu/sites/sphis/cbg/sagc/) (<https://sharepoint.louisville.edu/sites/sphis/cbg/sagc/>).

#### Disabilities

In accordance with the Americans with Disabilities Act, students with bona fide disabilities are afforded reasonable accommodation. The Disability Resource Center certifies a disability and advises faculty members of reasonable accommodations. More information is located at <http://louisville.edu/disability>.

#### Academic Honesty

Students are required to comply with the academic honesty policies of the university and School of Public Health and Information Sciences. These policies prohibit plagiarism, cheating, and other violations of academic honesty. More information is located at <https://sharepoint.louisville.edu/sites/sphis/policies>.

Course instructors use a range of strategies (including plagiarism-prevention software provided by the university) to compare student works with private and public information resources in order to identify possible plagiarism and academic dishonesty. Comparisons of student works require students to submit electronic copies of their final works to the plagiarism-prevention service. The service delivers the works to instructors along with originality reports detailing the presence or lack of possible problems. The service retains copies of final works and may request students' permission to share copies with other universities for the sole and limited purpose of plagiarism prevention and detection.

## Appendix 6: Sample Course Syllabus

In addition, instructors provide the opportunity for students to submit preliminary drafts of their works to the service to receive reports of possible problems. Such reports are available only to the submitting student. Copies of preliminary drafts are not retained by the service.

### Title IX/Clery Act Notification

Sexual misconduct (sexual harassment, sexual assault, and sexual/dating/domestic violence) and sex discrimination are violations of University policies. Anyone experiencing sexual misconduct and/or sex discrimination has the right to obtain confidential support from the PEACC Program 852-2663, Counseling Center 852-6585, and Campus Health Services 852-6479.

Reporting your experience or incident to any other University employee (including, but not limited to, professors and instructors) is an official, non-confidential report to the University.

To file an official report, please contact the Dean of Student's Office 852-5787 and/or the University of Louisville Police Department 852-6111. For more information regarding your rights as a victim of sexual misconduct, see the Sexual Misconduct Resource Guide (<http://louisville.edu/hr/employeerelations/sexual-misconduct-brochure>).

### Continuity of Instruction Plan

A plan for continuity of instruction for this course has been developed and published. All plans are available at <https://sharepoint.louisville.edu/sites/sphis/do/aa/coip>. Continuity of instruction plans provide guidance for how instruction may be modified to lessen disruption by events that affect transportation, communication, or personal interaction. Such events may be weather-related (e.g., floods, blizzards, tornados), health-related (e.g., epidemics), or other widespread occurrences or threats.

### Additional Policy Information

Additional policy information is available in the following:

SPHIS Catalog (<https://sharepoint.louisville.edu/sites/sphis/do/aa>)

SPHIS Policies and Procedures (<https://sharepoint.louisville.edu/sites/sphis/policies>)

UofL Graduate Catalog (<http://louisville.edu/graduatecatalog>)

### Course Rubrics

Grade Item		A	B	C	D	F
Class participation	Criterion	Demonstrates outstanding preparation for class, asks advanced questions, and readily integrates new knowledge and information into class discussion and group work	Demonstrates satisfactory preparation for class and participates in class discussion and group work	Demonstrates adequate but inconsistent preparation for class and sometime participates in class discussion and group work	Rarely demonstrates adequate preparation for class and rarely participates in class discussion and group work	Is poorly prepared for seminars, has not read materials, and brings no new information to class discussion and group work
	Score	10 to 9	8	7 to 6	5 to 4	3 to 0

Appendix 6: Sample Course Syllabus

Grade Item		A	B	C	D	F
Individual Policy Analysis Paper	Problem Statement Criterion	Submits problem statement following assignment instructions	Submits problem statement but does not follow assignment instructions (e.g. no justification or assignment is late)	NOT A GRADE OPTION FOR THIS ASSIGNMENT	NOT A GRADE OPTION FOR THIS ASSIGNMENT	Does not submit assignment
	Score	5	4	--	--	0
	Bibliography Criterion	Demonstrates extensive exploration of the peer-reviewed and gray literature, as well as news media, Citations provided in consistent format	Demonstrates satisfactory exploration of the peer-reviewed and gray literature, as well as news media, Citations provided in consistent format	Demonstrates some exploration of the peer-reviewed and gray literature, as well as news media, Citations provided but formatting inconsistent	Demonstrates limited exploration of the peer-reviewed and gray literature, as well as news media, Citations provided but formatting inconsistent	Does not demonstrate exploration of the peer-reviewed and gray literature, as well as news media, Citations limited and inconsistent
	Score	5	4	3	2	0 to 1

Appendix 6: Sample Course Syllabus

Grade Item		A	B	C	D	F
Policy Analysis Paper	Criterion	Outstanding: Well written, follows assignment writing instructions, demonstrates exceptional skill in defining policy problem and identifying/analyzing potential policy solutions, and provides persuasive and evidence-based justification for policy recommendation	Above Average: Well written, follows assignment writing instructions, demonstrates skill in defining policy problem and identifying/analyzing potential policy solutions, and provides justification for policy recommendation	Satisfactory: Adequately written, follows assignment writing instructions, demonstrates acceptable skill in defining policy problem and identifying/analyzing potential policy solutions, and provides limited justification for policy recommendation	Below Average: Poorly written, partially follows assignment writing instructions, demonstrates limited skill in defining policy problem and identifying/analyzing potential policy solutions, and provides limited justification for policy recommendation	Unsatisfactory: Poorly written, did not follow assignment instructions, did not use analytic approach to assignment
	Score	40 to 36	35 to 32	31 to 28	27 to 25	24 to 0
Group Policy Analysis Presentation	Problem Statement Criterion	Submits problem statement following assignment instructions	Submits problem statement but does not follow assignment instructions (e.g. no justification or assignment is late)	NOT A GRADE OPTION FOR THIS ASSIGNMENT	NOT A GRADE OPTION FOR THIS ASSIGNMENT	Does not submit assignment
	Score	5	4	--	--	0
	Bibliography Criterion	Demonstrates extensive exploration of the peer-reviewed and gray literature, as well as news media, Citations provided in consistent format	Demonstrates satisfactory exploration of the peer-reviewed and gray literature, as well as news media, Citations provided in consistent format	Demonstrates some exploration of the peer-reviewed and gray literature, as well as news media, Citations provided but formatting inconsistent	Demonstrates limited exploration of the peer-reviewed and gray literature, as well as news media, Citations provided but formatting inconsistent	Does not demonstrate exploration of the peer-reviewed and gray literature, as well as news media, Citations limited and inconsistent
Score	5	4	3	2	0 to 1	

Appendix 6: Sample Course Syllabus

Grade Item		A	B	C	D	F
	Draft Policy Analysis PPT Criterion	Follows assignment instructions, demonstrates progress in defining policy problem and identifying/analyzing potential policy solutions, and justifying policy recommendation	NOT A GRADE OPTION FOR THIS ASSIGNMENT	NOT A GRADE OPTION FOR THIS ASSIGNMENT	NOT A GRADE OPTION FOR THIS ASSIGNMENT	Does not submit assignment or did not follow assignment instructions
	Score	10 to 9	--	--	--	0
	Policy Analysis PPT and Presentation Criterion	Outstanding: Well organized presentation, follows assignment instructions, demonstrates exceptional skill in defining policy problem and identifying/analyzing potential policy solutions, and provides persuasive and evidence-based justification for policy recommendation	Above Average: Well organized presentation, follows assignment instructions, demonstrates skill in defining policy problem and identifying/analyzing potential policy solutions, and provides justification for policy recommendation	Satisfactory: Adequately organized, follows assignment instructions, demonstrates acceptable skill in defining policy problem and identifying/analyzing potential policy solutions, and provides limited justification for policy recommendation	Below Average: Poorly organized, partially follows assignment instructions, demonstrates limited skill in defining policy problem and identifying/analyzing potential policy solutions, and provides limited justification for policy recommendation	Unsatisfactory: Poorly organized, did not follow assignment instructions, did not use analytic approach to assignment
	Score	20 to 18	17 to 16	15 to 14	13 to 12	11 to 0

Appendix 7: Career Examples in Healthcare Management with an MSHA

Career Category	Examples of Job Settings	Possible Job Titles
Healthcare Providers	<ul style="list-style-type: none"> <li>• Group physician practices</li> <li>• Clinics</li> <li>• Nursing homes and elder-care facilities</li> <li>• Home healthcare organizations</li> <li>• Outpatient care centers</li> <li>• Mental health organizations</li> <li>• Rehabilitation centers</li> </ul>	<ul style="list-style-type: none"> <li>• Administrator</li> <li>• Director of business development</li> <li>• Executive director</li> <li>• Practice manager</li> <li>• Vice president</li> <li>• Chief nursing officer</li> <li>• Director of risk management</li> <li>• Director of patient safety</li> </ul>
Healthcare Suppliers	<ul style="list-style-type: none"> <li>• Consulting firms</li> <li>• Healthcare management companies</li> <li>• Companies that develop, manufacture and market healthcare supplies and equipment</li> <li>• Pharmaceutical organizations</li> <li>• Biotechnology companies</li> <li>• Educational organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Consultant</li> <li>• Marketing manager</li> <li>• Buyer</li> <li>• Sales director</li> <li>• Director of market research faculty/instructor</li> <li>• Product manager</li> <li>• Analyst</li> </ul>
Health Insurance Organizations		<ul style="list-style-type: none"> <li>• Research analyst</li> <li>• Utilization manager</li> <li>• Quality improvement coordinator</li> <li>• Client manager</li> <li>• Director of strategic planning</li> </ul>
Healthcare Policy Organizations		<ul style="list-style-type: none"> <li>• Communications director</li> <li>• Legislative assistant</li> <li>• Policy analyst</li> <li>• Community healthcare organizer</li> <li>• Health planner</li> </ul>

<http://allhealthcare.monster.com/training/articles/223-where-can-you-work-with-a-masters-in-healthcare-administration?page=1>

Master of Science in Health Administration, HMSS

	Year 1	Year 2	Year 3	Year 4	Year 5	
<b>Revenue</b>						
<b>Evening</b>						
Projected Admissions	10	15	15	20	20	
Projected Enrollment	10	23	27	32	36	
UofL Tuition Recovery	\$220,130	\$484,213	\$585,482	\$714,744	\$828,207	Equivalent to two full semesters and three summer hours, split evenly between resident and non-
SPHS Tuition Recovery	\$0	\$0	\$0	\$0	\$0	
Fees	\$0	\$0	\$0	\$0	\$0	
Partner Contributions	\$0	\$0	\$0	\$0	\$0	
<b>Executive</b>						
Projected Admissions	10	15	15	20	20	
Projected Enrollment	10	23	27	32	36	
UofL Tuition Recovery	\$91,845	\$217,592	\$263,088	\$321,168	\$372,168	Equivalent to 50% of three full semesters' tuition at resident rate per student
SPHS Tuition Recovery	\$178,155	\$403,409	\$465,912	\$542,832	\$599,832	Total salary recovery minus the above
Fees	\$3,050	\$7,015	\$8,235	\$9,760	\$10,980	\$305 per student per year
Partner Contributions	\$283,237	\$0	\$0	\$0	\$0	Remaining KOH investment funds
<b>Total Revenue</b>	<b>\$776,417</b>	<b>\$1,112,228</b>	<b>\$1,322,717</b>	<b>\$1,588,504</b>	<b>\$1,811,187</b>	
<b>Expenses</b>						
Executive, Administrative, Managerial	\$52,943	\$54,531	\$56,167	\$57,852	\$59,588	C. Johnson
Other Professional	\$27,628	\$28,457	\$29,311	\$30,190	\$31,096	D. Samuelsen
Faculty (existing)	\$481,433	\$863,140	\$889,034	\$915,705	\$943,176	Reflects two sections per course
Faculty (new)	\$0	\$282,700	\$291,181	\$299,916	\$308,914	Two faculty @ \$110k
Graduate Assistants	\$22,550	\$22,550	\$22,550	\$22,550	\$22,550	Does not reflect tuition/candidacy
Founders Scholarships	\$0	\$0	\$0	\$0	\$0	10% discount scholarship after to contributing organizations for enrolling two or more employees (10 discounted students in model after first year)
Student Books	\$10,000	\$23,000	\$27,000	\$32,000	\$36,000	Program will purchase books for students, \$1000 per student per year budgeted
On site meals, services	\$5,400	\$12,420	\$14,580	\$17,280	\$19,440	\$45 per student for meals/snacks while on campus (four times a semester) per year
Marketing	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	Amount? initially \$90k in Y1 / \$80k in Y2 / \$70k in Y3 / \$25k in Y4 and Y5
Travel	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	Amount? initially \$40k in Y1 / \$25k each year thereafter
<b>Total Expenses</b>	<b>\$629,954</b>	<b>\$1,316,798</b>	<b>\$1,359,823</b>	<b>\$1,405,494</b>	<b>\$1,450,763</b>	
<b>Annual Surplus (Deficit)</b>	<b>\$146,463</b>	<b>-\$204,570</b>	<b>-\$37,106</b>	<b>\$183,010</b>	<b>\$360,424</b>	<b>Includes funds recovered by central administration</b>
<b>Rolling Surplus (Deficit)</b>	<b>\$146,463</b>	<b>-\$58,107</b>	<b>-\$95,213</b>	<b>\$87,798</b>	<b>\$448,221</b>	
<b>UofL Tuition (3% escalation)</b>						
full-time resident	\$6,123	\$6,307	\$6,496	\$6,691	\$6,892	
hourly resident	\$681	\$701	\$722	\$744	\$766	
full-time nonresident	\$12,743	\$13,125	\$13,519	\$13,925	\$14,343	
hourly nonresident	\$1,417	\$1,460	\$1,504	\$1,549	\$1,595	
<b>Charged Tuition (no escalation)</b>						
MHA	\$ 27,000	\$ 27,000	\$ 27,000	\$ 27,000	\$ 27,000	
<b>New</b>						
Existing	\$45,400	\$348,120	\$362,761	\$379,196	\$394,354	
	\$584,554	\$968,678	\$997,062	\$1,026,297	\$1,056,410	