

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
ACADEMIC SENATE

PROGRAM TRANSFORMATION MSA-HEALTH CARE MANAGEMENT

RES 141516

CCC and BPC

RESOLVED: that the Academic Senate recommend the transformation of the Master of Science- Health Care Management program involving the following changes:

Elevation of the Concentration in Health Care Management within the Master of Science Degree Program to a separate degree program; and to

Establish the name of the degree program as Master of Science, Health Care Administration (MSHCA).

RESOLVED: that all above changes be implemented for fall semester 2016.

RATIONALE: The Master of Science in Administration-Health Care Management degree has been offered through the Department of Public Policy and Administration since 1978. Apparently it was originally established at the Chancellor's Office as a concentration within the MSA degree program. Historically, a variety of programs have been offered under the umbrella of this degree program. Currently, a version is offered as an intra-disciplinary program sponsored by faculty in BPA and offered online through the Extended University. The two programs are administered by different entities with completely separate curricula.

Over the past 10 years and spurred by changes in the financing and delivery of health care the MSA-HCM has undergone some change as enrollments grew modestly. In the past five years admissions have increased, the program has gained an international market, and reviews by the Department faculty (UPRC

self study), the External Reviewer, and the UPRC have all recommended transformation of the degree program.

Features of this new degree program are:

A cohort model;

Calendar year orientation (3 semesters a year); and

Pathways for both pre-service students and the professional student; and

Exploration of an intra-disciplinary program management structure.

Except to the degree outlined in the proposal regarding resources of the School (BPA), the transformed degree program will not require resources separate from those currently used to operate the program.

The proposal is supported by an evaluation of student interest and their recommendations and an endorsement by the PPA Advisory Board. In addition the proposal has been approved by the BPA Assessment Review and Curriculum Committee and the Curriculum Conversion Committee and assessed by the AS Budget and Planning Committee for resource implications.

Approved by the Senate on January 15, 2015

Sent to the President for approval on January 23, 2015

Approved by the President on March 2, 2015



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Memorandum

Date: November 3, 2014

To: Joe Fiedler, Chair, Budget and Planning Committee

From: R. Steven Daniels, Chair, Department of Public Policy and Administration
Chandra Commuri, Chair, Business and Public Administration Curriculum Committee 

Subject: Master of Science in Administration, Health Care Management (MSA-HCM)
Transformation Proposal (New Name: Master of Science, Health Care Administration (MSHCA))

The Department of Public Policy and Administration approved the transformation of the Master of Science in Administration, Health Care Management degree program on September 11, 2014. The Business and Public Administration Curriculum Committee approved the transformation on September 19, 2014. The Curriculum Conversion Committee approved the transformation on October 29, 2014.

The Department is asking for two actions by the Budget & Planning Committee:

1. Change the name of the degree program to **Master of Science, Health Care Administration (MSHCA)**.
2. Approve the transformation of the MSA-HCM program from a concentration in the Master of Science in Administration to a separate degree program (MSHCA).

The program has been offered as a separate degree program since 1978. Although the degree is formally a concentration in the MSA, the Department of Public Policy has always offered the degree as a separate degree program from the MSA in Extended University. The two programs are managed by different entities with completely separate curricula. Except to the degree outlined in the proposal, the transformed degree will not require resources separate from those currently used to operate the program.

Save file as (Degree Name) Summary and send the file as an email attachment to bpasummaries@share.calstate.edu

Please submit **one document per degree program**.

Degree Program	Master of Science in Administration, Health Care Management <u>Master of Science, Health Care Administration</u>
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Introduction and Rationale
<p><i>Provide a concise introduction to the curricular transformation. What is the rationale for the changes and what transformation elements are utilized (e.g., High Impact Practices, alignment with accreditation standards, or others, as identified in the MOU)? Does the transformation align the program to similar programs at other institutions?</i></p> <p>We are transforming the MSA-HCM from a concentration in the Master of Science in Administration program to a free-standing degree program. In practice, the MSA-HCM has always had a completely separate curriculum from the online MSA program in Extended University. So, the Department of Public Policy and Administration has managed the degree as a separate degree program with separate resources. The resources will not change under the new program.</p> <p>The MSA-HCM curriculum will be transformed to bring it into more direct compliance with the competencies identified by the Healthcare Leadership Alliance (HLA) and the Commission on Accreditation for Healthcare Management Education (CAHME). These competencies include 1) Communication and Relationship Management, 2) Leadership, 3) Professionalism, 4) Knowledge of the Healthcare Environment, and 4) Business Skills and Knowledge. The external reviewer for the MSA-HCM program, Toni Fogarty, of CSU East Bay, noted in 2012 that the current curriculum does not have sufficient separation from the Master of Public Administration program. In particular, she noted that too few of the courses focused directly on the health care environment and did not reflect the changing nature of health care management. In short, the program underemphasized both knowledge of the healthcare environment and, to some extent, business skills and knowledge. In addition, evaluations conducted by the Department between 2003 and 2013 suggested that students often demonstrated difficulty in applying public administration and health care theory critically to the real world problems they examined in their Master's papers.</p> <p>In response to these recommendations, over the last two years, the department has revised the student learning outcomes for the MSA-HCM, added a strategic management course (PPA 6850), added the health care marketing class (PPA 5260), made major changes in the continuous quality improvement class (PPA 5360), and worked with the economics department to add a graduate version of health economics (PPA 5100). The Department of Economics has also hired a faculty member who specializes in health economics, ensuring that the course will be taught as part of the regular academic year curriculum. The Department has also worked to reactivate the PPA Advisory Board, which contains several members from the health care community.</p> <p>To continue the transformation, we are proposing, then, both administrative and curricular changes.</p> <ul style="list-style-type: none"> • First, we are suggesting that we begin the process of changing the degree title from Master of Science in Administration, Health Care Management, to the Master of Science in Health Care Administration (MSHCA) as a first step in increasing the visibility of the program. This will entail changing the degree from a concentration in the MSA to a free-standing degree. This will require moving through the degree review process ending in the Chancellor's Office. • Second, we are exploring the possibility of moving the health care governing board from PPA to the School of Business and Public Administration to emphasize the interdisciplinary nature of health care management. Initial contacts have been made, but the process is ongoing. • Third, the Department proposes increasing the operational focus of the program and reducing the policy focus to meet HLA, CAHME, and external reviewer recommendations. • Fourth, we will increase the non-traditional scheduling options (executive track scheduling, summer coursework). • Fifth, we will work with the administration to develop an alternative funding model to ensure secure, ongoing funding for Summer semester. • Sixth, we need to establish a health care alumni association (perhaps in combination with the MPA) and develop a student chapter of the American College of Healthcare Executives (ACHE).

- Seventh, we propose the development of two tracks for in-career and pre-career students and that the curriculum be altered to require the following courses (all courses three credits except where noted):

Proposed Master of Science, Health Care Administration (MSHCA) curriculum

Executive Track 30 Semester Units (10 courses)

With at least 5 years of experience at middle management level or above. No applied experience (internship) will be required.

Development Track 36 Semester Units (12 courses + CQI lab)

The following schedule assumes that all students are admitted in Fall Quarter only.

By Semester

First Year

Fall 2016

PPA 4010 Research Methods
 PPA 5140 History and Context of the US Health Care System

Spring 2017

PPA 5100 The Economics of Health and Health Care
 PPA 5050 Managing the Finance and Delivery of Health Care

Summer 2017

PPA 5360 Continuous Quality Improvement (CQI) in Health and Human Service

Development Track Only

PPA 5260 Marketing and Public Relations in Health and Human Service
PPA 5370 CQI---A Practical Experience (3 credits)

Second Year – Repeat of first year courses plus:

Fall 2017

PPA 6610 Strategic Management in Health and Human Service
 PPA 6180 Health Policy and Policy Research

Spring 2018

PPA 5260 *Marketing and Public Relations in Health and Human Service (or elective) – Professional Track*
 PPA 6620 Legal and Ethical Issues in Health and Human Service
 PPA 6980 Thesis

Development Track Only

Summer 2018

PPA 6980 Thesis
PPA Elective Health care elective

The proposed programs meets the HLA and CAHME standards and the external reviewer's comments by focusing on healthcare finance, economics, history, context, marketing, public relations, CQI, policy, management, and ethics. This program will also increase the coursework requiring practical application of theory to healthcare policies, decisions, and programs. This program will also require the hiring of adjunct faculty to support the current faculty member responsible for providing the program, also a recommendation of the external reviewer.

This realignment will make the program much more similar in content and approach to the health care management programs at CSU East Bay, CSU Long Beach, CSU Los Angeles, CSU Northridge, and CSU Stanislaus.

Supporting documentation (optional) and unit exception proposals should be attached below by placing your cursor after this paragraph, then locating the **Insert Tab** in the top ribbon and find **Insert > Object > Attach as File**. Need Help? [See Tip Sheet](#)

Optional Attachment(s):



Report from External Reviewer.docx Overview of the HLA Competency Director Department of Public Policy and Administration

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Evidence-Based Modifications

Please indicate how assessment results and evidence-based practices have informed the curriculum revision.

The competencies outlined by HLA and CAHME were drawn from the Healthcare Leadership Alliance website and reflect psychometrically tested objectives across five healthcare associations (externally normed standards). The revised curriculum also reflects recommendations by the external reviewer for the MSA-HCM program (externally normed standards), which were also based to a large degree on the HLA and CAHME guidelines. One key recommendation was the capable, but limited, staffing of the MSA-HCM program, which limited student exposure to multiple faculty perspectives. Using evaluations of MSA-HCM students from 2010-2013 (before 2010, the results were combined with the MPA), the Department concluded that students improved in short-term (but not long-term) quantitative skills (2011-12), students met acceptable standards in oral communication (2012-13), teamwork skills need improving (2010-11), writing improved in the short-term and long-term (2010-2013), substantive knowledge met acceptable standards (2011-13), and theory application scores tended to be mixed (2010-11, 2012-13). In combination with the material on the HLA and CAHME standards, this suggests that health care course material needs to focus more clearly on applying health care theory to health care problems and that teamwork skills need upgrading. These factors have been built into the new program design.

Check all the types of assessment results that informed the curricular revision: Course Learning Outcomes
 Program Learning Outcomes University Learning Outcomes Externally-Normed Standards

Impact on Students

Please indicate how students will be affected (e.g., time to degree, graduation rates, improved learning, student financial implications, etc.). Specifically address the impact on all audiences, including those outside of the major.

The program is being redesigned to reduce student time to graduation as much as possible. By relying on alternative scheduling (8 week courses combined with 16 week courses, continuous summer session), we hope to maintain a time to graduation of two years. By having eight week and 16 week courses, students will be able to complete three courses a semester without taking more than two courses at one time. Given the switch from quarters to semesters, an executive track part-time student (three courses per semester) could complete the program in four semesters if the program offered regular coursework during the summer semester (difficult under the current summer funding model). A development track part-time student could complete the program in four to five semesters assuming regular summer classes. However, the conversion from quarters to semesters will likely increase the percentage of part-time students from about 8% to about 30% if we use the eight week course model, and to over 50% if we do not. On average, this is like to increase the time to graduate from two 1/3 years to over three years, especially given the limited funding during summer semester. This will undoubtedly increase student financial expenses. Hence, we will concentrate on providing the students with the eight-week option.

An additional possible source of extended graduation rates may be the potential for class cancellations due to low enrollment in initial years after the change. Most courses will be offered every year to accommodate fall cohorts. On the other hand, the revised program will give MS Health Care Administration students a stronger background in health policy and administration, a goal strongly endorsed by HLA and CAHME and reinforced by the assessments over the last 10 years.

The most significant impact on external audiences will be for students in the MPA program. Under the current MSA-HCM program, many MPA students end up taking health care courses as electives because of limited MPA electives have been offered over the last few years of budget shortfalls. Under the redesigned MSHCA program, health care students will overlap with MPA students only in PPA 4010 and 4020 (which will also include undergraduate students). Under the fall quarter only admission model for the MSHCA, the number of graduate health care courses per semester will be two the first year and four per semester in subsequent years. This should allow the shifting of vital faculty time and resources to the Bachelor of Arts and Master of Public Administration programs. In a typical, regular academic year (excluding summer), the Department will offer between 42 and 50 courses, with only eight being health care courses. This number will increase in the summer but will also include BA and MPA courses.

Resource Implications

Please describe the resource implications (faculty resources, facility usage, library holdings, etc.).

The redesign of the MS-HCM program will probably have an impact on adjunct faculty resources. If the fall semester cohort model is adopted, courses would be offered every year. This will increase the demand for health-related adjunct faculty. The program could be offered with as few as two adjunct faculty members per year (all courses taught by core faculty, except for two). However, to meet the concerns of the external reviewer, the Department envisions that at least three to four different adjunct faculty per year will be used in the health care program. If courses are offered more than once per year, the number of adjunct faculty required will probably double. This will require additional adjunct faculty from the School of BPA. The University received a \$500,000 gift in 2010 designed to focus on the development and promotion of health care in the university curriculum. Funds from this endowment could be used to promote the program and cover part of the adjunct expenses.

The attached 2016-17 course schedule demonstrates that the curriculum will be offered with existing faculty and existing resources.

Additional resources are required, as described and fully justified here.

➤ See the 2016-17 schedule in the Introduction and Rationale

Place your cursor above then locate the Insert Tab in the top ribbon and find **Insert > Object > Attach as File**. Need Help ? [See Tip Sheet](#)

Courses that are not identified explicitly in this table will be archived with the potential to be returned to the catalog when needed.

Conversion Type	List of courses in each category
New Courses	<ul style="list-style-type: none">PPA 5370
Unchanged Courses	<ul style="list-style-type: none">PPA 5100, PPA 6980
Changed Courses	<ul style="list-style-type: none">PPA 4010, PPA 5050, PPA 5140, PPA 5260, PPA 5360, PPA 6180, PPA 6610, PPA 6620
Inactivation of Elective Courses	<ul style="list-style-type: none">List courses
Inactivation of Required Courses	<ul style="list-style-type: none">List courses



Catalog Copy Changes

The curriculum transformation should be reflected in the program description. Paste the current catalog copy from [here](#), turn on Track Changes (instructions below), and then make any necessary modifications.

Catalog Copy: Program Description and Requirements for the Degree

Requirements for the Master of Science, Health Care Administration

Master of Science, Health Care Administration (MSHCA)

In pursuit of academic excellence and diversity, high quality student experiences, and community engagement, the mission of this graduate program is career preparation and development for policy/decisionmaking, managerial and administrative positions in the public, nonprofit, and health care sectors. The program is especially responsive to regional health, health care, and human service needs, preparing graduates for state and local health care management.

MSHCA Core Requirements – Executive Track (27 units)

PPA 4010, 5050, 5010, 5140, 5360, 6180, 6610, 6620, 5260 or elective

MSHCA Core Requirements – Development Track (30 units)

PPA 4010, 5050, 5100, 5140, 5260, 5360, 6180, 6610, 6620, elective

MSHCA Internship – PPA 5370 – CQI: A Practical Experience (3 units)

Graduate students who do not have five years of supervisory experience in the health care sector will be required to complete PPA 5370 – CQI: A Practical Experience. See the Internship Coordinator for more information.

Master's Paper (3 units)

PPA 698 Masters Paper (3 units) - Candidates for the MSA degree must complete a culminating activity in accordance with Title V of the California Administrative Code. The purpose of this activity is to demonstrate competency acquired in the graduate program. This includes mastery of knowledge in the discipline and in the ability to use theory and method in the preparation of an applied research project. Research for the master's paper that involves data from human subjects must be reviewed and approved by the Institutional Review Board for Human Subjects Research (IRB/HSR). For additional details, see their website <http://www.csub.edu/grasp/irbhsr/>.

Curriculum Map

- No modification of the existing curriculum map (matrix of courses vs program learning outcomes) is required by these proposed changes. Please attach.
- The existing and revised curriculum maps are attached. The revised curriculum map has been updated to reflect the proposed changes and loaded into TaskStream.

Attach Curriculum Map

Attach the curriculum map to this template by placing your cursor after this paragraph, then locating the Insert Tab in the top ribbon and find **Insert > Object > Attach as File**. Need Help ? [See Tip Sheet](#)

Existing curriculum maps can be found in TaskStream or by [clicking this link](#).



MSA-HCM



MSA-HCM

> Curriculum Map, 201Curriculum Map, 201

Program Units

Does simple course conversion keep the unit requirements for the major (or any concentration/emphasis) within the allowable range? (24-54 semester units for a BA, 36-66 semester units for a BS, and ≥ 30 semester units for master's degrees)

Yes

No; We have submitted a proposal to correct the discrepancy; We seek an exception.

Review and Approval

Choose Review and Approval Cycle: Curriculum Committee Review

The curricular proposal has been reviewed and approved by the member(s) listed below.

Review Cycle	Name	Date Approved	Comments / Revision Requests
Department	R. Steven Daniels	9/11/2014	Approved after revisions.
Curriculum Committee	Chandrasekhar Commuri	9/19/2014	
Q2S Exceptions Committee	3T	3T	This Review Level only applies to exceptions and interschool programs.
Dean (Final Approval)	John Emery	10/9/2014	