Improving Texas Health-Related Institutions' Use of the Accountability System

Health-Related Institutions
Accountability Review Committee

Review and Recommendations
Submitted February 18, 2008

Committee membership:

Alicia Dorsey, Texas A&M Health Science Center, Committee Chair;
Kimberly Ashley, University of Texas Health Center at Tyler; **Brenda Clarke**, University of Texas Health Science Center at San Antonio; **James Drake**, University of Texas Southwestern Medical Center; **Hugh Ferguson**, University of Texas M.D. Anderson Cancer Center; **Marc Foster**, University of North Texas Health Science Center; **Patrick Francis**, University of Texas System; **Marilyn Greer**, University of Texas M.D. Anderson Cancer Center; **Deanne Hernandez**, University of Texas Health Science Center at Houston; **Robert A. Kaminski**, University of Texas Health Science Center at San Antonio; **John C. McKee**, University of Texas Medical Branch at Galveston; **Kaye Olsson**, Texas A&M Health Science Center; **Rial Rolfe**, Texas Tech University Health Science Center

Background

The Accountability System was established in January 2004, through an Executive Order issued by Governor Rick Perry, which required the Coordinating Board and each higher education institution and system to develop a means to gather and make available "information necessary to determine the effectiveness and quality of the education students receive at individual institutions." Additionally, the system was to provide "the basis to evaluate the institutions' use of state resources."

The result of that Executive Order was the Texas Accountability System (TAS). The TAS includes data on public universities, health-related institutions, Texas State Technical Colleges, Lamar State Colleges, and two-year colleges. The accountability system summarizes data related to three content areas of measurements: Key Accountability, Contextual/Explanatory, and Institutional Explanation and Descriptions as defined below.

> **Key Accountability Measures:** A small number of key measures identified for each goal. There are five categories of accountability measures (Participation, Success, Excellence, Research, and Institutional Effectiveness and Efficiencies) for the general academic and two-year institutions. An additional accountability measure, Patient Care, was identified for the Health-Related Institutions given their unique mission.

Contextual/Explanatory Measures: Additional measures included to help place the key accountability measures in context and/or to better describe the institutional efforts in particular areas.

Institutional Explanation and Description: additional information or explanation provided by each institution and/or additional measures identified by individual institutions reflective of unique characteristics.

In response to Coordinating Board members and staff leadership concerns, and legislative interest, four groups were identified to develop recommendations for improving institutional and public access and use of the Texas Accountability System, with a particular focus on the measures related to the *Closing the Gaps* goal of Success.

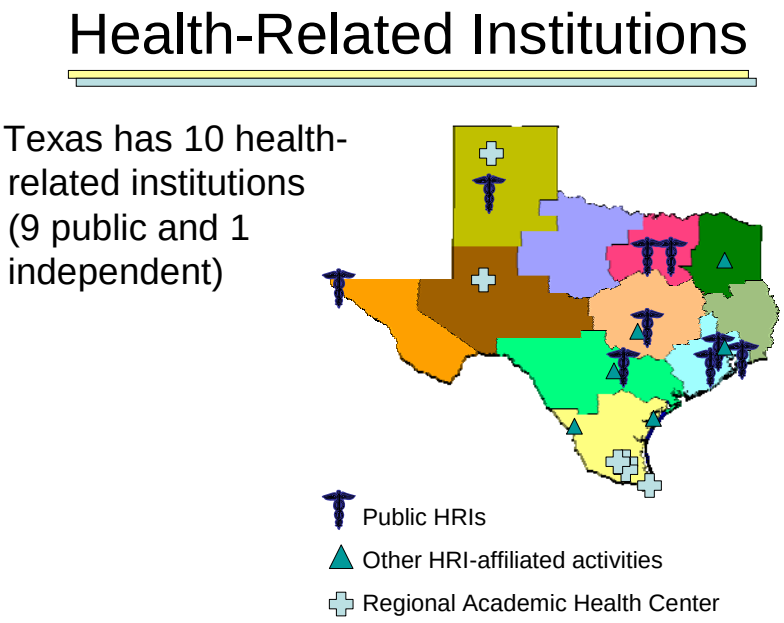
Membership for the HRI Advisory Review Committee was solicited by Coordinating Board staff of the respective CEOs. The committee was charged with reviewing each of the accountability measures and proposing recommendations to improve the system, thereby increasing its use. The Advisory Committee unanimously elected Alicia Dorsey, from the Texas A&M Health Science Center, to lead the committee efforts. The recommendations provided at the conclusion of the present report are reflective of the committee's work.

Statewide HRI Profile

The state has nine public higher education institutions that are collectively considered Health-Related Institutions (HRIs). Of these, six award the Doctor of Medicine (MD) degree, and one institution offers the Doctor of Osteopathic Medicine (DO) degree. One institution, UT-MD Anderson Cancer Center offers programs leading to degrees in allied health and joint programs with The University of Texas Health Science Center at Houston. The University of Texas Health Center at Tyler does not currently offer programs leading to a degree; however, the institution was granted the authority to offer degrees by the Texas Legislature in 2005. Figure 1 below shows the locations of the Health-Related Institutions. Locations marked with a caduceus show locations of the nine public HRIs; the triangles identify clinical or other HRI-affiliated activities; and the medical cross indicates locations of regional academic health centers.

It should be noted that Texas Tech University Health Sciences Center recently was awarded initial accreditation by the Liaison Committee on Medical Education (LCME) for the Paul L. Foster Medical School, located in El Paso. This will be the first new medical school to be opened in more than twenty years. The Texas A&M Health Science Center College of Medicine was the last medical school established (in 1974, with its first 32 medical students matriculated in 1977). It is also noteworthy that the Texas A&M Health Science Center College of Medicine also was granted authority (by the LCME and supported by the Texas legislature) to expand their program into two four-year campuses; one in College Station and the second in Temple.

Figure 1.



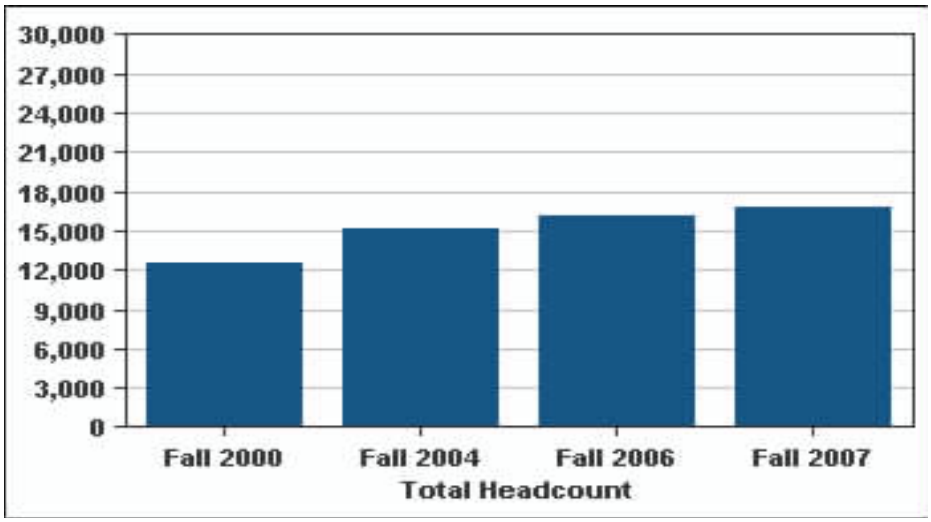
Texas Accountability System – Key Measures for HRIs

The Accountability System presents information about all Texas HRIs collectively and independently. Statewide information on enrollment, degrees awarded, medical residents, faculty, patient care, and resources are provided in the current accountability system as illustrated below.

***Participation*: Key Measure -- Enrollment**

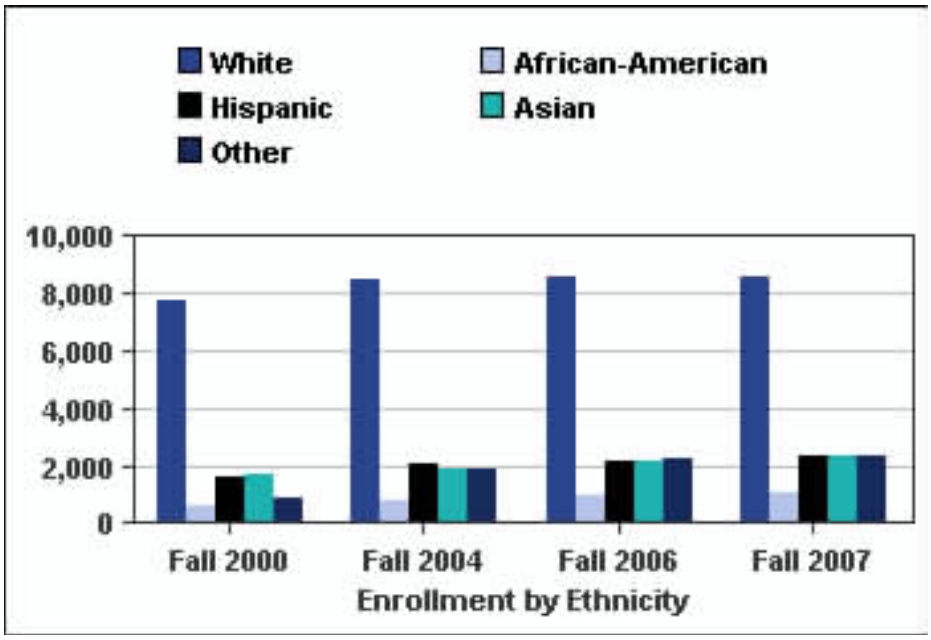
Information provided through the accountability system regarding HRI enrollment includes the number and percent of undergraduate, graduate, and professional students identified on the 12th day of class. These data are presented disaggregated by gender, ethnicity, age (as of September 1 of the year in question), and educational level. Students who enter under flex entry are not included. The source of these data is the Coordinating Board Management (CBM) 001 report. The number and percent of undergraduates, graduates and professional students enrolled on the 12th day of class, disaggregated by school (nursing, dental, medical and pharmacy) are also provided in the accountability system. As an example, Tables 1 and 2 below present HRI statewide enrollment for years 2000, 2004, 2006, and 2007.

Table 1. Texas Health-Related Institutions Statewide Enrollment



Source: THECB, CBM001

Table 2. Texas HRI Enrollment by Ethnicity

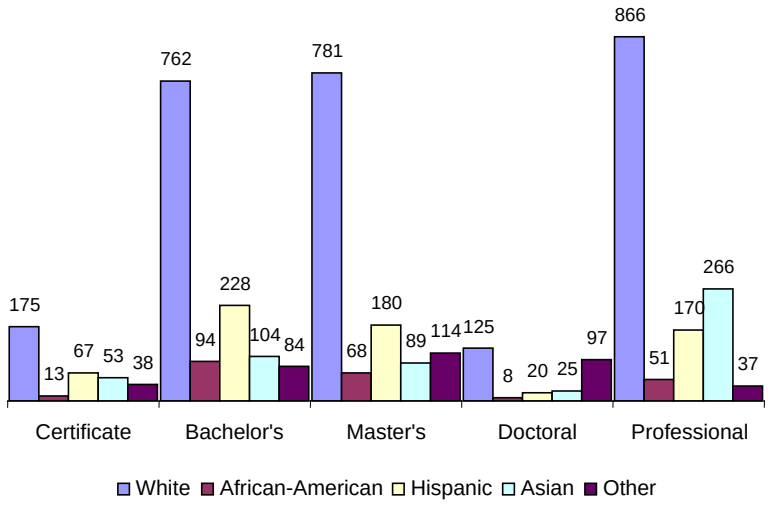


Source: THECB, CBM001

Success: Key Measure -- Degrees Awarded

The primary measure of Success for the HRIs is the number of degrees granted at the certificate, baccalaureate, master, doctoral, and professional levels. The Accountability System presents the degrees awarded by level, race/ethnicity, and gender. The source of these data is the CB 009 (as certified by the institution). An example of data available under the Success measure is shown in Table 3 below.

Table 3. Statewide HRI degrees awarded by level and race/ethnicity



Source: THECB, CBM009, 2006

An additional success measure reports the number of degrees awards in nursing and allied health by level, race/ethnicity, and gender. This measure includes students who graduate with a certificate, associate, baccalaureate, or graduate degree. At the present time nursing and allied health are reported together. The source of these data is the CBM009 (as certified by the institution).

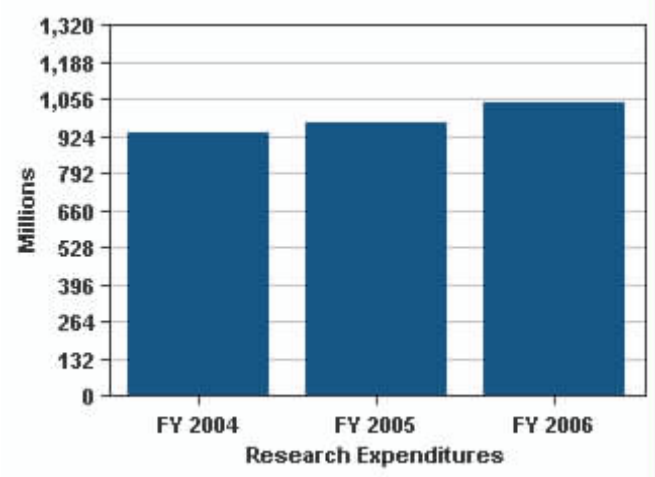
Excellence: Key Measure – Certification or Licensure

The key measures for Excellence for the HRIs related to licensure and pass-rates for professional students (nursing, allied health, medical, dental and pharmacy students) graduating from the respective institutions. Calculations for this measure are based on the number of graduates or eligible students who pass an external examination on the first attempt during the fiscal year, divided by the total number of graduates or eligible students taking an external examination for the first time during that year. The source of these data is the LBB. Additional excellence key measures currently include the National Board exam first-time pass rates for medical and dental students, and the percent of baccalaureate graduates employed or enrolled in a Texas graduate or professional school within one year of graduation.

Research: Key Measure – Research Expenditures

The key measures for research focus on an institution's ability to secure research grants (through both federal and private sources). The data, as reported through the Coordinating Board's Annual Research Expenditures Report, reflect federal and private research expenditures. An additional measure reflects the ratio of sponsored (external/federal and private) research funds to state general revenue appropriations, again using the Annual Research Expenditures Report. As an example, statewide data on research expenditures for the HRIs is presented below in Table 4.

Table 4. Statewide Institutional Research Expenditures



Source: THECB Annual Research Expenditures Report

Patient Care: Key Measure – Medical Residents

Finally, the current accountability system summarizes minimal information on medical residents training at affiliated or sponsored health-related institutions as an indicator of patient care. As of Fall 2007, the Coordinating Board requires the CBM 00R, a new report designed to provide greater information about all post-graduate residency-type training, including information on physicians, dentists, and other professional residency programs and post doctoral fellowships.

Recommendations

Following a review of each of the key measures designated for the HRIs, the members of the HRI Accountability Review Committee identified the following recommendations for consideration in an effort to increase the accuracy and utility of the system.

General recommendations:

1. **Assure accuracy of information presented through the Accountability System**. There was overwhelming agreement among the members of the HRI Advisory Committee regarding the numerous and consistent inaccuracies in data displayed. Though very supportive of the existence of such a data-base, the members found the web site confusing, incomplete, and difficult to navigate. They felt strongly that significant effort should be devoted to assuring the accuracy of information before any information is made available to the public.

2. **Improve data accessibility and display**. The HRI Advisory Committee also strongly recommends the Accountability System be revised to improve the interactive capabilities of such. Revisions to the site would ease use for target users, including officials within the HRIs, potential students, legislative decision makers, and the general public.

   In the current format, the Accountability System does not allow for independent viewing of data by health profession. The committee identified the display of nursing and allied health as a single field as an example; if nursing and various allied health professions were separated then the end users would have access to clearer and more descriptive information regarding the existing status of these much needed professions. Thus, where feasible and applicable, data displays throughout the Accountability System should separate health professions, particularly medicine, dentistry, pharmacy and nursing.

3. **Increase awareness and promote use**. Once the Accountability System web site is revamped and improvements are implemented to increase ease of use and accuracy of the data provided, the Advisory Committee felt that attention should be given to increasing the awareness of the information provided through the system. In order for the institutional representatives to receive on-going training, the committee recommended that the Coordinating Board staff develop training and informational materials for the system. The information could be accessed via the web site and would allow new users a step-by-step resource to access and use the data.

   The Advisory Committee felt that the promotion of the use of the Accountability System could be accomplished through a collective effort led by the Coordinating Board that would encourage institutional officials to rely on the data summarized within the system. As an example, institutions submitting new program proposals could be required to include relevant data available through the Accountability System as a part of their proposal (only after which time the first recommendation listed above has been

accomplished). Additionally, annual correspondence from the Coordinating Board to health-related institutional leadership would encourage reporting officials, institutional researchers, and presidents to use the Accountability System data in all official publications.

Finally, members of the HRI Advisory Committee suggested the Coordinating Board staff host a statewide (web-based) meeting for institutional leadership on the use of the Accountability System.

In sum, the members of the HRI Advisory Committee noted that a one-stop data resource center proposed, but not yet offered, by the existing Accountability System would be a great benefit to institutional leadership. However, this could only be accomplished when the Accountability System data were error-free and presented in a more user-friendly format. Many felt that the Coordinating Board Accountability Data should be the sole data used by the state.

Specific Recommendations by category:

Overall, the Advisory Committee felt that revisions to the existing system should not focused on the creation of new items, but rather on the refinement of existing measures. The members reiterated their support for the intent of such an accountability system and expressed support for the existing measures. The committee did identify a few specific recommendations for the current measures, as summarized below.

1. Participation key measures:

    a. The committee recommends adding an additional measure as a key measure of Participation – the percent of an entering class of professional health-related programs (i.e., nursing, medicine, dentistry, and pharmacy) representative of under-represented minorities. This measure could be used to track improvements over time.

    b. The committee also recommends future consideration be given to adding qualitative information related to mentoring and outreach efforts that are unique to the institutions, but may serve as examples to be emulated. Descriptive information on mentoring/outreach efforts at the institutions could include collaborations between HRIs and middle schools, high schools, or community colleges or undergraduate institutions to prepare students for careers in health professions. The committee supported the idea of promoting pipeline preparation and mentoring programs to highlight the unique and creative efforts now in place at may of the HRIs.

2. Success key measures:

    a. The current single measure for nursing and allied health degrees awarded for both undergraduates and graduates should be separated for nursing and distinct allied health professions to the extent feasible.

3. Excellence key measures:

   a. The current measure assessing the percent of baccalaureate graduates either employed or enrolled in a Texas graduate or professional school within one year of graduation should be revised to focus on nursing graduates employed, licensed or pursuing an advanced health-related degree within one year of graduation (as a designated priority of the Coordinating Board for the state).

   b. The committee also recommended the list for faculty awards as a *contextual* measure for Excellence be extended to reflect highly prestigious awards across the breadth of health-related disciplines.

4. Patient Care key measures:

   a. The committee endorsed the inclusion of the newly implemented CBM00R on the Accountability System.