

June 22, 2015

To: Chris Evans, Vice Provost Academic and Chair, Academic Standards Committee

From: Jim Tiessen, Director, School of Health Services Management (HSM)

RE: FOLLOW UP REPORT FOR 2014 PERIODIC PROGRAM REVIEW OF THE PART-TIME HEALTH INFORMATION MANAGEMENT (HIM)

Background and recent developments in the SHSM

The HIM program, delivered by the School of Health Services Management (TRSM) and leading to a Bachelor of Health Administration (BHA), was reviewed in Winter 2015. The Review, including the Dean, ASC and Program responses, was approved by Senate on June 3, 2014.

The School was to deliver a follow-up report by the end of June 2015 that addresses the following recommendations:

- “1. Provide a more in-depth analysis of the curriculum mapping of courses to program learning outcomes to include all learning outcomes. Consider gaps, overlaps and redundancies and how they will be addressed.
2. Provide an update on discussions with Canadian Health Information Management Association (CHIMA) officials to work towards creating admission standards, and/or in-program requirements that meet CHIMA expectations, while providing non-Accredited yet HIM-skilled candidates fair access to the program.
3. Provide an update on advances made in developing/implementing the recommendations made by the Dean and the Peer Review Team as well as initiatives contained in the HIM developmental plan.”¹

In the summer and fall 2014 the School acted on most recommendations of the Reviewers and, and continues to make progress. However, not all recommendations were followed; rather our small group chose to focus on key issues, particularly faculty recruiting and curriculum changes.

In January 2015, the HIM’s sister program in Health Services Management, was reviewed. The School and Dean’s responses will be submitted before fall 2015 for consideration by ASC and Senate.

Two important developments in the SHSM have, and will continue to, affect our responses. The first is that from July 1, 2015, the School will welcome a new tenure track faculty, Julien Meyer (ABD, HEC) an industry-experienced scholar who teaches and conducts research in HIM. The reviewers’ view that such a position was necessary to anchor HIM teaching and research was confirmed. We are most grateful that the Provost and Dean supported this move. Prior to this appointment, the School lacked a full time HIM scholar. While providing him time and support to publish, we will be engaging him in further curriculum development. This was the outcome of a thorough search and hiring process.

¹ Ryerson University. *Senate Meeting Agenda* (June 3, 2014).

The second development is that the School has been given approval to develop a proposal for a Master's degree, the Masters in Health Services Management and Innovation. This too occurred with the support of the Dean, TRSM and the Provost, together with the Dean YSGS. The School and its current and past students too look forward to making this work. In 2014-15 the Director, with research assistance, drafted a proposed LOI that aims to introduce the program for 2017-18.

The new program as proposed will have significant health services information management and analysis elements. The program is essential for the School because the pool of candidates for the current degree completion BHA will be decreasing. For example, for ten years the Registered Nurse qualification has required a degree. For a degree-holder, a Master's program comprising six courses and a Major Research Paper is much more attractive proposition than an undergraduate degree-completion program which can include up to 20 courses, and a final project comparable in quality to a Masters MRP.²

Updates

Following I outline our updates as requested.

1. Curriculum mapping

The ASC requested we conduct more in-depth analyses of the course curriculum to the six program goals, listed in Appendix 1. The Program Self-Study (October 2012) displays the detailed mapping of content in 13 (including Practicum and Practicum Seminar) required courses to the program goals in Appendices A1-I, AI-J and A1-L. In the main body of the Review, the Program Outcomes (pp. 12-13) summarize this mapping. Here, I expand on this analysis to offer a clearer view of the curriculum.

Overall the HIM program curriculum is oriented towards the practice of evidence-based management, an approach rooted in the clinical realm, evidence-based medicine. Evidence-based management contends that decisions should be based on the critical assessment of the best available evidence, including research literature, sources describing contexts, and local data (qualitative or quantitative)³. Program goals 1, 2, 4, 5 and 6 lead to the achievement of goal 3, completing a specific, applied project that integrates a broad range of skills and knowledge from the health care field.

The program mapping broadly shows that the curriculum comprises three broad elements that variously introduce, reinforce and develop proficiency in the elements of evidence-based management. This is done first by introducing broad and local (i.e. organizational) context in five earlier courses (Healthcare System; Managing Health Information Systems; Health Information Analysis; Health Information Systems Management; Law for Health Managers). The next two courses (Health Economics; Financial Management) develop deeper familiarity with context.

² Program reviews, and anecdotal evidence from graduates confirm that the Practicum project done in the BHA is of comparable standard to Master's level MRPs.

³ Center for Evidence-based Management. "What is evidence-based management?". Available <http://www.cebma.org/frequently-asked-questions/evidence-based-management/>.

Two of the following courses (Issues in Health Information Management; Human Resource Management), reinforce critical thinking skills as applied to management functions. The last two regular courses, (Research Methodology; Program Planning and Evaluation) develop the skills needed to develop applied research questions and use extant and primary research to collect and analyze data – evidence – in order to address them. Students complete the program conducting a client-directed study at a health services provider or related organization (e.g. association).

We have had general discussions at School meetings on curriculum but have not done another full formal review, beyond the related work done as we conducted the Health Services Management (HSM) review in January 2015. That said, course curriculum is regularly refreshed as we periodically update courses delivered online via CE (all courses are available online). For example in 2014-15 we have been updating a key course, HSM 301, “Healthcare Systems”. The newer version contains more international system comparisons, using OECD data, which had been an identified gap. Further the School will work with the new hire to help ensure the program remains current and relevant for students.

2. Discussions with CHIMA (Canadian Health Information Management Association)

The current situation with respect to CHIMA is that the Ryerson HIM BHA degree is “approved” by CHIMA as a management degree completion program; however since we do not teach technical health information management skills (e.g. coding), our graduates cannot write the CHIMA certification exam unless they have completed an approved diploma program.⁴ The School has had discussions with CHIMA about admission standards and meeting their expectations.⁵

The major emerging issue associated with CHIMA is their promotion of a degree program in HIM. CHIMA has developed a set of content and learning outcomes expected of such a degree. To date, only Conestoga College has been accredited by CHIMA to deliver an HIM degree. In 2014-15 the School explored how the HIM degree-completion program could be adapted to become eligible for this accreditation. Similar to the discussion above about eligibility to write the CHIMA exam, a key issue is the SHSM’s capacity to offer sufficient technical HIM courses, though at third and fourth year undergraduate levels.

While we have not yet made a final decision, it is likely that the School will decide too not to increase our technical offerings in order to seek any formal CHIMA accreditation beyond our current status. Rather it is our intent to leave technical training to Colleges, such as George Brown, which have more capabilities in this domain. Our goal is to enable students to complement these skills with management capabilities, at the undergraduate and graduate levels.

There are two main reasons for this decision, both linked to teaching and administration resources. First, the School is already highly leveraged, offering about 35 course sections a year (in-class and online); only 15 though will be delivered by full time RFA (including one LTF). The second is the prospect of a Master’s program, which though necessary for long run School survival, will further tax our limited

⁴ CHIMA. “Accredited HIM Programs.” Available <https://www.echima.ca/cchim/him-program>.

⁵ Separately the Recommendation concerning marketing cooperation with CHIMA is addressed below.

teaching and administrative resources. Since we must make choices as a School, we will in the medium term focus on the development of the Masters proposal. If the proposal is not successful we will revisit our current programs and perhaps seek alliances with Colleges that can deliver technical courses.

3. Follow up on recommendations made by Dean and Peer Review Team

The Dean's response primarily spoke to the need for a new faculty and the importance of the School developing a Masters' program. The Dean also indicated that, beyond the HIM hire, new resources would not be allocated to the school. The reviewers' recommendation that a program manager be hired would not be followed, since the perceived work load was insufficient to justify such a role, especially in a constrained fiscal environment. The idea of creating a TRSM undergraduate Research coordinator (part time) to help disseminate research too was not been formally addressed.

The team made 16 recommendations. The CHIMA discussions (Recommendation 1) and hiring an HIM tenure stream faculty member (#14), program manager (#9) and research coordinator (#16) are addressed above. In our April 15, 2014 response we indicated we would not follow Recommendation 4 (moving several courses from the PR list to Liberal Studies), mostly because this would detract from the intent of Liberal Studies courses. We continue to work with CE on the delivery of online courses (#11). Technical issues from the student side continue to be addressed informally directly by instructors with support from the SHSM DA and CE help.

a. Curriculum changes

i. Introduce a new health care statistics course (#3).

From fall 2015 a new course, Statistics for Health Care Services Managers (HIM 408), is being introduced. The course is under development. It will be a required course in the HIM and HSM programs.

ii. Remove Introductory Micro (ECN 104) and Macro (ECN 204) Economics and replace with one macro/micro econ course (#2).

There is no single course available that covers macro and micro. As per our April 14, 2014 response, we removed Macro Econ (ECN 204) to make room for the new statistics course. Microeconomics remains in the core as it is most relevant to healthcare economics.

iii. Remove Business Information Systems 1 (ITM 102) from the PR list (#5).

We will remove ITM 102 and a similar introductory course ITM 100 (Foundations of Information Systems) from our PR lists. These courses serve as pre-requisites for PR electives that are useful for students. Discussions with ITM, and previous practice, indicate that this pre-requisite requirement can be waived for HIM students and this will be built into our curriculum advising policies. This will allow HIM students to more readily access more advanced ITM electives without using PR elective slots.

We will submit this by fall so the changes can occur by 2016-17.

iv. Add ITM electives to PR list (# 6, 7).

Discussion with ITM curriculum experts led us to propose adding Computer-enabled Problem Solving (ITM 207), Business Intelligence and Analytics (ITM 618), and IS Project Management (ITM 750) to the PR list.

We will submit this by fall so the changes can occur by 2016-17.

v. Study student workload and expectations associated with practicum project and discuss (with TRSM and AUPHA, our accrediting body) alternatives (#8, 10).

The practicum expectations and associated student and faculty workload have been identified by reviewers before, and are again in the most recent HSM Program Review. In our response last year we agreed to undertake a formal review of this issue.

We have not acted formally on this recommendation so the Practicum remains as it is. While, as usual this Practicum effort demanded much of students and faculty, 32 of the 33 students, HIM and HSM, who planned to complete this project in 2014-15 successfully did so; one student had to withdraw due to illness.

The main reason for retaining the project in its current form is indicated as part of our 2014 response. We state that we wish to retain the practicum project capability, anticipating it can be implemented as part of a new Master's program. We have relationships with many organizations and preceptors, and faculty is familiar with the drill. Creating a less rigorous approach now could threaten our attempts to secure appropriate projects for Masters students in the future.

Further, we have informally monitored student views throughout the year and found that once completed, the project is typically considered difficult, but a useful learning experience. The fact that all students who attempted the project passed suggests the workload is appropriate. The draw on faculty resources, time and teaching load, remains, but in our view justified given the importance of this practicum deliverable.

b. Develop five year marketing plan (#12), partner with CHIMA and alum to develop marketing plan (#13) and introduce HIM research seminar series (#15).

The School has made limited progress implementing these recommendations. We have continued with regular marketing efforts (visits to George Brown HIM students, hospitals), and shared an advertisement in "Hospital News" with CE. In concert with the HSM plan we will consider more active marketing next year. While a pool of HIM candidates exists, the School's broader efforts have been on current program maintenance and the development of the Master's Program proposal.

The SHSM did not introduce the HIM research series. We considered implementing this, as mentioned in our response. Any research seminar would have to be targeted at both HIM and HSM audiences, given the small size of the HIM program.

The limited follow up to these three recommendations is attributable to prioritization. While the ideas are useful, the relatively small school (Director, 2 RFA, 1 DA) and a full agenda mean that there is limited

time set aside to pursue all valid initiatives. In the absence of a program manager, the School will need to find, perhaps ad hoc, means to move forward on these ideas.

Appendix 1: HIM Program Goals

1. Apply a deep and broad knowledge of the key concepts, methodologies, current advances and strategies in health information management to a variety of settings which may intersect with and include the wider healthcare and health management fields.
2. Collect, interpret, assess, and debate multiple sources of information informing critical selection of methods, approaches, and strategies for facilitating planning and decision-making in a health care setting.
3. Complete a capstone research project integrating a broad range of skills and knowledge from the health care field by identifying a specialized area of inquiry, by implementing effective research methods (qualitative or quantitative), by critically evaluating resulting data and by formally preparing and presenting findings of publishable quality.
4. Communicate health information, appraisal of literature, arguments, data analysis and interpretation effectively to a variety of audiences first through oral presentations and by responding to questions and secondly through essays, formal research reports and other written assignments.
5. Monitor and apprise the changing field of health care and identify gaps in current understanding, challenging assumptions and re-evaluating current practices in light of new developments and understandings in the field.
6. Apply specialized health information management knowledge, strategies and critical thinking skills to complex multidisciplinary problems involving multiple stakeholders in the health care system demonstrating principles consistent with academic and social responsibility