

# LETTER OF INTENT

## DOCTOR OF PHILOSOPHY IN HEALTH SERVICES POLICY AND PRACTICE UNIVERSITY AT BUFFALO

### A. Program Identity and Abstract

1. **Proposed title:** Health Services Policy and Practice
2. **Proposed award:** Doctor of Philosophy
3. **Proposed beginning date:** August 2013
4. **Brief description of the proposed program, including academic content, structure/duration, number of credits and purpose.**

It is widely acknowledged that improvements are needed in the U.S. health care system. Adequate access to health care for underserved populations, quality and cost of health care, patient safety and improved utilization of informatics and analytics to drive evidence-based practice of medicine are issues that need to be addressed. Research in health services, policy, practice, and safety will play a key role in reforming the system by informing the process. Advancements in health care informatics will provide the raw data input for analytic distillation to actionable conclusions. Translational efforts will be required to facilitate the application of research findings in practice, policy making, or program development. The proposed Health Services Policy and Practice (HSPP) PhD program is designed to produce researchers/scientific advisors with the knowledge and skills needed to inform our progression to, and management of, systems that provide high quality, cost effective and accessible health care services. The purpose of the program is to foster critical thinking and scholarly activity that leads to policy/practice-relevant research and to develop leadership skills needed to translate research results into policy or practice, all while affirming the value of interdisciplinary collaboration and the importance of ethical behavior. Students will receive their education and training in a context where program faculty bridge the gap between the worlds of research and policy or practice and, thus, will gain valuable experience to help them bridge these domains better in their own careers.

To ensure that graduates have relevant multi-disciplinary expertise, students must have completed a master's degree in a complementary field (e.g., biostatistics, community health and health behavior, epidemiology, health services administration, industrial engineering, management science, marketing, economics, pharmacy practice, social work, nursing, patient safety, medicine, computer science, or medical/health informatics) before admission into the HSPP PhD program. Coursework in the program will focus on five areas of health services research: (1) health outcomes and health care quality, including cost effectiveness and comparative effectiveness research; (2) health policy and law; (3) health economics and health care finance; (4) patient safety; and (5) health care access and utilization. In addition, students will take courses in biostatistics, health care informatics, and the principals of epidemiology to develop a high level of quantitative skills and methodological expertise. The degree requires a minimum of 72 credit hours. Of these, 9 credits must come from three master's level prerequisite courses in health outcomes research, health policy and law, and health economics and finance that may be taken as electives in the student's master's program or as non-

matriculating credits before entry into the program. Up to 27 other credits may be transferred in from the student's master's program. Once in the program, and additional 24 credits are required, 12 from core course work and 12 from approved electives are required. Finally, at least 12 hours of research credits are needed to reach the 72 credit requirement. After one or two years of Ph.D. level course work in HSPP, each student will complete their degree by writing a dissertation containing original research in one of the five areas of research listed above or in informatics/biostatistics on a topic that is applicable in one or more of these areas. It is anticipated that students will complete the program in three or four years after their master's.

## **B. Institutional Mission and Planning**

### **1. Explain the relationship of the proposed program to the Board of Trustees-approved mission of the institution.**

The vision of the University at Buffalo, as expressed in its UB 2020 plan and current Memorandum of Understanding (MOU), is to become one of the nation's premier public research universities. The School of Public Health and Health Professions at UB can play a core role in accomplishing this vision. A necessary component of making SPHHP a strong, vibrant, and nationally prominent school is Ph.D. programs in core public health and allied health disciplines. Indeed, development of such Ph.D. programs is a key requirement for maintaining accreditation by the Council on Education in Public Health. Thus, developing a Ph.D. program in Health Services Policy and Practice is necessary for the continuing advancement of the School of Public Health and Health Professions. Advancing the school to national prominence will aid achievement of the UB2020 and MOU vision. The health services discipline has undergone explosive growth over the past decade such that almost all schools of public health have departments in health services/policy. The new Department of HSPP and its proposed PhD program will enhance the University's ranking among AAU members. Twenty AAU Universities have accredited schools of public health. All, except UB, have degree-granting departments similar to the one proposed. Seventeen are ranked in the nation's top twenty schools of public health. SPHHP leadership views the creation of this department, with strong degree offerings, as the highest priority in the School's pursuit of excellence. In addition to enhancing the current MPH concentration, the proposed PhD program will produce leaders in health services, policy, practice, and patient safety. In addition, the research strengths of the proposed Department of HSPP and the proposed PhD program are central to several strategic strengths highlighted in the current MOU and UB2020 planning documents (particularly Health and Wellness across the Lifespan, Civic Engagement and Public Policy). Finally, the proposed program aligns with the mission of the School of Public Health and Health Professions, which includes "educating public health practitioners and researchers" and "pursuing academic excellence by focusing research efforts on issues that affect the health of the community."

### **2. Identify existing or projected programs of the campus in the same or related disciplines and the expected impact of the proposed program on them.**

There are no existing PhD programs in health services research, health policy, health economics, patient safety, health systems, or related areas at the University at Buffalo. The proposed program will be interdisciplinary, integrating research and education efforts across nine of UB's 12 schools and colleges, with three core faculty to be hired in the Department of HSPP and 22 faculty from other departments who are planning to be involved in the teaching and research of the program. Deans of the nine schools from which these 22 faculty come have expressed support for the development of the HSPP PhD program. There are individual courses in some of these nine schools/colleges that are relevant to health services, policy, practice, or

patient safety (e.g., courses on engineering research in health care, in the School of Engineering and Applied Sciences; medical informatics, in the School of Medicine and Biomedical Sciences; the business value of patient safety and quality of care in the School of Management; informatics enabled health outcomes research, in the School of Nursing; and on health policy in the United States, in the SPHHP). The administration of the SPHHP MPH program in health services administration will be taken over by the Department of Health Services Policy and Practice. The proposed PhD program will offer some of the best students in this MPH program the opportunity to continue their education at UB in health services research. Overall, the new program will be a catalyst for developing a more unified and coordinated response by UB to the national need for researchers to accurately inform policy makers and administrators with scientifically derived information as they work to improve health outcomes while holding down costs.

**3. Briefly describe proposed arrangements for required external clinical instruction, agency placement, practice teaching, internships, etc., if any, and how these arrangements would affect other institutions using the same facilities. Attest to the sufficiency of proposed off-campus site placements for projected enrollment.**

The proposed PhD program in Health Services Policy and Practice will have a strong research focus. Its central mission will involve training students to conduct original research on health services and outcomes issues so as to add to the knowledge base on determinants of health care outcomes and on the impact of health care policies. The program is not designed to train and prepare health education practitioners. Thus, external clinical instruction, agency placement, practice teaching, and internships will not be a part of the program.

**C. Market: Need and Demand**

**1. Identify the need for the proposed program within the SUNY system in terms of the availability and capacity of similar programs offered by other SUNY campuses.**

There are no Schools of Public Health with PhD programs in health services policy and practice in the SUNY system. SUNY-Albany offers a school-wide DrPH with a Health Policy and Management track, but they do not offer a PhD. The DrPH degree is a “terminal professional degree for public health practice”. The disciplinary focus of the SUNY-Albany Department of Health Policy, Management and Behavior has some overlap with the proposed UB Department of Health Service Policy and Practice but their DrPH program has a decidedly different focus. The overlap between the program goals and, therefore, student interest in the two programs will be minimal.

A second SUNY program with some overlap with the currently proposed HSPP PhD is offered by the Department of Policy Analysis and Management (PAM) in the College of Human Ecology at Cornell University. The PAM Ph.D. program “combines a focus on the substantive areas of education policy, family/social welfare policy, health policy and regulatory policy, with graduate level training in a social science discipline, empirical research methods, and an understanding of how multiple social science disciplines approach public policy research”. While a concentration is offered in health policy, this degree is more broadly focused than the currently proposed PhD. At the same time the health policy concentration specific curriculum is more narrowly focused than the proposed HSPP program. The HSPP PhD, which is more specifically focused on health, with a broader coverage of topics within health services research, whereas the PAM concentration emphasizes health policy heavily. The overlap of student interest in these two programs is not expected to be large.

**2. Identify similar programs at non-SUNY institutions, public and private, and, where appropriate, the potential impact on them.**

The School of Public Health at Columbia University does not offer a PhD focused on health services research. NYU and Cornell (Weill) also offer only masters degrees in this area. The Schools of Public Health at CUNY (Hunter College) and the New York Medical College offer DrPH but not Ph.D. degrees in Health Policy and Management, although it is not anticipated that the proposed program will compete with these programs for the same students. First, the programs serve different geographic areas. Furthermore, most of the students in the proposed program are expected to enter from other graduate programs at UB. Finally, the programs are distinct with regard to emphasis on informatics and biostatistics.

The only other Schools within an approximately 300-mile radius with similar degree offerings are the University of Pittsburgh and Case Western Reserve University. Pittsburgh offers a PhD in Health Policy and Management. This program is similar to the proposed one but without the emphasis on statistical/informatics-driven research. Case Western offers MD/PhD degrees in Health Services Research and a MD/PhD in Health Care Organizations and Outcomes. These programs draw students from a population that does not overlap with that of the proposed program. Given the large and growing focus on issues of health care cost, quality and safety and the relatively small expected enrollment for the proposed Ph.D. program, the impact on these other national Ph.D. programs is likely to be minimal.

**3. Identify the potential need for this program in terms of the economy and/or educational needs of the area in which it is to be located, of New York State at large, and, particularly for doctoral programs, the nation.**

Twenty AAU Universities have accredited schools of public health. All, except UB, have degree-granting departments similar to the one proposed. Each serves its geographic area to some extent. UB leadership views the creation of the Department of HSPP, with strong degree offerings, as a high priority in the University's pursuit of excellence and service to the Western New York (WNY) region and the State of New York. In addition to enhancing the current MPH concentration and providing pool of potential applicants for leadership positions in local and State government, the proposed PhD program will produce leaders in health services, policy and practice for the region's growing hospital, health systems, and healthcare financing industries; in addition to health services/policy researchers for academia and research foundations nationwide.

According to the Bureau of Labor Occupational Outlook Handbook, 2011-12 Edition, the projected growth of the health services managers occupation is 22% between the years of 2010 and 2020, with an additional 68,000 jobs created during that period. This is notably faster growth than in non-health related industries and reflects the growth of the health care industry in general. With this growth, impending health care reforms, and the explosion of health informatics systems that will produce volumes of data for analysis; there will be great demand for knowledgeable, critically thinking researchers and educators. There is/will be a national shortage of leaders in addition to bachelor and masters level experts in health services research, policy, and administration. Creating a PhD program in this discipline responds to this national need.

**4. Estimate student demand for this program and explain how estimate was arrived at.**

Because the proposed program is research focused and will center on a mentor-mentee apprenticeship model, the enrollment of the program will be limited. Based on the current FTE faculty lines apportioned to the department of HSPP (3.0 FTE) and the number of participating faculty from other departments (22), we estimate a “full strength” enrollment of approximately 12 students and would not anticipate enrollment going above 18 students given the current number of faculty. This estimate is based on the expectation that an average of three students will enroll each year from the nine participating schools at UB and that at least one new student will enroll each year from other universities. Thus, after four years, there would be a steady state enrollment of 12 to 16 students.

Recruitment of this number of qualified students should not present a problem given growing national demand for and interest in such interdisciplinary training. Indeed, several qualified students at UB have already expressed interest in enrolling in the Ph.D. program once it is initiated.

**5. If the program is designed to prepare graduates for immediate employment, estimate employment opportunities and explain how the estimate was arrived at.**

Graduates from the Ph.D. program in HSPP will likely seek careers in three broad categories: 1) academic institutions (e.g., faculty positions or postdoctoral positions leading to faculty posts in Schools of Public Health, Medical Schools, or programs in Health Education); 2) government agencies (e.g., the federal Health Resources and Services Agency, state and local health departments); and 3) private/non-governmental organizations (e.g., RAND corporation, hospitals/health systems, health insurance companies and managed care organizations, independent health research funding organizations such as the Robert Wood Johnson Foundation). A just released report on trends in the public health workforce projects a need for 250,000 additional public health workers by 2020. The confluence of this need and the explosion of healthcare informatics portend high demand for students like the ones the proposed program will educate/train. Given national and regional trends in the health services workforce and the need for addressing health reform issues related to health services, policy, practice, and patient safety, strong career opportunities for program graduates are anticipated.

**D. Enrollment and Resource Issues**

**1. What is the projected enrollment when the program begins?**

We plan a 4 year process of building up to full program enrollment. In the first year of the program, we anticipate enrolling 2-3 new Ph.D. students.

**2. What is the projected enrollment after 5 years?**

Given current faculty levels, the projected enrollment after 5 years will be approximately 12 to 18 students.

**3. How were these projections determined?**

Given the mentor-mentee structure of the program and the need to provide funding opportunities for enrolled students, the projected number of students is based on a students per faculty metric and is determined by both the number of students that can be effectively mentored and funded from grants given the expected grant funding for faculty in the

department. Based on these criteria, we plan on a full strength enrollment of two students per core faculty member and on six students at any one time among the 22 participating faculty. Based on the current FTE faculty lines apportioned to the Department of HSPP (3.0 FTE), we therefore estimate a full strength enrollment of approximately 12 students and would not anticipate enrollment going above 18 students given the current faculty numbers. We plan to build to full enrollment over 4 years. Thus, in the first year of the program the enrollment of about three students is expected, and then about an additional three each year for four years, reaching a stable enrollment of at least 12 but not more than 18 students.

**4. Since this expected enrollment may affect the future campus enrollment composition and size, estimate the impact of the program on:**

**A. *Total Campus enrollment.*** Impact on total campus enrollment will be minimal.

**B. *The distribution of students among broad discipline categories.*** Health services research is naturally an interdisciplinary academic domain; the proposed Ph.D. program will reflect that explicit interdisciplinary focus. Students in the program will come from a variety of disciplinary backgrounds, including but not limited to biostatistics, medicine, epidemiology, management, marketing, engineering, informatics, pharmacy, law, economics, nursing, and sociology. The program would allow students in these disciplines the opportunity to continue graduate studies focusing on health services, policy, practice, and safety. Thus, the proposed program would not alter the distribution of existing students among discipline categories.

**5. Detail costs associated with the program and how existing/anticipated resources will address these costs.**

There will be three primary costs associated with the proposed programs: 1) funding for enrolled students; 2) faculty salaries and expenses for activity related to the graduate program; and 3) staff support for the program. Costs will be met through existing resources within the SPHHP; funding from the University, which was awarded through the 3E funding mechanism to build the Department of HSPP; or through faculty generated research funding. With regards to student support, graduate assistantships will be paid from faculty grant dollars. The ongoing availability of grant support will be a factor in determining the number of students to admit each year as the program progresses. Three new faculty lines are needed to support the programs. This funding will come from the 3E award and matching dollars from the SPHHP. The same is true for staff support. Additional/miscellaneous costs will be paid from existing departmental/school operating budgets. One or two of the new faculty lines will be endowed chairs that are supported by a recent contribution to the School.