
The Health Management and Policy (HMP) Affinity Group was created by the School of Public Health Steering Committee (per the Provosts’ joint memo of October 28, 2013). An initial list of nearly 30 potential HMP faculty was developed by the Steering Committee; Sherril Gelmon, Professor of Public Health at PSU and a Steering Committee member, was designated as the facilitator of the HMP affinity group.

In early November, these faculty were invited to join the affinity group. The affinity group was charged with ratifying the existing competencies for the MPH track in Health Management and Policy; reviewing existing curricula and making recommendations on the composition of faculty to support those curricula; and identifying parameters for the faculty who will make up both the core and affiliated groups for Health Management and Policy in the new School of Public Health (SPH). The individuals invited were encouraged to share the invitation with others with similar interests, and were also invited to decline the invitation if they did not wish to be involved.

The first meeting of the HMP affinity group was held on November 20th, 2013. In advance of the meeting, four documents were circulated:

- curriculum overview of the PhD in Health Systems and Policy (http://www.pdx.edu/hatfieldschool/course-of-study)
- mapping of the proposed School of Public Health core competencies to the OMPH program competencies and the MPH:HMP track competencies (Appendix 1)
- suggested criteria for faculty involvement in the Health Management and Policy group, accompanied by CEPH accreditation criteria language (Appendix 2)

The group discussed the curricula of the two programs, and agreed with the existing competencies and curricula. Several suggestions were raised of possible courses to add in the future. The discussion of faculty focused extensively on the implications of being a “core” faculty as compared to “affiliate” or “adjunct”. Many concerns were raised about availability of hard funding to support teaching, and there were also questions about whether there might be any clinical enterprise directly related to the SPH, as well as associated residency programs. The group agreed that it would be useful to map the expertise of those indicating interest in the HMP affinity group regarding teaching expertise and research interests.

A list of 20 regularly taught HMP classes was developed, including course descriptions, and circulated in January 2014 to the affinity group mailing lists. This responded to a question from the SPH Steering Committee regarding sufficiency of resources among existing faculty to teach the curriculum for the two HMP programs. Individuals were asked to complete a brief inventory, indicating a) previous experience teaching a graduate course on the topic, b) having the knowledge and skills to teach a graduate course on the topic, or c) not being able to readily teach a graduate course on the topic. Twenty-five people responded, and a summary is presented in Appendix 3.
This information addressed teaching potential only, and did not account for other faculty roles such as advising, mentoring, or serving on dissertation committees. The summary of teaching expertise was discussed at the second affinity group meeting on January 28, 2014. The discussion identified some gaps in teaching coverage, and how the core faculty were planning for the new PhD students to be admitted in Fall 2014. There was also discussion of the concern raised by CEPH about the need to add faculty to HMP to adjust the faculty:student teaching ratio.

The group at the January meeting agreed that a similar inventory of research interests would be useful to develop. In mid-February, a memo was sent to the HMP affinity group list inviting them to respond in two areas: first, a listing of research interests, and second, identifying opportunities for PhD students to work with them on their current research. Twenty individuals responded, and a summary of the research interests is included in Appendix 4. This was discussed at the February 20 meeting of the group (its third), at which time it was suggested that the group might host some “research in progress” sessions as a way to share current research among the group, and talk about opportunities and issues for future research collaborations. Another meeting topic that was high priority for the group was to meet with research administrators from both universities to talk about issues and challenges arising from cross-institutional research collaborations.

The group decided that the fourth meeting of the group should be the first research discussion. This was held on April 3rd, and the topic was: "Can Oregon's CCOs Transform Health Care?" The session was coordinated by John McConnell with brief presentations by John, Neal Wallace, Deb Cohen, and Jill Rissi.

The fifth meeting of the affinity group took place on May 1st, with Mark Sytsma and Dana Director, both of whom are senior leaders in the research offices at PSU and OHSU respectively. They wanted to learn more about the research interests of HMP affinity group members, and also wanted to discuss progress in research collaboration support through the PSU & OHSU strategic partnership; new activities to facilitate joint proposals; any issues, concerns, barriers faculty were encountering; and specific topics such as sharing of IDC's, hiring of GRAs, proposal submission, access to data, etc. They wanted to hear any concerns the group had and problem solve to make it easier to support collaborations. A summary of issues presented is included in Appendix 5.

The sixth of the HMP affinity group took place on June 5th. This was another research-in-progress presentation and discussion, coordinated by Traci Rieckman, with brief presentations by Traci, Sherril Gelmon, Jill Rissi, Colleen Reuland, and Stefan Shearer. At the conclusion of the meeting, it was determined that no meetings of the affinity group would be held over the summer, and that the faculty would re-evaluate the value of the affinity group in the fall, once the new academic year began.
Appendix 1: SPH Core Competencies 2013 – Mapped to OMPH Competencies

All graduates of the School of Public Health will act ethically and demonstrate cultural competence to:

1) Integrate social determinants into public health science, practice, and policy.
   • Apply evidence-based knowledge of health determinants to public health issues. (OMPH-1)
   • Employ ethical principles and behaviors. (OMPH-5)
   • Enact cultural competence and promote diversity in public health research and practice. (OMPH-6)

2) Engage with communities to improve population health.
   • Communicate public health principles and concepts through various strategies across multiple sectors of the community. (OMPH-4)
   • Employ ethical principles and behaviors. (OMPH-5)
   • Enact cultural competence and promote diversity in public health research and practice. (OMPH-6)

3) Apply public health knowledge and skills to eliminate health disparities.
   • Select and employ appropriate methods of design, analysis, and synthesis to address population-based health problems in urban and rural environments. (OMPH-2)
   • Integrate understanding of the interrelationships among the delivery, organization, and financing of health services. (OMPH-3)
   • Apply public health knowledge and skills in practical settings. (OMPH-7)
   • Employ ethical principles and behaviors. (OMPH-5)
   • Enact cultural competence and promote diversity in public health research and practice. (OMPH-6)
SPH Core Competencies 2013 – mapped to MPH:HMP Competencies

All graduates of the School of Public Health will act ethically and demonstrate cultural competence to:

** = high; * = medium; no star = low

1) Integrate social determinants into public health science, practice, and policy.
   ** Establish and manage systems and processes to assess organizational performance for continuous improvement of quality, safety, and effectiveness. (HMP-4)
   * Identify and apply economic, financial, legal, organizational, political, and ethical theories and frameworks. (HMP-2)
   * Employ appropriate qualitative and quantitative techniques to manage human, fiscal, technological, information, physical, and other resources. (HMP-3)
   Conceptualize, analyze, and resolve problems related to health services delivery and finance. (HMP-1)

2) Engage with communities to improve population health.
   ** Conceptualize, analyze, and resolve problems related to health services delivery and finance. (HMP-1)
   ** Establish and manage systems and processes to assess organizational performance for continuous improvement of quality, safety, and effectiveness. (HMP-4)
   * Employ appropriate qualitative and quantitative techniques to manage human, fiscal, technological, information, physical, and other resources. (HMP-3)
   Identify and apply economic, financial, legal, organizational, political, and ethical theories and frameworks. (HMP-2)

3) Apply public health knowledge and skills to eliminate health disparities.
   ** Identify and apply economic, financial, legal, organizational, political, and ethical theories and frameworks. (HMP-2)
   ** Employ appropriate qualitative and quantitative techniques to manage human, fiscal, technological, information, physical, and other resources. (HMP-3)
   * Conceptualize, analyze, and resolve problems related to health services delivery and finance. (HMP-1)
   Establish and manage systems and processes to assess organizational performance for continuous improvement of quality, safety, and effectiveness. (HMP-4)

<table>
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<tr>
<th>Course</th>
<th>SPH 1</th>
<th>SPH 2</th>
<th>SPH 3</th>
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<td>PAH 577 HEALTH CARE LAW AND REGULATION</td>
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<td>PAH 586 INTRODUCTION TO HEALTH ECONOMICS</td>
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<td>PAH 587 FINANCIAL MANAGEMENT OF HEALTH SERVICES</td>
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<td>PAH 588 PROGRAM EVALUATION AND MANAGEMENT IN HEALTH SERVICES</td>
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</table>
1) Integrate social determinants into public health science, practice, and policy.

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HSO 1: Apply concepts of systems thinking to analysis of health services. (Program Competency #8)

HSO 2: Identify, describe and differentiate among elements which characterize the organization, financing and delivery of health services. (Program Competency #2)

HSO 3: Analyze and articulate major issues in health services and systems, and propose strategies for addressing or resolving them. (Program Competencies #8, 9 & 10)

HSO 4: Apply ethical principles in analyzing health systems, with consideration of cultural diversity. (Program Competencies #1, 3 & 7)
Appendix 2: For Discussion – HMP Affinity Group, November 2013

CEPH Criteria Related to Faculty Resources (www.ceph.org)

1.7 Primary faculty in a school are those who are full-time university faculty with 100% appointments to the school of public health. Primary faculty can include those who have appointments in a department or division of the school or in a research or service center that is housed within the school or controlled by the dean. Primary faculty in a school may hold any category of faculty classification and rank that is appropriate within that context, but teaching and mentoring students must be a fundamental component of primary faculty’s expectations. Full-time research-track faculty who contribute to teaching and mentoring students constitute primary faculty.

Faculty who hold joint appointments with another school, college, center, etc. may still serve as primary public health faculty if both the substance of the extra-school duties and the decisions relating to faculty rank are fully vested in the school of public health. However, they would not count as one of the five 100% FTE faculty required for a core concentration area that offers a doctoral degree.

4.1 Faculty adequacy relates to a number of factors. The faculty of a school of public health must draw broadly from the many disciplines that contribute substantially to public health and must, in particular, be able to support the instructional concentrations the school elects to offer. The full- and part-time faculty referenced in Criterion 1.7 who support each concentration area must be trained and experienced in disciplines appropriate to their instructional, research and service activities. The primary faculty may be complemented by faculty from other parts of the university as well as individuals from the community.

Faculty should teach and supervise student research and practice experiences in areas of knowledge with which they are thoroughly familiar and qualified by education and experience. To assure a broad public health perspective, in spite of increasing specialization in the field of public health, there should be faculty who have professional experience and have demonstrated competence in public health practice.
Suggested Criteria to be a full-time core (primary) faculty in HMP

(NOTE: need 5 at PSU and 5 at OHSU)

1. Relevant academic qualifications to obtain faculty rank at PSU or OHSU
2. Expertise and availability to teach two to three of the required courses and at least one elective in the MPH:HMP and/or HS&P PhD
3. Demonstrated competence in teaching graduate students
4. Ability and availability to engage in advising and career development of MPH:HMP students
5. Expertise to chair dissertation committees in HS&P
6. Availability to participate on HS&P doctoral committees and mentor HS&P doctoral students
7. Actively engaged in research and scholarship aligned with the subject matter of the MPH:HMP and HS&P PhD
8. Willingness and availability to engage in unit and program governance, administration and leadership through regular committee involvement
9. Demonstrated engagement with, and professional service to, relevant communities and organizations

Suggested Criteria to be an affiliated faculty in HMP

1. Hold at least .5 FTE academic appointment with faculty rank at PSU or OHSU
2. Expertise and availability to teach one to two required or elective courses in the MPH:HMP and/or HS&P PhD
3. Demonstrated competence in teaching graduate students
4. Ability and availability to engage in advising and career development of MPH:HMP students
5. Expertise and availability to participate on HS&P doctoral committees and mentor HS&P doctoral students
6. Actively engaged in research and scholarship aligned with the subject matter of the MPH:HMP and HS&P PhD
7. Willingness and availability to contribute to program governance and administration through occasional committee involvement
8. Demonstrated engagement with, and professional service to, relevant communities and organizations

Adjunct faculty

- primary appointment in other organizations but teach occasional classes and/or mentor/host students and/or participate in research

- Information is based on those faculty who responded to the request from the HMP affinity group (others may teach these courses but did not respond to the request for information)
- **BOLD** indicates those currently teaching these courses in MPH:HMP and scheduled for HS&P PhD
- **Italics** indicate faculty who currently hold adjunct appointments at PSU. These faculty (all of whom are community-based practitioners with full-time positions outside of PSU and OHSU) are only listed for actual past or present teaching.

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<thead>
<tr>
<th>Course Name and Number</th>
<th>I have taught a graduate course on this topic.</th>
<th>I have the knowledge and skills to teach a graduate course on this topic.</th>
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<td><strong>REQUIRED courses – MPH:HMP and PhD in HS&amp;P</strong></td>
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<td>PAH 541/641 Organizational Behavior in Health Service Organizations</td>
<td>Rissi, Gelmon, Isgrigg, <strong>Fellows</strong>, Valerius, Young, Lottes</td>
<td>Wallace, McCarty, McConnell, Lockwood, Cohen, Rieckmann, Sumner, Totten</td>
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<tr>
<td>PAH 571/671 Health Policy</td>
<td>Rissi, Wallace, Gelmon, Isgrigg, Huntzicker</td>
<td>McCarty, McConnell, Quiñones, Carlson, Graven, Rieckmann, Sumner, Seccombe, Totten, Lipsky</td>
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<tr>
<td>PAH 573/673 Values and Ethics in Health</td>
<td>Gelmon, Isgrigg, Valerius, Rissi</td>
<td>Carlson, Winett, Rieckmann, Sumner, Young, Totten</td>
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<td>PAH 574/674 Health Systems Organization</td>
<td>Gelmon, Rissi, Wallace, <strong>Sumner</strong>, Dopper, Lockwood</td>
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<td>PAH 577/677 Health Care Law and Regulation</td>
<td><strong>Faler</strong>, Valerius</td>
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<td><strong>REQUIRED courses – MPH:HMP</strong></td>
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<td>PAH 576 Strategic Management of Health Care Organizations</td>
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<td>PAH 587 Financial Management of Health Services</td>
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<td><strong>REQUIRED courses – PhD in HS&amp;P</strong></td>
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<td>PAH 575 Advanced Health Policy (elective in MPH:HMP)</td>
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<td>PAH 589/689 Research Design in Health Services (elective in MPH:HMP)</td>
<td>Wallace, Gelmon, Lockwood, Rieckmann,</td>
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<td><strong>ELECTIVE courses (both programs)</strong></td>
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<td>PAH 542 Marketing in Health Service Organizations</td>
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<td>McCarty</td>
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<td>PAH 570 Health Administration</td>
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<td>PAH 578 Continual Improvement In Health Care</td>
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<td>PAH 580 Health Services Human Resources Management</td>
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Appendix 4: HMP Faculty Affinity Group – Research Interests Summary
February 2014

Topics and names:

Clinical trials on behavioral and pharmacological treatments for alcohol and drug use disorders - McCarty

Impacts of healthcare reforms on treatment for alcohol and drug use disorders - McCarty

Adoption of evidence-based practices and improving the quality of care for treatment of alcohol and drug use disorders - McCarty

Dissemination and Implementation of evidence-based practices for behavioral health: Increased quality and access – Riekmann

Health Economics – McConnell

Econometrics/Statistics – McConnell

Delivery System Reform – McConnell

Health system transformation - Gelmon

Implementation of the ACA/health system transformation – Rissi

CCO/ACO - Wallace

Health system transformation in rural communities (through use of practice-facilitation/practice coaching – Davis

Disparities in adult preventive care – Andresen

Development and applications of patient-centered outcomes measures – Andresen

Racial and ethnic health disparities – Quinones

Age-related changes in health – Quinones

Multiple co-occurring chronic disease (multimorbidity) - Quinones

Health care access, coverage, and quality – Carlson

Health Disparities and Access to Healthcare - DeVoe

Social determinants of health – Carlson

Behavioral health care access, coverage, and quality – Carlson
Physical/Behavioral Care Integration - Wallace

Health Services Research - DeVoe

Health Services Research (in primary care clinics and community-based organizations) in Health promotion and cancer screening – Carney

Educational research across the medical education spectrum (undergraduate medical education – medical students - to graduate -residency training – and continuous professional development – Carney

Primary care organizations and practice change and improvement, including health information technology use – Cohen

Health Information Technology in Primary Care - DeVoe

Primary care home implementation – Gelmon

Primary Care Medical Homes – Wallace

Improving Quality Measurement and how primary care practices implement quality measurement and improvement - Totten

Safety Net Practice Networks: EHRS, PCPCH, Systems Transformation - Rieckmann

Integrated behavioral health and primary care – Cohen

Collaborative Care Models: Integration Behavioral Health and Primary Care - Rieckmann

Qualitative and mixed methods research – Cohen

Participatory Research with Rural Communities – Davis

Systematic Reviews and Guideline Development for complex interventions – Totten

Patient Engagement and Shared Decision Making - Totten

Community health improvement – Gelmon

Health workforce development – Gelmon

Deliberation and/or civil discourse and health policy – Rissi

Competency-based health system administration - Rissi

How community input influences governmental health and public policy decisions – Baxter
Community Advisory Councils – their role in governance and authority – Baxter

Evaluating quality improvement efforts using office reported tools related to office systems and processes and comparing this information with claims/based measures – Reuland

Evaluating quality using patient experience of care surveys and comparing the “quality story” told with this data source with other data sources – Reuland

Utilization of models such as Collective Impact and Kotter’s Wheel to quantify and articulate organizational changes and partnership models developed and the relative impact - Reuland

Reproductive health services: obstetric management, contraception, abortion – Darney

Medicaid expansion and access to contraception – Darney

Adolescent fertility in low and middle income countries – Darney

Portrayals of health policy in popular, professional, and legislative discourse – Winett

Program evaluations of organized policy advocacy campaigns – Winett

Other content analysis of public health and health policy topics (i.e., applying these techniques to analyze interview-based studies of public health problems) – Winett

Improvements and innovations in academic public health pedagogy - Winett
Items to put on the radar for Research/Academic Administration:

Students

- Can grad student salary and tuition be covered from different institutions?
- Can students be jointly appointed to enable access to both libraries, etc?
- What existing models for "sharing" students between OHSU/PSU exist?

Compliance

- Will IRB and other training done at one institution be accepted by the other?
- Are there ways to streamline IRB, FCOI, and other compliance requirements?
- Can we create a checklist for SoPH faculty/researchers of what compliance needs to be completed?
- Can students be included as researchers on studies? Do they go through the same compliance?

Grants/IDCs

- Which university will handle proposal submission and sponsored project management?
- How will IDC be distributed? Will PIs receive a cut?
- Are there ways to streamline subcontracting between universities?
- What types of grants are best suited to run through OHSU vs PSU or vice versa?
- Will there be a "master agreement" for grants/subcontracting/etc.?
- Can we develop some templates or boilerplate language (e.g., facilities descriptions, new SoPH, etc.) and start collecting faculty bios and other information for proposal submissions?

Tech Transfer/IP

- How will tech transfer and IP be handled?
- Will the existing OHSU/PSU MOU apply to SoPH?

IT support

- Which institution will provide IT support for specific software related to research (Atlas.ti, SBSS, etc.)?
- Will institutional site licenses apply to everyone in SoPH?
- PSU uses D2L and OHSU uses Sakai for online education, which will be used for SoPH?