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S H O Y A M A**



GRADUATE SCHOOL OF PUBLIC POLICY

U R E G I N A ▼ U S A S K

Master of Health Administration (MHA) Program Review

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EXECUTIVE SUMMARY

The Johnson Shoyama Graduate School of Public Policy (JSGS) was established in June 2007 as a collaboration between the University of Regina and the University of Saskatchewan after extensive consultation with senior leaders in government, industry and academia. Since then, JSGS has swiftly become one of Canada's leading policy schools for educating graduate students and public servants interested in improving public management and creating public value.

Today, JSGS offers five degree graduate programs, five Master's certificates and a number of executive and board education options. Reflecting the needs of the public services of Canada, the provinces, and municipalities, the School's curriculum provides students with opportunities to gain knowledge in core competency areas and exercise their thinking and problem solving skills, while looking at issues that touch all aspects of our daily lives. The more recent program addition, the Master of Health Administration (MHA), has been very successful and has outperformed all original expectations.

The MHA program provides students the opportunity to pursue personal and professional enhancement by obtaining a graduate degree on their own schedule, without having to take time away from home or work to participate in traditional classroom learning. Students graduating from this program are prepared for positions that require advanced management and strategic ability, policy knowledge and skills, and exceptional analytical and evaluation capacity. The key competency areas focus on the unique needs and complexities of a dynamic health care system.

The initial MHA proposal approved by Executive Council on September 26, 2012 and Senate on October 19, 2012 provided three enrolment scenarios regarding the market potential for the program. Enrolment expectations for the first three year period (2013/14, 2014/15, 2015/16) were based on the follow projections of low, medium and high enrolments:

- Scenario 1: Low Enrolment – 18 students
- Scenario 2: Medium Enrolment – 23 students
- Scenario 3: High Enrolment – 33 students

These projections served as the threshold at which the program would be judged as viable according to the original proposal's sunset clause. At the end of the review period 2015/16 the MHA program there was 130 active¹ students far surpassing the original projections.

This program review evaluates the MHA in its first 3 years of operation. The review outlines the academic and administrative activities of the MHA and discusses the core competencies MHA students obtain. It provides a profile of MHA students to showcase this highly talented and qualified cohort of students the program/University attracts nationally. The review provides several summary tables detailing program growth and concludes with some discussion of future considerations.

¹ Includes 118 students registered in Fall 2016, and 12 students not registered in Fall 2016 who did register in the previous term.

The review also considered the following recommendation of the *External Review Report* in the 2016 JSGS School Review:

“The MHA program is a bit new to evaluate fully as it was created only in 2013. It did more than double in size, from 22 to 58 students, in its first two years. While this growth provides an early indicator of quality (or, at least, a demand for the content and degree), we caution against seeking rapid additional growth. Online programs — at least high quality ones — are no less intensive in terms of faculty demands than are in-person programs. We also understand that the MHA program creates fairly heavy administrative burdens regarding inquiries and remote-student contacts. If the JSGS wants it to grow, it should not seek to do so on the cheap” (17).

MHA Program Highlights

- 88% of all admissions offers are beyond the University of Regina’s traditional catchment areas.
- The student body has included students from every province and territory in Canada, as well as a small number of international students.
- The majority of MHA students study on a part-time basis while continuing to work full-time in the healthcare sector.
- This diverse and highly skilled group of professional students includes practicing clinicians (e.g. physicians, nurses, dentists, pharmacists, mental health providers, etc.) and healthcare administrators working in provincial/territorial ministries, regional health authorities and other healthcare organizations, among others.
- As of Spring 2016, 14 students have convocated.
- The MHA is of high value in terms of revenue generation. The domestic MHA program cost is \$2,248.50 per course or \$28,071 for the degree and the international MHA program cost is \$3551. 10 per course or \$61,071 for the degree.

1. PROGRAM OVERVIEW

The MHA is a course-based master's degree offered through the Johnson Shoyama Graduate School of Public Policy's University of Regina campus. It launched in September, 2013 and is targeted at early to mid-career individuals already working in the healthcare sector. It is offered primarily online and is designed to combine the rigor of traditional graduate work with the flexibility of distance studies. The MHA draws students from all across Canada and provides an opportunity for them to pursue personal and professional advancement through graduate studies while continuing work in their chosen field. It is focused on strengthening current and future health system leaders. The program aims to prepare its graduates for leadership positions that require management and strategic abilities, advanced policy knowledge and strengths in analysis and evaluation.

1. MHA Competencies

Six core competencies form the foundation of the MHA. The program curriculum is designed to ensure students graduating with this degree will have successfully demonstrated competency in each of the identified areas. Some areas of competency will be primarily addressed in one specific course; others will be components in several different courses.

1) Health Services and Health Status - Ability to analyze health services and other factors that impact health status and demonstrate a commitment to improving the health status of individuals, families, and communities.

- Analyze the key determinants of population health and health disparities and their relative impact on individuals, communities, and society.
- Analyze the incidence and prevalence of injury and disease using epidemiological and statistical methods.
- Analyze and prioritize population health needs.
- Apply appropriate quantitative methods for measuring and assessing the services (clinical and non-clinical) provided by healthcare organizations.
- Apply accounting and financial management principles in analyzing financial statements and issues, with a view to managing the provision of health services in particular.

2) Management, Governance, and Leadership - Ability to inspire support for a vision or course of action and successfully direct the teams, processes, and changes required to accomplish it.

- Create strategies for designing healthcare programs that are durable, efficient, and effective.
- Understand and apply key concepts and principles, including legal aspects, of strategic human resources management in healthcare organizations.
- Understand the concepts of mission, vision, values and policies, and the responsibilities for establishing and implementing them in healthcare organizations
- Understand the respective roles of governance and management in healthcare organizations, including multi-level organizations.
- Synthesize pertinent information and utilize it in constructing capital budgets, operating budgets, human resource budgets and in cash management.
- Create solid strategic and business plans, including methods for evaluating progress in relation to them.

3) Communication and Interpersonal Skills - Ability to communicate effectively and build enduring, trust-based professional relationships.

- Work comfortably in multi-disciplinary groups, both large and small.
- Develop effective management skills and the ability to assess their impact on individual behaviour, group behaviour, and organizational culture and performance.
- Speak and write in a clear, logical, and grammatical manner in formal and informal situations, including cogent business presentations and use of social media.

4) Systems Thinking and Creative Analysis - Ability to identify key issues and problems, analyze them systematically, and reach sound, innovative conclusions.

- Demonstrate the ability to analyze organizational, process and performance issues, and discern those which require the advice and assistance of legal counsel.
- Synthesize and apply pertinent concepts and principles of leadership in analyzing organizational issues through case studies and projects in healthcare settings.
- Apply statistical principles and methods in analyzing organizational issues and interpreting the results.
- Apply economic principles and methods in analyzing organizational and payment issues and interpreting the results.
- Apply the basic concepts and principles of healthcare ethics in analyzing organizational issues, policy formulation, and decision-making processes.
- Develop and demonstrate the capacity for critical thinking and the ability to employ a systematic, analytical approach to decision making.
- Ability to look beyond the status quo, envision new directions and approaches, and formulate solutions that are both creative and pragmatic.

5) Public Policy and Community Engagement - Ability to understand how organizational and public policies are formulated, their impact on healthcare organizations and communities, and how to influence their development.

- Understand the structure of the Canadian healthcare system and the processes through which health policies are formulated and implemented at the provincial and federal levels.
- Assess the impact of government policy and regulatory requirements on healthcare organizations.
- Demonstrate understanding of the basic concepts of health law and compliance requirements as they affect decision-making in healthcare organizations.

6) Continuous Evaluation and Improvement - Commitment to on-going evaluation for continuous organizational and personal improvement.

- Apply key concepts and principles of change management in modifying policies, practices, and programs in healthcare organizations.
- Create and apply basic approaches for monitoring the performance of healthcare organizations and programs (e.g., setting standards and targets, benchmarking, balanced scorecards).
- Apply basic concepts and principles that affect the selection, implementation, and evaluation of information technology in healthcare organizations.

- Demonstrate commitment to objective self-assessment and on-going development that will lead to career-long personal and professional growth.

2. Student Admission Requirements

The MHA admission requirements include a four year bachelor's degree, or equivalent, with a minimum 70 per cent average from a recognized college or university, and at least three years of relevant health sector experience. There is also a mid-career entry route for applicants who may not meet these academic requirements but who have considerable professional experience (usually a minimum of 7-10 years), including some leadership or management experience. The MHA is increasingly competitive and not all minimally qualified applicants are accepted.

3. Program Requirements

MHA students are required to complete 30 credit hours, consisting of two in-person residencies (1.5 credit hours each) and nine online courses (3 credit hours each) selected from the following options:

- JSGS 812 - Indigenous Health Policy
- JSGS 814 - Biostatistics for Public Health
- JSGS 817 - Health Policy
- JSGS 823 - Health Promotion
- JSGS 824 - Health Program Planning and Evaluation
- JSGS 826 - Human Resources Management in Health Care
- JSGS 827 - Health Care Organization and Administration
- JSGS 829 - Decision Making and Leadership in Healthcare Organizations
- JSGS 832 - Population Based Health Program Management
- JSGS 833 - Performance Measurement in Healthcare Organizations
- JSGS 834 - Financial Management of Healthcare Organizations
- JSGS 835AT - Health Law and Policy
- JSGS 837 - Health Economics

4. Program Delivery

The online MHA courses include a variety of content delivery and student engagement mechanisms including readings, written materials, online activities, video content, recorded lectures, live webinars and peer-to-peer discussion forums. The discussion forums are a particularly valuable aspect of our courses as they provide a mechanism for students to engage directly with one another to discuss and debate course material, and to share the insights and perspectives they have developed by virtue of their varied professional experiences in diverse aspects of the Canadian healthcare sector.

The in-person Residencies are held twice annually (one in Spring, the other in Fall) at the University of Regina campus. They run from Friday to Sunday, to minimize the amount of time students are required to be away from home and work. The Residencies are composed of four modules and two presentations from keynote

speakers. There is typically an overarching theme that connects the different elements of the weekend. Each module focuses on a distinct topic and is intended to draw on the MHA Competencies. Group work focused on experiential learning activities (e.g., case studies, role plays, simulations) and oral presentations are of particular importance in the modules, recognizing that opportunities to hone these skills may be less frequent in online courses. The Residencies are designed to be very interactive and involve various networking opportunities.

The MHA is a highly interdisciplinary program. For both the Residencies and our online courses, in addition to core JSGS faculty we draw expertise from other units and institutions to ensure our students have access to a breadth of perspectives and individuals engaged in leading research and pedagogy in the relevant areas of study. We also engage senior practitioners who bring invaluable insights informed by their professional experiences.

5. Canadian College of Health Leaders – Strategic Partnership

In early 2016, the Johnson Shoyama Graduate School of Public Policy entered into a Strategic Alliance with the Canadian College of Health Leaders (CCHL) and its Certified Health Executive (CHE) Professional Certification program. “The CCHL is a national, non-profit, professional association dedicated to developing, promoting, advancing and recognizing excellence in health leadership... The CHE Program is a capabilities-based certification program, developed collaboratively with College members, staff, and Board. In 2013, the CHE Program was revised to align with the LEADS in a Caring Environment framework.”² The Strategic Alliance offers MHA students a number of advantages including reduced CCHL membership rates and an expedited process for completing the CHE designation while pursuing their MHA. To-date, at least 10 MHA students have taken advantage of this opportunity.

6. Experiential Learning Opportunity

The MHA Placement is an exciting new addition to the MHA program, launched as a two-term pilot in September 2016. It is an experiential learning opportunity wherein students have a one-month professional placement within the Saskatchewan Ministry of Health and receive one course credit (3 credit hours) towards their degree. The Placement is a competitive opportunity with two positions available in the Fall term, and two in Winter. This experience gives successful students the opportunity to hone their applied policy knowledge and skills while learning about government processes through their direct involvement in a defined policy project. They also benefit from exposure to high-level policy discussions and decision-making via a mentor shadowing component of the Placement. Initial reports from participating students and ministry representatives suggest the first term pilot was a tremendous success. A more fulsome evaluation process will follow the conclusion of the pilot. Each student participating in the Placement receives a \$4,000 scholarship (\$2,000 from JSGS, and \$2,000 from the Ministry of Health) to help defray the costs of travel, subsistence and tuition.

² See materials available at: <http://www.cchl-ccls.ca/site/home>.

2. STUDENT INFORMATION

1. Description –Student Profiles

The MHA student body is remarkably diverse in terms of previous education and professional experience. It consists of a large number of practicing clinicians including physicians in various specialties, nurses, dentists, pharmacists, physiotherapists, mental health professionals, addictions counselors, dieticians and emergency responders, among many others. We also have a significant number of administrators working in provincial ministries of health, regional health authorities and other health care organizations. Other fields of practice our students are engaged in include health research, health facility planning, population health and serving in the medical corps of the Canadian Armed Forces, again among other areas.

We have individuals who are fairly new to their careers (3-5 years of experience) with many others falling in the mid-career category (7-15 years of experience). Some of our students are in front-line or relatively junior roles, while others are already in senior leadership positions including at the CEO, VP and Director levels. The majority of our students continue to work full-time while pursuing the MHA and are interested in this degree to support upward career mobility and/or continued personal and professional development.

The geographic, academic and professional diversity of our student body is one of the greatest strengths of this program, and one we maximize through our emphasis on knowledge exchange and shared learning. Our MHA students are talented, motivated and inspiring, and we are very proud of their accomplishments and contributions, both in this program and in their professional spheres.

2. Admissions and Enrolment Data³

**Table 1:
Registration Numbers (Fall semester)**

Year	Currently Registered	Currently Enrolled *	Admitted/Never Registered	Total
2016	118	12	7	137
2015	84	9	10	103
2014	51	6	12	69
2013	22	0	5	27

* denotes students that have registered in a previous semester but not in the current semester (note: students are permitted to take up to two semesters off in a row, without taking a leave of absence)

³ These data are accurate to the best of our knowledge; different report options may produce somewhat varied results.

Year	Full time	Part time	Not registered
2016	18%	72%	10%
2015	20%	68%	12%
2014	18%	72%	10%
2013	14%	86%	0

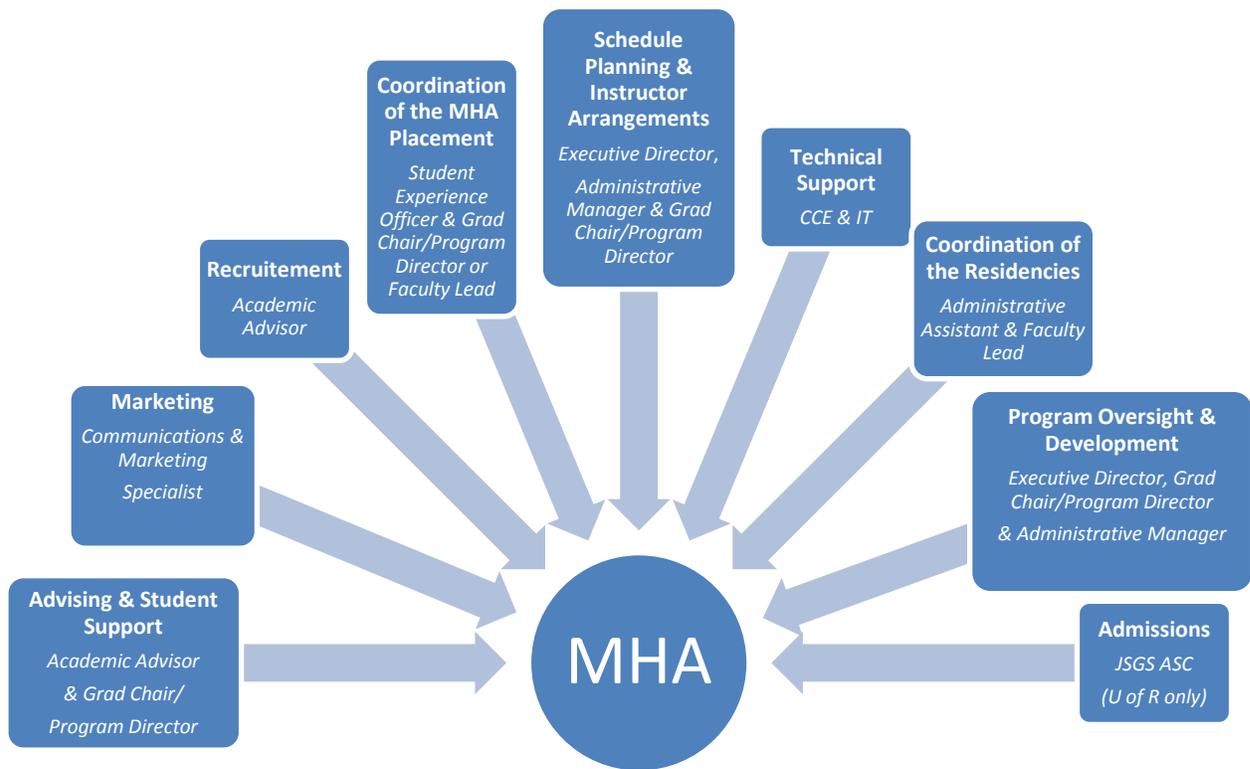
Year	BC	AB	SK	MB	ON	QC	NS	NB	PEI	NFLD	NWT	YK	NUN	Int'l
2016	20%	16%	12%	3%	35%	1%	1%	0	0	1%	3%	3%	1%	3%
2015	5%	17%	12%	12%	37%	0	2%	5%	0	2%	2%	0	0	5%
2014	21%	13%	11%	6%	38%	2%	2%	0	2%	0	0	2%	0	2%
2013	11%	13%	34%	11%	16%	3%	0	3%	0	3%	3%	0	3%	3%

3. FACULTY & STAFF SUPPORT

1. Program Administration

The administrative support structure for the MHA program has grown considerably since its inception and early days. At present, it is supported by a number of different positions in the School, each with a focus on areas of particular expertise. Figure 1 provides a high-level overview of key areas of responsibility for different elements of the program. It should be noted that only primary areas of responsibility are indicated and - as is true of other JSGS programs – the MHA depends very much on the collective efforts and talents of the entire JSGS team, including both faculty and staff.

Figure 1: Overview of Key Areas of Responsibility⁴



2. Teaching

(a) Online Course Offerings

All of the MHA courses are offered online, using the University of Regina’s online course management platform, URCourses. Courses are capped at between 25-30 students, with typically five seats per course reserved for students in other JSGS programs including the Master’s Certificates, the Master of Public Administration (MPA)

⁴ Acronyms defined: CCE (Center for Continuing Education); ASC (Admissions and Scholarship Committee); IT (Information Services Support Centre)

and the Master of Public Policy (MPP).⁵ The Health Systems Management Certificate draws its curriculum entirely from MHA courses, making it critical that students enrolled in this Certificate have appropriate access to seats. Health-related courses are also often popular electives for MPA and MPP students, and their online delivery format facilitates easy access for students from both campuses of JSGS. These students bring different but valuable contributions to the courses that add to those of their MHA colleagues.

It has been necessary to increase the number of courses offered each year in order to accommodate the growing student body. As the MHA matures, we anticipate starting to see larger numbers of graduates on an annual basis which should assist us in achieving more of a steady and predictable state in terms of program size. We currently have three full-time JSGS faculty members whose teaching loads primarily focus on the MHA, but at present the program depends heavily on the use of sessional instructors who must have, at minimum, a graduate degree in order to receive appropriate accreditation from the Faculty of Graduate Studies and Research. We have been working to develop sustained relationships with a number of external individuals who teach courses for us as sessionals, with the aim of achieving consistency in course delivery. Continuing to build and foster these relationships is an ongoing priority.

Table 4: Courses Offered with Faculty/Sessional Distribution

Year	Winter	Spring/Summer	Fall	Total Courses	Courses taught by JSGS faculty	Courses taught by sessionals
2016	5	3	7	15	5	10
2015	4	3	5	12	4	8
2014	1 ⁶	1	2 ⁷	4	3	1
2013	N/A	N/A	1	1	1	0

(b) The Residencies

Each Residency is assigned a faculty lead who is responsible for developing the syllabus, arranging for presenters and facilitators, communicating with students, overseeing logistical arrangements with the support of JSGS staff (typically the Administrative Assistant), acting as host/lead facilitator for the weekend and managing the evaluation process. When planning the modules, every effort is made to follow the JSGS model of pairing academic and practitioner facilitators so as to bring both theoretical and applied professional expertise to the content. We have also endeavored to have representation from various levels and sectors of the healthcare field, as well as from leading researchers. By way of example, previous Residencies have involved Assistant Deputy Ministers of Health, CEOs and Directors from Regional Health Authorities, and a former President and CEO of the Canadian Institute for Health Information, among many other talented and accomplished health sector leaders.

⁵ When capacity allows, we also accommodate students from other programs including the University of Saskatchewan’s School of Public Health’s Master of Public Health.

⁶ A shadow section of JSGS 823 was also available through the U of S School of Public Health.

⁷ A shadow section of JSGS 824 was also available through the U of S School of Public Health.

4. FUTURE CONSIDERATIONS

- Student Support: Many MHA students struggle, particularly at the beginning of their studies, with graduate student skills including library research, proper academic referencing and professional writing, and with the technical skills required to successfully navigate URCourses. Although the University of Regina does provide some writing and other support services available by distance, JSGS can likely do more to provide support to these students, particularly because they are not able to access the in-person workshops available to JSGS students studying on campus. The development of introductory webinars and other online support content is one option being considered. It has also been suggested by an instructor of JSGS 812 Indigenous Health Policy that some students may benefit from access to an Elder. The University of Regina Aboriginal Student Centre does have Knowledge Keepers “available to provide cultural and traditional insight, support and personal consultation”⁸, but JSGS may wish to explore other options to ensure our distance students receive the support they may require.
- Resource Requirements: While the program requires no physical space at the University, with the expectation of the week-end residencies, the MHA is resource intensive. Professional students have high expectations in terms of service delivery and student experience and the JSGS has invested significant funds to ensure such outcomes are achieved. Faculty teaching in the MHA receive 1.5 teaching credits per class, in addition to credit for leading the residencies. With only three dedicated faculty members (one tenured, one tenure track and one on a three year term) ongoing program growth will be depend on both teaching and administrative capacity.
- Program Leadership & Administration: The MHA has grown under the overarching leadership of the Executive Director, working closely with a faculty member charged with administrative responsibilities as Program Director, and with the involvement of the JSGS Administrative Manager. As described above, the administrative responsibilities associated with the MHA are now increasingly distributed among the JSGS team (as outlined in Figure 1). However, likely partly as a result of the high number of sessionals involved in delivering the program, and partly in relation to the added complexities an online program presents, the MHA currently still requires more direct forms of involvement from the Graduate Chair than do other JSGS programs.
- Future of the MHA Placement: As noted above, the MHA Placement was launched as a two-term pilot in September, 2016. A decision will need to be made, in close consultation with our Ministry of Health partner, regarding whether the Placement will continue as a permanent feature of the program and if so, in what form. Budget constraints both at the University and in Government may be a factor in this decision. If the Placement is to continue, JSGS will want to consider adding a new course to the MHA Curriculum, specifically designed for the Placement.⁹ Another consideration going forward will be whether to explore expanding the Placement to other organizations (e.g., Regional Health Authorities,

⁸ See <http://www.uregina.ca/student/asc/programs-services/cta/cy-support.html>.

⁹ For the purposes of the pilot we have used a special section of JSGS 867 Advanced Policy Analysis, and FGSR has granted participating students permission to vary their program.

front line health care organizations) and/or other jurisdictions (e.g., to facilitate students participating in their home cities).

- Accreditation: The program is not currently accredited by CAHME (Commission on Accreditation of Healthcare Management Education). Accreditation may offer advantages including with regard to student recruitment, but it also requires resources¹⁰ and involves trade-offs including some reduced autonomy for curriculum design and program operation. An in-depth analysis of these various factors would aid in making an informed decision about whether or not to pursue accreditation in future.
- Curriculum and Competencies: As with all academic programs, it will be important to review these core elements of the program on a regular basis to ensure their continued relevance and to address any potential gaps that may become apparent. A more fulsome program review could be a future file for the JSGS Joint Curriculum Committee, when it is re-established.

¹⁰ The initial costs of accreditation are estimated at a minimum of \$10,000, with annual costs of up to \$4,500 and additional costs for interim site visits and reaccreditation. For the Schedule of Fees, see: https://www.cahme.org/CAHME/Program_Directors/Fee_Schedule/CAHME/Program_Directors/Fee_Schedule.aspx?hkey=2fb8f70a-445d-42f0-a53a-c90cf67b40b9.