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Department of Health Policy and Administration Strategic Plan, 2014-2019

To empower people and systems to improve health and healthcare through innovative research and transformative educational programs.

Mission

Our mission is to empower people and systems to improve health and healthcare through innovative research and transformative educational programs.

Vision

Our vision is of a vibrant academic community, nationally recognized for its capacity to produce innovative ideas and develop effective leaders working to improve the interface between individuals and the policy, finance and delivery systems that influence health and well-being.

1. Introduction

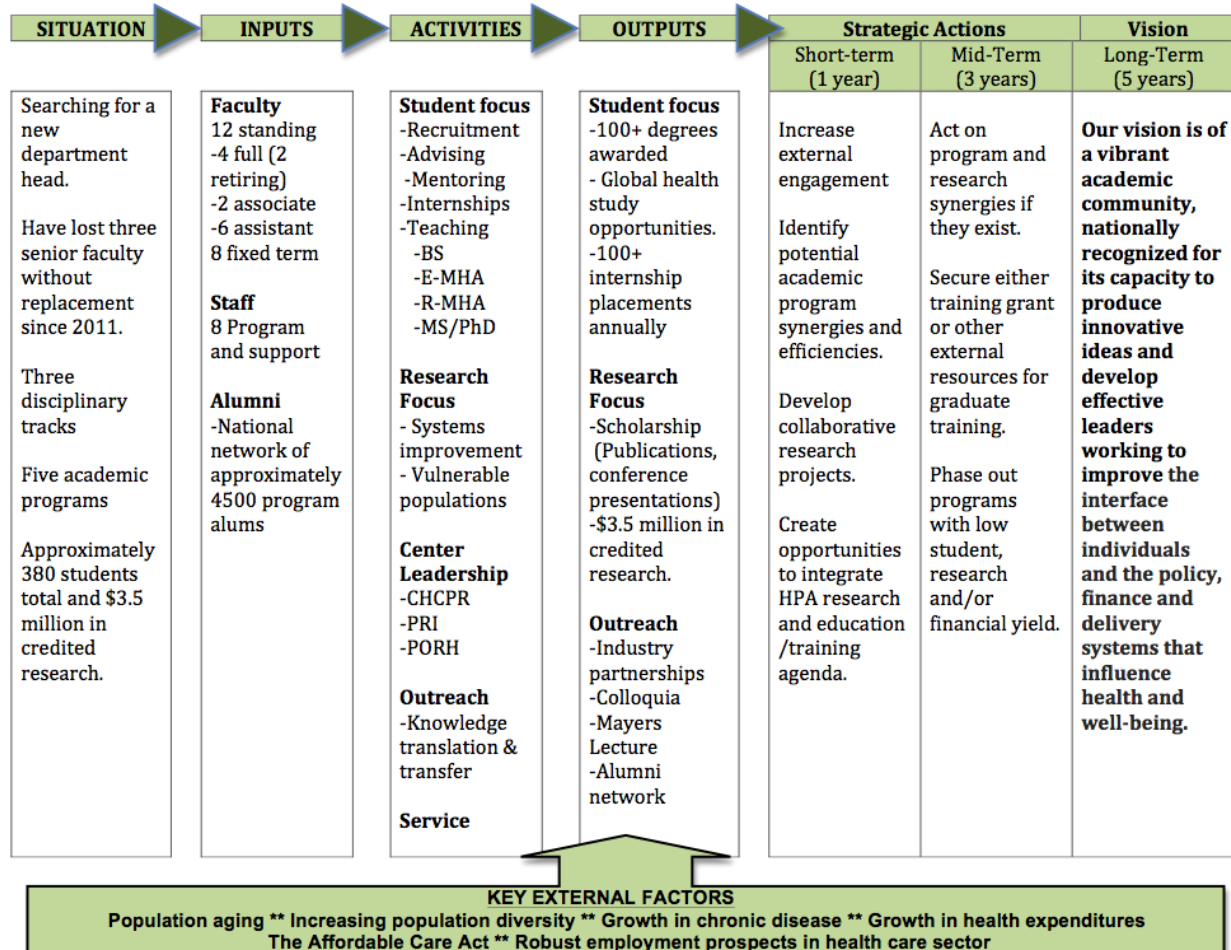
Health care is changing. There is a growing consensus that progress in addressing the significant problems in healthcare quality, health disparities, and excess costs requires the following: 1) **Informed and engaged health care users** who participate in shared decision making and effective partnerships with their providers, and 2) **Full application of existing knowledge to redesign, operate, and continuously improve systems of care** that reliably provide high quality, efficient, and person-centered care and population-based interventions.

The faculty, students, and alumni of the Department of Health Policy and Administration (HPA) have much to contribute, especially in the context of the College of Health and Human Development, to the empowerment of health care users and health systems improvement. This strategic plan builds on the existing strengths of HPA to achieve its vision of being among the premier programs in health policy and administration in the nation, and to advance efforts of the College of Health and Human Development and Penn State to become leaders in the health sciences, able to provide innovative solutions to our nation's health and healthcare cost, quality and access challenges.

The Patient Protection and Affordable Care Act is a policy shift that recognizes that health services as conceived in the U.S. account for a critically important, but relatively a small determinant of population health status. Individual behaviors and many layers of social and economic context are more influential determinants. Our field, especially health services research, is being called upon to step outside our provider-centric perspective on documenting problems in health care finance and delivery to address more complex questions that arise at the interface of individuals, families and health care organizations. In a retrospective interview on her retirement from the role of Director of the Agency for Health Research and Quality, Dr. Carolyn Clancy offered the following challenge: "the health services research enterprise has to transition from describing problems to solving them." What is clear is that sustained effectiveness of clinical and preventive interventions is limited by relatively narrow disciplinary and professional perspectives. Given new funding mechanisms in place to address this challenge, there is clear mutual benefit for HPA faculty research and academic programs and those of other College and University units to increase collaborative efforts.

The department’s potential to make pivotal contributions going forward are challenged by several factors, however, most notably the ongoing search for leadership and the serious depletion in our complement of tenured or tenure track faculty. To guide the development of its strategic plan, HPA has developed the following logic model (Figure 1) to illustrate the department’s current state, in the context of key external factors.

Figure 1: Department of Health Policy and Administration: Vision Statement Logic Model



Key External Factors

The aging of the United States (US) population: The number of elders in the US will grow to approximately 75 million by 2030—with the fastest growing segment of the elder population over age 85 . Population aging brings increases in chronic disease, increased demand for health care and/or long-term services and supports, and rising health care costs. Elders frequently favor home and community based services over institutional care , but institutional alternatives are under-developed in the U.S.

The increasing racial and ethnic diversity of the US population: By 2050 the US will become a plurality nation with Latinos, African Americans and Asians accounting for almost half of the population. These groups often have diminished health status and fewer socio-economic resources, face more barriers in accessing care, and receive poorer quality of care. Policies that affect citizenship and socio-economic status are under review and may have major impacts on the health of the population.

The changing disease pattern in the US: The US population has transitioned from infectious to chronic diseases as the leading causes of morbidity and mortality. This raises new challenges for individuals, families and health care systems, as the effective management of these diseases relies on informed and active patients/participants as well as health care providers.

Impact of growing health care expenditures in US: The rising cost of health care in the US presents fiscal challenges for families, businesses, and government. Approximately 26% of families have problems paying for needed health care. State governments spend approximately 23% of their budgets on Medicaid, and the federal government spends 22% of its budget on Medicaid and Medicare. Slowing the growth of health care costs is a major social, economic, and political issue.

The Affordable Care Act (ACA): The sweeping reforms of the ACA expand health insurance coverage and address significant problems with healthcare quality, health disparities, and excess costs. The ACA changes the traditional structures of health care by promoting person-centered care and requiring increased coordination and integration of health care providers. The impacts of this reform cannot be overstated and are only beginning to take effect.

Robust employment prospects in the health care sector. Forbes recently named the MHA degree as one of the top 10 BEST master's degrees in terms of jobs outlook.

Key Internal Factors

Loss of senior faculty: HPA has lost three full professors since 2011 and anticipates the retirement of two other full professors in 2014-15.

Searching for a department head: The department is currently conducting a national search for a new department head, following the promotion of its former head to Associate Dean in 2013.

Operating five (5) academic programs that target very different student populations: HPA's 20 faculty (12 standing and eight 8 fixed term) provide instruction and training for approximately 380 students in the following programs: 1) BS degree in HPA; 2) Residential Master of Health Administration (MHA) for new career students; 3) Online MHA for mid-career students; 4) MS and 5) Ph.D. program in HPA.

Diverse faculty reflective of the field: In its research and training efforts, HPA faculty bring together three distinct disciplines that are highly relevant to health care: 1) Health Economics; 2) Health Care Organization and Management; and 3) Population Health.

Providing leadership to Penn State and beyond: HPA faculty are leaders in a number of Penn State's research centers and institutes, and are prominent on editorial boards, on grant review committees, and in such professional organizations as AcademyHealth, the Academy of Management, and the American Public Health Association.

Applied research portfolio seeking to improve health systems and population health: With approximately \$3.5 million in credited research, HPA's scholars pursue multi-level and multi-

stakeholder approaches to health systems improvements that involve changes in policy, organization and clinical practice. HPA researchers seek to understand systemic barriers and test interventions leading to improved health and access to high value health care, especially for vulnerable populations and especially in the management of chronic diseases.

Ability to translate and disseminate knowledge for health and health care improvements:
A strength of HPA's diverse faculty is their ability not only to identify health and health care problems and solutions, but also to identify *what is operationally and fiscally necessary to put research findings into practice where they will actually make a difference in population health.*

Responding to developments in the external environment and recognizing its internal limitations and strengths, the strategic planning process in HPA has focused on the idea of **generating, translating, and disseminating knowledge** as well as producing leaders for the empowerment of health care users and health systems improvement. The following sections describe HPA's strategic themes, objectives, and actions that build on this idea.

2. Strategic Themes

Theme 1: Redesigning health systems to empower individuals and families for better health and improved service outcomes while creating greater value for health care expenditures and integrating health services more effectively with other socio-determinants of health.

In the aforementioned interview with Carolyn Clancy, the interviewer noted that consumer engagement is projected to be the “blockbuster drug of the 21st century.” A number of factors are prompting the increased emphasis on health care user empowerment, including the dominance of chronic illness, the aging of the population, and the growth of health care spending. In response public and private health care purchasers are introducing payment incentives for the development of **person-centered** service models that on the individual level promote **engaging** individuals and families in **shared healthcare decision-making**, the **self-management** of their own health, and (in some cases) the **self-direction** of their health and long term care services. On an organizational level, **person-centered** service models require **greater coordination** and in some cases **integration** between health care and other care providers.

The cultivation and successful implementation of **person-centered** service models at the individual and organizational levels require increased **individual health literacy**, **professional behavior change**, and supportive **organizational policies, procedures and supportive technologies** that “foster both the inclusion of users and family members as active members of the health care team and encourage collaborative partnerships with users, families, providers, and communities.”¹

HPA faculty members are currently involved with aspects of this theme including Dennis Scanlon's evaluation of the Robert Wood Johnson Aligning Forces for Quality (AF4Q) project, and Mark Sciegaj's work with publically funded self-directed long-term service and

support programs. HPA's proposed activities will build on these department efforts as well as collaboration with other Penn State units.

Theme 2: Strengthening *safety net* providers to reduce health and health care disparities and improving population health across the lifespan, especially for underserved populations.

HPA's second strategic theme emphasizes a lifespan approach to examining health in individuals and populations and specifically how strengthening safety net providers can reduce health and health care disparities and improve the health of vulnerable populations. Health and health care disparities have been a longstanding challenge, with some groups receiving less and lower quality health care than others and experiencing poorer health outcomes. Safety net providers deliver health care and other related services to uninsured, Medicaid, and other vulnerable patients and therefore, are seen as important to the reduction of health and health care disparities. Health reform is expected to increase the demand for their services and grant support is available for innovative interventions to increase their capacity for providing high quality care.

Many of HPA's faculty are currently involved with aspects of this theme including Rhonda Belue's extensive research on community-based interventions to address health disparities in management of chronic disease, Marianne Hillemeier's research on maternal health in rural Pennsylvania and on the impact of health disparities in early childhood, Kyoungrae Jung's research on quality reporting, the studies of cancer survivors of John Moran and Pam Short, and the preventive treatment of cancer care, emphasizing disparities in care for Latino populations, by Patricia Miranda. HPA's proposed safety net provider initiatives will build on these department efforts. We also expect increased collaboration with the Pennsylvania Office of Rural Health (PORH), administratively located in HPA and directed by HPA faculty member Lisa Davis. PORH offers a wealth of connections to rural health care providers across the country, and is among the leaders in creating a research database on rural hospital performance.

Through activities in this theme that are explicitly linked with safety net providers, HPA and Penn State can have a particular impact on several vulnerable populations especially aging and rural populations, low income and minority populations, and individuals with chronic mental and physical disorders.

Theme 3: Enabling lifelong learning through innovative academic and outreach programs that transform students into leaders in their respective undertakings.

HPA is at the forefront of current trends in higher education and is poised to provide leadership for translating and transferring new knowledge into practice. First, all HPA academic programs have or are in the process of adopting a competency-based model that clearly defines the specific knowledge and skills expected of its graduates. Across our programs, **the faculty aspire to produce graduates who practice evidence-based leadership and inquiry.** Such an approach enables our graduates to enter the workforce with evidence that they have the skills they need for the responsibilities of their jobs or

future academic work. More importantly, however, the skills of analytic thinking and collaboration support life long learning. Through its online MHA program, HPA has gained experience in developing effective online learning formats and is well positioned to ride the wave of online innovations that promises to transform higher education. We expect to continue these approaches while seeking increased efficiencies.

3. Strategic Objectives and Actions

Objective 1: Increase external engagement with community, government based, and private sector health system partners.

Strategic Actions

- Convene periodic healthcare roundtables to discuss research and training needs and opportunities with identified current and/or potential collaborators regarding Strategic Themes 1 and 2.
- Increase the number of research projects that include active collaboration with PORH and community-based *safety net* organizations
- Develop and deepen relationships with key agencies and related organizations in PA
- Explore increasing interaction with healthcare organizations through formal research partnerships, visiting practitioner program, junior faculty internships, faculty and student site visits or similar exchanges.

Objective 2: Develop inter-department/center working groups to generate collaborative research opportunities in the strategic theme areas outlined above.

Strategic Actions

- Identify lead HPA faculty to lead working groups in: 1) Safety net organizations and the populations they serve and 2) Health system innovations for improving the interface between providers, payers and individuals.
- Develop at least one collaborative grant applications for federal or foundation funding from each of these working groups' activities.
- Draw more explicitly on CHCPR and other college and university centers to create and maintain stable faculty collaborations.

Objective 3: Generate efficiency and opportunity through leadership for academic innovation.

Strategic Actions

- With the emerging changes in the University's approach to general education, participate and/or lead an initiative to distinguish Penn State graduates as informed, empowered and socially responsible health care consumers committed to maintaining their health to the extent possible.

- Increase articulation between the HPA undergraduate program and the residential MHA program, based on the success of the current 5-year BS/MHA program for Schreyer Scholars.
- Explore ways to increase the integration of HPA academic programs through revising residential MHA curriculum to allow for more electives, and possibly combining additional Ph.D. and MHA courses, and creating a pathway for MHA students into the Ph.D. program.
- Explore greater use of advanced students as sources of support ,e.g. with HPA Ph.D. students teaching in the BS program and/or online mid-career MHA students in the online program as resources/mentors for residential early career MHA courses/students.
- Grow enrollment in the residential MHA with the goal of 20-25 well-qualified students per class.
- Continue to grow enrollment of well-qualified students in the MS/Ph.D. program
- Continue exploring with World Campus the feasibility of offering the BS degree in Health Policy and Administration online.
- Explore use of alternative learning delivery systems, including eLearning Cooperative and World Campus, increasing opportunities for HPA study at locations other than University Park and enabling the ability of outreach to offer HPA courses and certificates

- **Objective 4. Maintain and expand our focus on diversity as a vital component of the department's culture.**

- Embrace the emerging role of the Diversity Committee. This committee has been highly effective as an organizational change. Practices that have been initiated or supported by the committee, and have shown positive effects will be continued and enhanced. These include:
 - The ***Food for Thought*** film series with topics including: LGBT and the concept of family, class as a determinant of health, and religion's role in health care.
 - Co-sponsored research colloquium speakers on diversity-related topics
 - Development of course "Diversity in Health Care the Helping Professions"

- The Diversity Committee will continue to exist from at least one faculty member from each of the academic programs.
- Graduate student recruitment and retention efforts that have been successful are to be continued.
- Mentorship programs for graduate students to be continued.
- Expand opportunities to develop service learning in safety net organizations and/or international experiences.
- Seek opportunities for international travel for research and education partnerships.
- Explore partnerships to develop courses and programming for students interested in the cultural and language challenges of growing Latino and Asian populations in the U.S.

- Assess the possibility of including language or additional intercultural/international diversity course requirements in curriculum.
- Have the diversity committee, in partnership with other department groups, plan at least two annual events focused on diversity, disparities, cultural competence, or global health.
- Faculty search committees will develop recruitment plans in consultation with the Diversity Committee as well as CHHD and University Resources.

Objective 5: Create opportunities to integrate HPA research and education/training agenda.

Strategic Actions

- Sponsor periodic colloquia for HPA researchers and teaching faculty to present emerging research and discuss practice implications.
- Expand opportunities for undergraduate research in HPA courses
- Improve communication with all HPA student regarding faculty research
- Encourage and reward faculty and student participation in independent research studies and research conferences

4. Strategic Priorities 2014-2019
Department of Health Policy and Administration

To summarize, HPA is in a pivotal position, through its research and academic offerings to advance current efforts to transform the health care system, especially at the interface of provider organizations and families and individuals. We are excited by the opportunities, but we need strong support from the College and the University for the next few years. Here are our priorities as derived from our planning process.

HUMAN CAPITAL INVESTMENT

1. LEADERSHIP: Recruit and hire a new department head
2. FACULTY HIRES: Recruit and hire 5-6 new faculty including at least 2 at the full professor level to strengthen HPA across its diverse academic programs & bring research expertise related to our strategic themes
3. FACULTY & STAFF DEVELOPMENT: Develop current and new faculty and staff as leaders in their areas of competency
4. MAINTAIN STRUCTURED COMMITMENT TO DIVERSITY: Build on the successes of the diversity committee

INCREASE OUR IMPACT

1. FOCUS ON SOLVING CURRENT & EMERGING PROBLEMS: Both in training future leaders and consumers of health, as well as in research in communities and organizations as they adapt to new contexts.

2. FOCUS ON FACILITATING POSITIVE CHANGE: system and behavior change, its meaning, measurement and sustainability
3. COLLABORATE: create synergies with other departments, centers and faculty as well as with our alumni
4. DEVELOP PARTNERSHIPS: Generate opportunities for faculty and students while providing research expertise to organizations as they redesign themselves to meet the challenges of a new policy milieu.

¹ American Hospital Association. (2013, January). *Engaging Health Care Users: A Framework for Healthy Individuals and Communities*. Chicago: American Hospital Association, 2012 Committee on Research, Benjamin K. Chu and John G. O'Brien, co-chairs. Retrieved December 20, 2013 from <http://www.aha.org/engaging-healthcare-users>

² *Dr. Clancy bids farewell*. AHRQ Research Activities Newsletter, DHHS. Sept. 2013.