Proposal for a

Health Informatics and Administration Department

College of Health Sciences

University of Wisconsin-Milwaukee
Executive Summary

This proposal is to create a Department of Health Informatics and Administration. It is authored and put forward by the faculty of the joint programs in Health Care Informatics and Health Care Administration, currently housed in the Department of Health Sciences, College of Health Sciences. The Department of Health Informatics and Administration will be operationalized during Fall 2010 – Spring 2011. There is clearly a compelling need to embark on a path of greatest visibility for Health Care Informatics and its partnership with Health Care Administration in the College of Health Sciences at UWM. The creation of a Department of Health Informatics and Administration in CHS will in fact be an important step on this path to visibility. In particular, it will increase the visibility and marketability of the instructional programs of Health Care Informatics and Health Care Administration. The department will itself stand as a more visible and marketable unit in the College of Health Sciences at UWM and in the UW System as a whole. The creation of the Department of Health Informatics and Administration will allow us to build strength in scholarship and research through establishing well-focused, clearly defined goals and competencies for the department, while increasing its visible coherence with other units both within and outside of UWM, thus allowing us to develop and maintain high quality undergraduate, graduate and continuing education programs appropriate to a major urban doctoral research university. A major benefit of the creation of the Department of Health Informatics and Administration is that it will facilitate our developing interwoven curricula that will provide multiple entry points for students from the undergraduate level to professional continuing education, and in particular will provide integrated paths for students to progress from the undergraduate to the PhD level in Health Informatics and Administration. Creation of the proposed department will better enable UWM to engage in a sustained health informatics and administration research effort that will enhance and fulfill the University’s role as a doctoral research institution of academic and professional excellence, to attract highly qualified students who demonstrate the potential for intellectual development, innovation, and leadership for their communities, to establish and maintain productive relationships with appropriate public and private organizations at the local, regional, state, national, and international levels, and to provide educational leadership in meeting future social, cultural, and information–related technological challenges. The proposed department will consist of nine faculty specializing in Health Informatics, Health Administration, or both. The proposed department will be self-sustaining without requiring additional resources, and will have no negative impact on resource utilization or program personnel.
I. UNIT IDENTIFICATION

A. Title of School/College or department that is the object of the proposed action

Department of Health Informatics and Administration

B. Title and location of the unit that is proposing the action

This proposal is authored and put forward by the faculty of the joint programs in Health Care Informatics and Health Care Administration, currently housed in the Department of Health Sciences, College of Health Sciences. The proposal was first discussed at the joint November 2, 2009 meeting of the two programs (see November 2, 2009 Minutes, Appendix A). At the joint August 24, 2010 meeting of the two programs (see August 24, 2010 Minutes, New/Old Business, 4.d.6, Appendix B), it was moved and seconded that the Director of the two programs work on creating a proposal to create a new department to house the two programs. The motion was unanimously approved-- Vote: Yes 7 No 0 Abstain 0. The minutes of the August 24 meeting were subsequently unanimously approved at the joint September 20, 2010 meeting of the HCI and HCA programs; M.K. Madsen moved to approve the August 24, 2010 minutes. C. Wiggins seconded-- Vote: Yes 6 No 0 Abstain 0. (see September 20, 2010 Minutes, item #2, Appendix C.)

II. NATURE OF PROPOSED ACTION

A. Create/establish new unit (impact on curricular codes)

The proposed action is to create a new Department of Health Informatics and Administration within the College of Health Sciences (CHS). The title of the proposed department emphasizes “Health Informatics” instead of “Health Care Informatics” in order to indicate a broader emphasis than that of informatics for the care of individual patients only, an emphasis that encompasses other systemic, health-related issues as well, including the health of populations. This broader emphasis is in fact the current and ongoing focus of the joint programs in Health Care Informatics and Health Care Administration in the Department of Health Sciences.

There will be no impact on program area codes. The current home of the joint programs in Health Care Informatics and Health Care Administration is the Department of Health Sciences. The Department of Health Sciences has approved a new HCI curricular code for the existing graduate program in Health Care Informatics. The new code has also been approved by the CHS Research and Graduate Program committee (see RGPC Minutes, May 2010, Appendix D) with further approvals pending. The new HCI curricular code and the existing HCA (Health Care Administration) code will be used by the new department of Health Informatics and Administration. The existing HS (Health Sciences) curriculum code will continue to be used by the existing Department of Health Sciences, but courses taught by HCI/HCA faculty or staff that have the HS curriculum code will be jointly offered or cross-listed as having both the HS code and either the HCI code or the HCA code, whichever is deemed most appropriate for the specific course in question.
III. TIMETABLE FOR PROPOSED ACTION

A. Effective Date

July 1, 2011

B. Transitional Period/plan

The Department of Health Informatics and Administration will be created during Fall 2010 – Spring 2011. During this time, policies and procedures will be developed and established for the new department. This will not be a difficult transition because currently the HCI/HCA programs together effectively function as a sub-department within the existing Health Sciences Department, having their own joint monthly meetings, policies, advisory group, and annual retreats.

Nevertheless, it is important to stress that the transition to the new department be carried out in a way that maximizes collegiality, minimizes disruptions, and truly serves as an agenda for growth for both the new department of Health Informatics and Administration and the reconfigured Health Sciences department. Key considerations in this regard will be maintenance of strong executive committee governance for both of the resulting departments, the use of joint faculty appointments between the two departments, and the preparation of departmental five year plans for growth and development that are consistent with the College of Health Sciences Strategic Plan.

Maintenance of Strong Executive Committee Governance

It is expected that in the near term the new department of Health Informatics and Administration will have at least six tenured faculty, and potentially seven tenured faculty as members of its executive committee resulting in an executive committee of sufficient size and strength to carry out its governmental duties for the new department. On the other hand, given a recent loss of one tenured faculty member, the executive committee of the reconfigured Health Sciences department will consist of four tenured faculty members. This relatively small HS executive committee may, in some cases, present a challenge to Health Sciences department governance. However, as a matter of continuing commitment to collegiality, the HS department executive committee may be augmented as needed by tenured faculty of the new department of Health Informatics and Administration, in accordance with section 4.08 Exceptions of the University of Wisconsin-Milwaukee Policies and Procedures -July 2010 discussion of Department governance, as follows:

4.08 Exceptions

Where observance of these rules is impracticable because of smallness of staff or lack of tenured personnel, the departmental faculty is authorized to request augmentation of small Departmental Executive Committees. The dean may initiate augmentation if the departmental faculty fails to exercise such responsibility. Augmented members are appointed annually by the dean of the
school or college, on advice of the University Committee, from tenured faculty members holding the rank of professor or associate professor in other departments or non-departmentalized schools. The need for an augmented Executive Committee shall be reviewed annually by the departmental faculty and the dean. (Document 1520, 11/20/86; UWM Administration approval, 11/29/86)

Joint Faculty Appointments

In order to take advantage of existing and potential synergies between the new department of Health Informatics and Administration and the reconfigured department of Health Sciences, joint faculty appointments will be considered at the request of individual faculty members.

Departmental Five Year Plans

In order for the creation of the new department of Health Informatics and Administration, and the reconfiguration of the department of Health Sciences, to facilitate an agenda for growth for each department and their respective programs, each department will develop a five year plan for growth and development that will be consistent with the CHS Strategic Plan. These plans where possible will stress points of cooperative growth and development. For example, one area among others in which such cooperative development is possible is the area of imaging informatics. In fact, discussions to that affect have already been initiated between the director of the Health Informatics program and the director of the imaging program, stressing cooperation in both instruction and research.

C. Duration of change

The Department of Health Informatics and Administration will be created during Fall 2010 – Spring 2011. The new department will formally begin operations on July 1, 2011.

IV. IMPACT OF PROPOSED ACTION ON ACADEMIC PROGRAMS IN UNIT

A. Programmatic impact of proposed action

1. Impact of proposed action on unit’s instructional programs: quality of certificate, minor, major, specialization, concentration, program by curricular code

The emerging need for professionals and researchers trained in health and medical informatics is projected to grow substantially now and in the future. As pointed out in a recent EDUVENTURE report distributed by UW Extension,

-medical informatics-related occupations in Wisconsin are projected to grow significantly through 2016 (between 16%-36% per occupation) indicating an emerging industry and strong projected demand for medical informatics education. (Supply and Demand for Medical Informatics Education; Custom Research Report, Phase I; Eduventures, October 2009; see Appendix E.)
Though the outlook for Health Informatics and Administration is very promising, it is crucial that we recognize that Health Informatics and Administration in CHS is at a crossroad. There is, in fact, disturbing evidence of a distinct lack of visibility of CHS Health Informatics and Administration across the UW System. Specific evidence of this lack of visibility is contained in a memo to the UW Continuing Education Extension Committee (CEEC) email discussion list, ceec@lists.uwex.edu, dated February 5, 2010. In that memo, David Schejbal of University of Wisconsin Extension wrote,

[w]e have talked on a number of occasions about new programmatic directions in healthcare, and we have identified two potential areas of particular promise: disease prevention and wellness, and medical informatics/healthcare information systems…Please come prepared to the CEEC meeting at the end of this month with information about your campus’ readiness to move forward in developing a degree either in medical informatics/health information systems…Medical informatics/healthcare information systems is a field that is wide open across the UW, and there is plenty of room to participate. (Email memo from David Schejbal of University of Wisconsin Extension to ceec@lists.uwex.edu; emphasis ours; see Appendix F.)

The claim that “Medical informatics/healthcare information systems is a field that is wide open across the UW” is perhaps most concerning when one considers that, by the date of the memo, the Health Care Informatics MS program had just undergone an external reviewer site visit for its initial five-year review, a review which it subsequently passed in exemplary fashion. In addition, the Health Care Administration Undergraduate Program, which has a strong emphasis on health information systems, had just completed its update in December 2009 for its current six-year accreditation by the Association of University Programs in Health Administration (AUPHA.) Finally, the interdisciplinary UWM Medical Informatics PhD program, in which the CHS Health Informatics Graduate Program is a founding partner was preparing to undergo its initial Five-year review during 2010-2011.

There is clearly a compelling need to embark on a path of greatest visibility for Health Care Informatics and its partnership with Health Care Administration in the College of Health Sciences at UWM. The creation of a Department of Health Informatics and Administration in CHS will in fact be an important step on this path to visibility. In particular:

- It will increase the visibility and marketability of the instructional programs of Health Care Informatics and Health Care Administration. The department will itself stand as a more visible and marketable unit in the college of Health Sciences, in UWM, and in the UW System as a whole. More importantly the creation of a Department of Health Informatics and Administration will place our instructional programs in Health Care Informatics and Health Care Administration on a more equal organizational footing with our peers.
Health Care Informatics. Of the eighteen National Library of Medicine (NLM) funded Biomedical and Health Informatics research training programs, sixteen are located in a department or higher organizational unit (e.g., school, institute, or center) that specifically includes “informatics” or “information” in its name. Of the remaining two NLM training sites, one is located in the Regenstrief Institute, which is world famous for Medical Informatics, and the other (with a sharp bioinformatics and genomics focus) is located in the Center for Computational Pharmacology at the University of Colorado-Denver.

Health Care Administration. Health Care Administration or Management programs are typically located in a department or higher organizational unit (e.g., school, institute, or center) that has clear affinities by virtue of its name with administration or management. Prominent Master’s programs in Health care Administration or Management that are fully accredited by the Association of University Programs in Health Administration (AUPHA) are typical. For example,

- the Master of Science in Health Administration program at the University of Alabama at Birmingham is located in the Department of Health Services Administration,
- the Master of Health Services Administration at the University of Arkansas for Medical Sciences is located in the Department of Health Policy & Management,
- the Graduate Program in Health Sector Management at Arizona State University is located in the School of Health Management and Policy in the W.P.Carey School of Business,
- the Graduate Program in Health Policy and Management at University of California - Los Angeles is located in the School Public Health, and
- the Program in Health Services Management at the University of Missouri-Columbia is located in the Department of Health Management and Informatics in the School of Medicine.

The creation of a Department of Health Informatics and Administration in CHS will provide an improved structure to facilitate the continued strong growth of our programs, labs, and centers for training of researchers and practitioners. The growth of our programs, labs, and centers is dependent on our ability to attract excellent new faculty in teaching and research, and this is directly related to the greater visibility and coherence of informatics and administration in CHS that a department will provide. Our recent experience in the faculty recruitment for Health Informatics in 2009-2010 made this clear. In that recruitment effort, every candidate invited to interview expressed the desire for a department focused on Health Informatics, and expressed concern and some confusion regarding the current relationship between Health Informatics and the Department of Health Sciences.

It will allow development of a more recognizable, visible, and focused approach to the study of the complex interrelationships between health and biological information systems, the healthcare and health-related organizations, groups, and individuals who use
them, and the populations and individuals whose well-being they effect. A focus on these complex interrelationships is certainly required to address workforce training needs that have grown out of the recent Federal mandates for healthcare providers to demonstrate meaningful use of electronic health record systems.

- The creation of a Department of Health Informatics and Administration in CHS will provide the foundation for important training and research collaborations between CHS and the new School of Public Health at UWM. As pointed out by Ron Cisler, Director of the Center for Urban Population Health and a member of the executive committee of the School of Public Health, in a letter of support (Appendix H) for this proposal, “[t]he critical role of informatics in public health has a long history and becomes even more important as increased international mobility brings new challenges to health systems worldwide.”

A major benefit of the creation of the Department of Health Informatics and Administration is that it will facilitate our developing interwoven curricula that will provide multiple entry points for students from the undergraduate level to professional continuing education, and in particular will provide integrated paths for students to progress from the undergraduate to the PhD level in Health Informatics and Administration. Table 1 (next page) shows the current and planned instructional program array for the proposed Department of Health Informatics and Administration.

**Impact on the Quality of HCI Instructional Programs**

**Certificates**

The increased visibility of the Department of Health Informatics and Administration will better enable us to build relationships with community partners to further develop the existing undergraduate certificate in Health Care Informatics (currently associated with the HCA code, to be migrated to the HCI code). In addition, this increased visibility and focus will contribute greatly to our reaching out to community partners (such as Aurora Health Care) to develop a graduate certificate for Health Informatics that will serve the needs of working health professionals.

**Graduate M.S.**

The increased visibility of the Department of Health Informatics and Administration will better enable us to market the existing Health Care Informatics MS program. The planned further development of our existing distance education offerings will benefit from this increased visibility and will contribute greatly to the growth of the MS program. The increased visibility and focus will also contribute to our reaching out to community partners to develop summer internship opportunities for our MS students.

**Graduate PhD**

The increased visibility of the Department of Health Informatics and Administration will better enable us to develop and market Health Informatics and Administration related studies in the
Table 1 Current and Planned Instructional Program Array of the Joint Programs in Health Care Informatics and Health Care Administration and the Proposed Department of Health Informatics and Administration

<table>
<thead>
<tr>
<th>Graduate Studies</th>
<th>Undergraduate Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Informatics MS (HCI) <em>(currently implemented)</em></td>
<td>Health Care Administration BS (HCA) <em>(currently implemented)</em></td>
</tr>
<tr>
<td>Master in Health Administration (HCA) <em>(Request Entitlement to Plan degree or major in preparation.)</em></td>
<td>HCA Long-term Care Administration sub-major (HCA) <em>(currently established; will be activated 2010-2011)</em></td>
</tr>
<tr>
<td>Graduate Certificate in Health Informatics (HCI) <em>(Plan to Establish submajor or certificate program</em> in preparation.)*</td>
<td>Health Care Administration Undergraduate Minor (HCA) <em>(currently established)</em></td>
</tr>
<tr>
<td>Graduate Certificate in Health Care Administration (HCA) <em>(Plan to Establish submajor or certificate program</em> in preparation.)*</td>
<td>Undergraduate Certificate in Informatics (HCI) <em>(currently established)</em></td>
</tr>
<tr>
<td>Long-term Care Administration post baccalaureate online certificate (HCA) <em>(Plan to Establish submajor or certificate program</em> in preparation.)*</td>
<td></td>
</tr>
<tr>
<td>Health Care Administration Area of Concentration for the CHS Health Sciences PhD (HCA) <em>(Plan to Establish submajor or certificate program</em> in preparation.)*</td>
<td></td>
</tr>
<tr>
<td>Cooperative training programs (between the CHS Health Sciences PhD and the CEAS Medical Informatics PhD program) addressing informatics for rehabilitation and long-term care</td>
<td></td>
</tr>
</tbody>
</table>

* The UWM definition of “submajor” includes the following terms: minor, area of interest, specialization, area, concentration, emphasis, field, focus, option, sequence, and track.

Recommendation of the University Committee to Revise UWM Faculty Document 2237 (S-0.5) Academic Approval Matrix.

CHS Health Sciences (HS) PhD program. Currently, our faculty in the joint programs in Health Care Informatics and Health Care Administration are major professors advising a total of five students in the HS PhD program. The new department structure will also better enable us to develop and market cooperative research training programs based on a partnership between the Medical Informatics PhD Program and the CHS HS PhD program that address informatics for rehabilitation and long-term care. Such cooperative programs can build on the strengths of both programs. It will clarify and strengthen the position of CHS Health Informatics at UWM, relative to other units outside of CHS. In particular it will clarify and strengthen the position of CHS Health Informatics with regard to the Interdisciplinary Medical Informatics (MI) PhD
program at UWM, housed in CEAS, as well as with regard to the planned UWM Informatics Institute (discussed below.) The Health Care Informatics graduate program is a partner in the MI PhD program, with a representative on the MI PhD program steering committee. Currently, our faculty in the Health Care Informatics graduate program are major professors advising a total of eight students in the MI PhD program. The increased visibility of the Department of Health Informatics and Administration will provide a stronger, more coherent posture for us to integrate our existing and proposed Health Informatics instructional programs with the MI PhD program.

Research Training

The planned UWM Informatics Institute (mentioned above) will function as a focus and hub of health and biomedical research and training at UWM. As the home of one of two formal instructional programs in Health and Medical Informatics, there is a compelling need for CHS Health Informatics to play a leading role in the planned institute. As such, the creation of the Department of Health Informatics and Administration is critical in order for CHS Health Informatics to participate as a recognized and highly visible leader in the activities of the Institute. The planned UWM Informatics Institute will be the likely home of future research training programs, such as an Institutional Health and Biomedical Informatics Research Training Program funded by the National Library of Medicine. (A Notice of Intent to Publish a Request for Applications for NLM Institutional Grants for Research Training in Biomedical Informatics (T-15) has recently been made available as NOT-LM-11-001. The call itself will be published in Spring 2011.) Again, the creation of the Department of Health Informatics and Administration will be critical in order for CHS Health Informatics to take a leading role in the administration and execution of such research training programs.

Impact on the Quality of HCA Instructional Programs

Certificates, Minors, and Sub-majors

The increased visibility of the Department of Health Informatics and Administration will better enable us to build relationships with community partners to develop a graduate certificate for Health Care Administration that will serve the needs of working Health Care professionals. It will also better enable us to market the existing Health care Administration undergraduate minor that will continue to serve the needs of students in various undergraduate programs including business, biology, nursing, and information science. Finally, the increased visibility of the Department of Health Informatics and Administration will better enable us to market the existing HCA Long-term Care Administration sub-major. This already approved and established sub-major will be activated during 2010-2011. Establishment of the proposed department will greatly contribute to our ability to market a related Long-term Care Administration post baccalaureate online certificate that will serve the needs of working professionals.

Undergraduate Major

The increased visibility of the Department of Health Informatics and Administration will better enable us to market the existing HCA undergraduate program. The increased visibility and focus of the HCA BS program, especially in its close cooperation with the HCI instructional programs,
will contribute greatly to our reaching out to community partners to develop internship and fellowship opportunities for our students. In addition, it will facilitate our developing paths for students from the undergraduate HCA to the MS and PhD levels in Health Informatics and Administration.

**Graduate M.S.**

The increased visibility of the Department of Health Informatics and Administration will better enable us to develop and market an MS degree in Health Care Administration, potentially in collaboration with the Lubar School of Business. Development of an MS in Health Care Administration is critical to the long-term success of Health Care Administration in CHS since, rather than the undergraduate degree, an accredited MS degree is the standard for entering the Health Care Administration profession.

**Graduate PhD**

The increased visibility of the Department of Health Informatics and Administration will better enable us to develop and market a Health Care Administration area of concentration in the CHS Health Sciences (HS) PhD program. As mentioned previously, our faculty in the joint programs in Health Care Informatics and Health Care Administration are major professors advising a total of five students in the HS PhD program. This participation will increase with the development of a Health Care Administration area of concentration in the CHS HS PhD program.

2. **Impact of proposed action on scholarship, research, and creative activity in school/college, as it relates to campus mission and conception of urban doctoral research university**

The creation of the Department of Health Informatics and Administration will allow us to build strength in scholarship and research through establishing well-focused, clearly defined goals and competencies for the department, while increasing its visible coherence with other units both within and outside of UWM, thus allowing us to develop and maintain high quality undergraduate, graduate and continuing education programs appropriate to a major urban doctoral research university. Also, as mentioned above, the creation of the new department will increase our ability to attract excellent new faculty in teaching and research. Most importantly perhaps, the creation of the Department of Health Informatics and Administration will further enhance the ability of Health Informatics and Administration to contribute in at least four ways to the mission of UWM as an urban doctoral research university. *From the mission statement of UWM as an urban doctoral research university:*

**Table 2** (next page) shows the number of peer-reviewed publications by faculty and staff in Health Care Informatics and Health Care Administration for the academic years 2007-2008, 2008-2009, 2009-2010. **Table 3** (following page) shows new and ongoing extramural, intramural and collaborative grant awards received by HCI/HCA for FY 2010. **Table 4**
Table 2 Peer-Reviewed Publications by Academic Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Peer-Reviewed Publications</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2008</td>
<td>33</td>
</tr>
<tr>
<td>2008-2009</td>
<td>26</td>
</tr>
<tr>
<td>2009-2010</td>
<td>37</td>
</tr>
<tr>
<td><strong>2007-2010</strong></td>
<td><strong>96</strong></td>
</tr>
</tbody>
</table>

(following page) shows proposals submitted by HCI/HCA for FY 2010. The creation of the Department of Health Informatics and Administration will help us to increase this already high level of productivity by providing a more academically and intellectually focused environment.

(2) To attract highly qualified students who demonstrate the potential for intellectual development, innovation, and leadership for their communities

Figure 1 shows the proportion of faculty publications with student co-authors for each year and clearly shows a trend of increasing involvement of students with faculty research, and we expect this trend to continue with the creation of the Department of Health Informatics and Administration.

Figure 1 Proportion of HCI/HCA Faculty Publications with Student Co-Authors by Academic Year
<table>
<thead>
<tr>
<th>FY</th>
<th>Award Date</th>
<th>144</th>
<th>WISPER ID</th>
<th>PI(s)</th>
<th>Sponsor</th>
<th>Project Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Requested</th>
<th>Awarded This FY</th>
<th>Total Awarded to Date</th>
<th>Anticipated Total</th>
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<tbody>
<tr>
<td>FY10</td>
<td>09/28/09</td>
<td></td>
<td>PRJ29GQ</td>
<td>MIL103215</td>
<td>Yu, Hong</td>
<td>NIH</td>
<td>09/30/09</td>
<td>09/29/10</td>
<td>176,112.00</td>
<td>170,662.00</td>
<td>170,662.00</td>
<td>170,662.00</td>
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<tr>
<td>FY10</td>
<td>05/11/10</td>
<td></td>
<td>PRJ35VE</td>
<td>MIL103795</td>
<td>Yu, Hong</td>
<td>Harvard Medical School</td>
<td>11/01/09</td>
<td>06/30/11</td>
<td>127,184.20</td>
<td>56,769.00</td>
<td>56,769.00</td>
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<tr>
<td>FY10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FY10 Newly funded extramural awards</td>
<td></td>
<td></td>
<td>303,296.20</td>
<td>227,431.00</td>
<td>227,431.00</td>
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<tr>
<td>FY10</td>
<td>11/23/2009</td>
<td>144</td>
<td>144PY99</td>
<td></td>
<td>Madsen, Mary K</td>
<td>Great Lakes Inter-Tribal Council American Indian Science Scholars Program</td>
<td>09/30/06</td>
<td>09/30/10</td>
<td>(1,635.50)</td>
<td>(1,635.50)</td>
<td>(1,635.50)</td>
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<td>03/15/2010</td>
<td>144</td>
<td>PRJ34CH</td>
<td>MIL104229</td>
<td>Madsen, Mary K</td>
<td>Great Lakes Inter-Tribal Council AISSP-Year 4 Funding Request</td>
<td>10/01/09</td>
<td>09/30/10</td>
<td>37,305.00</td>
<td>132,320.67</td>
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<td>10/28/2009</td>
<td>133</td>
<td>133KB74 (*)</td>
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<td>Rhyner, Paula; Patrick</td>
<td>UWM Foundation Early Childhood Integrated Database System</td>
<td>07/01/07</td>
<td>06/30/10</td>
<td>33,000.00</td>
<td>99,846.00</td>
<td>99,846.00</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Timothy</td>
<td>Received final year of funding</td>
<td></td>
<td></td>
<td>68,669.50</td>
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<td>Rhyner, Paula;</td>
<td>Medical College of</td>
<td>Early Childhood Integrated Database System (ECIDS): Implementation and Evaluation</td>
<td>07/01/07</td>
<td>12/31/10</td>
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<td>PRJ21GT</td>
<td>Yu, Hong</td>
<td>NIH</td>
<td>HERMES</td>
<td>09/30/07</td>
<td>09/29/10</td>
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<td>PRJ21JV</td>
<td>Yu, Hong</td>
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<td>Towards the Building of a Comprehensive Biological Experiment Database</td>
<td>12/01/07</td>
<td>11/30/10</td>
<td>0.00</td>
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<td>University of</td>
<td>BioImage</td>
<td>American Indian Science Scholars Program</td>
<td>11/01/08</td>
<td>03/31/10</td>
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<td></td>
<td>Madsen, Mary K</td>
<td>Great Lakes Inter-Tribal Council</td>
<td>09/30/08</td>
<td>09/29/09</td>
<td>0.00</td>
<td>700.00</td>
<td>700.00</td>
<td>700.00</td>
<td></td>
</tr>
<tr>
<td>FY10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FY10 Ongoing extramural awards during FY with no additional funding / no changes to funding</td>
<td>0.00</td>
<td>1,952,292.90</td>
<td>1,952,292.90</td>
<td>1,952,292.90</td>
<td>1,952,292.90</td>
<td>1,952,292.90</td>
</tr>
<tr>
<td>FY10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FY10 Total awards on projects open during year</td>
<td>296,100.50</td>
<td>2,411,890.57</td>
<td>2,482,305.77</td>
<td>2,482,305.77</td>
<td>2,482,305.77</td>
<td>2,482,305.77</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FY10 Total awards during year</td>
<td>296,100.50</td>
<td></td>
<td></td>
<td>296,100.50</td>
<td></td>
<td>296,100.50</td>
</tr>
</tbody>
</table>

* Collaboration--Reported in both HCAI and CSD

Approximate HCAI extramural funding pipeline, end of FY10: 70,415.20

11
<table>
<thead>
<tr>
<th>Record ID</th>
<th>Due Date</th>
<th>Total $</th>
<th>CHS $</th>
<th>Full Name</th>
<th>Sponsor</th>
<th>Short Title</th>
<th>Funded?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$37,305.00</td>
<td>$37,305.00</td>
<td>MADSEN, MARY K</td>
<td>GREAT LAKES INTER-TRIBAL COUNCIL</td>
<td>American Indian Science Scholars Program</td>
<td></td>
</tr>
<tr>
<td>MIL103695</td>
<td>10/5/2009</td>
<td>$971,877.00</td>
<td>$864,970.53</td>
<td>PATRICK, TIMOTHY B</td>
<td>AURORA HEALTH CARE</td>
<td>Training the Healthcare Workforce for EHR Use</td>
<td></td>
</tr>
<tr>
<td>MIL103402</td>
<td>7/22/2009</td>
<td>$671,325.00</td>
<td>$671,325.00</td>
<td>YU, HONG</td>
<td>NATIONAL SCIENCE FOUNDATION</td>
<td>Figure-Centric Information Retrieval</td>
<td></td>
</tr>
<tr>
<td>MIL103519</td>
<td>8/30/2009</td>
<td>$1,199,999.00</td>
<td>$1,033,199.14</td>
<td>YU, HONG</td>
<td>NATIONAL INSTITUTES OF HEALTH</td>
<td>ARRA: Preventing the Incidentalone Connectivity</td>
<td>Yes</td>
</tr>
<tr>
<td>MIL103796</td>
<td>11/5/2009</td>
<td>$2,822,566.00</td>
<td>$2,822,566.00</td>
<td>YU, HONG</td>
<td>NATIONAL INSTITUTES OF HEALTH</td>
<td>Improving AskHERMES</td>
<td></td>
</tr>
<tr>
<td>MIL103880</td>
<td>11/24/2009</td>
<td>$3,178,803.00</td>
<td>$3,178,803.00</td>
<td>YU, HONG</td>
<td>NATIONAL INSTITUTES OF HEALTH</td>
<td>Pharmacovigilance toolkit (PVTK)</td>
<td></td>
</tr>
<tr>
<td>MIL104035</td>
<td>1/15/2010</td>
<td>$2,770,175.00</td>
<td>$2,770,175.00</td>
<td>YU, HONG</td>
<td>NATIONAL INSTITUTES OF HEALTH</td>
<td>FigureSearch</td>
<td></td>
</tr>
<tr>
<td>MIL104583</td>
<td>6/8/2010</td>
<td>$200,000.00</td>
<td>$200,000.00</td>
<td>YU, HONG</td>
<td>RGI</td>
<td>NLP Pharmacovigilance Toolkit (PVTK)</td>
<td></td>
</tr>
</tbody>
</table>

HCAI FY10 Total *: $13,273,644.01 $12,999,937.68

* HCAI Total excludes one pre-proposal:

**EXTRAMURAL PROPOSALS:**

**COLLABORATIVE PROPOSALS:**

- MIL104229 3/15/2010 $3,273,340.00 $132,612.88 McRoy, Susan W (CON PI) NIH Interactive Software to Inform Prostate Cancer Patients' Decisions

**TOTAL ALL PROPOSALS:**

- $17,286,177.41 $13,871,743.96 HCAI FY10 Total
(3) To establish and maintain productive relationships with appropriate public and private organizations at the local, regional, state, national, and international levels

and

(4) To provide educational leadership in meeting future social, cultural, and technological challenges

HCI and HCA faculty currently maintain very productive relationships with public and private organizations and provide educational leadership at the local, regional, state, national, and international levels. The creation of the proposed department will further enable us to strengthen these relationships through building on the increased visibility of the Department of Health Informatics and Administration.

- Local
  - HCI is actively involved with the Wisconsin Health Information Exchange (http://www.whie.org/).
- Regional
  - HCI faculty member Patrick is a member of the MATC Health Information Technology Advisory Committee.
- State
  - HCI faculty member Patrick is a member of the Wisconsin Relay of Electronic Data (WIRED) for Health (http://www.dhs.wisconsin.gov/ehealth/WIREDforHealth/index.htm) Standards and Architecture Committee. HCA faculty member Wiggins is active with the Wisconsin chapter of the American College of Healthcare Executives (ACHE), and has been proposed as the new program representative to Wisconsin ACHE.
- National and International
  - HCA faculty member Madsen is on the national Board of Directors of the Association of University Programs in Health Administration (AUPHA) (http://www.aupha.org/i4a/pages/index.cfm?pageid=1). HCI faculty are members of the American Medical Informatics Association, and regularly review grant proposals for the National Institutes of Health.

3. Impact of proposed action on curricula in other programs, departments, and units

The creation of the Department of Health Informatics and Administration will have a positive impact on existing and ongoing collaborations with the School of Information Studies, School of Nursing, School of Business, School of Public Health, and the College of Engineering and Applied Sciences at UWM, as well as with the Medical College of Wisconsin, spanning the breadth of Informatics and Administration from Health Care to Clinical Practice to Bioinformatics. The proposed UWM Informatics Institute will provide a further outlet and venue for interoperating the curricula of the proposed department with informatics-related curricula from units across campus.
4. Impact of proposed action on metro/regional, state, national/international programmatic needs, in light of existing programs and schools/colleges
The creation of the Department of Health Informatics and Administration will facilitate our successful competition for national training program awards in Health Informatics and Administration. The creation of the department will not detract from other programs but will better enable us to fulfill our mission to the state and region.

5. Other programmatic impact of proposed action (e.g., Advising, Outreach, Technology Utilization, Distance Education, Accreditation)

Advising

Advising of HCA undergraduate students is carried out by a combination of CHS student services and HCA program faculty. This arrangement will be enhanced by the creation of the proposed department.

Advising of HCI graduate students is carried out by HCI faculty. This arrangement will be enhanced by the creation of the proposed department.

Distance Education

The need for Health and Medical Informatics specialists and Health Care administrators in the workforce is significant. The College of Health Sciences continues to expand its availability to students through eLearning degrees and certificates with great potential for enrolling additional students and serving as a regional resource for education and continuing education in these disciplines. Recent analyses of competitive market information from the CHS Office of eLearning indicates that the visibility of the Department of Health Informatics and Administration is essential for Health Informatics and Administration to be clearly identifiable both for student access and for potential partners in curricular and research initiatives.

Accreditation

As mentioned previously, the creation of the Department of Health Informatics and Administration will result in improved visibility and coherence of the Informatics and Administration programs. This improved visibility and coherence will result in improved opportunities for outreach and accreditation. The existing undergraduate degree in Health Care Administration is currently accredited by the Association of University Programs in Healthcare Administration (AUPHA). The creation of the Department of Health Informatics and Administration will better allow us to develop an accredited Master program in Health Care Administration. Although there is no widely accepted standard for accreditation of Health Care Informatics programs, creation of the proposed department will prepare us to adopt such accreditation when it is available.
B. Impact of proposed action on resource utilization in unit

1. Financial impact of proposed action for first 2 years (e.g. Capital budget and resources, Operating budget (S/E), Reallocations: internal and external, Tuition/program revenue, extra instructional budget, personnel budget)

Capital budget and resources

There will be no significant impact on the required Capital budget and resources during the first 2 years of the proposed department’s existence. The historically generated and assigned Capital budget and resources are expected to be sufficient to carry out the mission of the department.

Operating Budget (S/E)

The SCH totals generated by the two main units in the HS department, the HCI/ HCA program (HCAI) and the BMS (formerly CLS) program, for fiscal year 2009 are shown in Table 5. The S&E budgets for HCAI and BMS for fiscal year 2010 that were based on those SCH totals are shown in Table 6 (next page). There will be no significant impact on the required operating budget (S/E) for the proposed department during the first 2 years of the proposed department’s existence. The historically generated and assigned S&E, with some initial startup and administrative costs provided through internal reallocation, is expected to be sufficient to carry out the mission of the proposed department.

Table 5 SCH Totals for the HS Department for FYs 2007-2008, 2008-2009, 2009-2010

<table>
<thead>
<tr>
<th>Unit</th>
<th>2007-2008</th>
<th>2008-2009</th>
<th>2009-2010 (as of March 8, 2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Sciences - HCAI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UG</td>
<td>7009</td>
<td>7199</td>
<td>7113</td>
</tr>
<tr>
<td>Grad</td>
<td>167</td>
<td>153</td>
<td>168</td>
</tr>
<tr>
<td>Health Sciences – BMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UG</td>
<td>8595</td>
<td>9180</td>
<td>10192</td>
</tr>
<tr>
<td>Grad</td>
<td>244</td>
<td>378</td>
<td>331</td>
</tr>
<tr>
<td>TOTAL SCH</td>
<td>16,015</td>
<td>16,910</td>
<td>17,804</td>
</tr>
</tbody>
</table>
Reallocation: internal and external

The creation of the Department of Health Informatics and Administration will be supported by existing budget through internal reallocation. The departmental budget (Table 7) will include .5 FTE staff support, as well as funds to support initial department startup, including marketing costs, as well as administrative costs (e.g., Department Chair buyout and summer support). These funds will be provided by the CHS Dean through internal reallocation.

<table>
<thead>
<tr>
<th>Administrative Costs:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. Chair Summer Support (1/9th)</td>
<td>9,000</td>
</tr>
<tr>
<td>Dept. Chair buyout- ad hoc replacement cost</td>
<td>8,380</td>
</tr>
<tr>
<td>($4,190 ad hoc cost for an intermediate lecturer for three credits X 2 semesters)</td>
<td></td>
</tr>
<tr>
<td>Staff Support (.5 FTE)</td>
<td>16,000</td>
</tr>
<tr>
<td>(.5 FTE currently budgeted in Health Sciences Dept.)</td>
<td></td>
</tr>
<tr>
<td>Department Startup Costs</td>
<td>5,000</td>
</tr>
<tr>
<td>Marketing Costs</td>
<td>5,000</td>
</tr>
<tr>
<td><strong>TOTAL ESTIMATED ADDITIONAL BUDGET</strong></td>
<td>43,380</td>
</tr>
</tbody>
</table>

Table 6 S&E budgets for HCAI and BMS for fiscal year 2010

<table>
<thead>
<tr>
<th>S&amp;E Budget by Unit</th>
<th>Total S&amp;E Budget</th>
<th>FY09 Buyout Returns</th>
<th>Total Adj S&amp;E Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLS</td>
<td>$43,679</td>
<td>$1,584</td>
<td>$45,263</td>
</tr>
<tr>
<td>HCAI</td>
<td>$30,207</td>
<td>$1,036</td>
<td>$31,243</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$73,886</strong></td>
<td><strong>$2,620</strong></td>
<td><strong>$76,506</strong></td>
</tr>
</tbody>
</table>

Tuition/program revenue

Table 8 (next page) shows the SCH and program revenue generated by the current instructional programs of Health Care Informatics and Health Care Administration for the Academic Years 2007-2008, 2008-2009, and 2009-2010. The program revenue generated by the current distance education offerings of Health Care Informatics and Health Care Administration for FY 2010 was an additional $14,576. The creation of the proposed department, by improving the marketing position of these instructional programs, is expected to increase SCH and program revenue.
Table 8  Total Instructional SCH/Revenue for Health Care Informatics and Health Care Administration, 2007-2008, 2008-2009, and 2009-2010

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Total SCH</th>
<th>Total Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2008</td>
<td>7176</td>
<td>$1,188,277</td>
</tr>
<tr>
<td>2008-2009</td>
<td>7352</td>
<td>$1,338,600</td>
</tr>
<tr>
<td>2009-2010</td>
<td>7281</td>
<td>$1,388,649</td>
</tr>
</tbody>
</table>

Ad hoc Instructional budget

Table 9 shows ad hoc instructional SCH, revenue, and expenses for the academic year 2009 – 2010. With the currently open faculty lines filled, and with potential increased faculty recruitment in the future due to the growth of the reputation of the proposed department, dependence on ad hocs will likely decrease. However, expanded program offerings, such as the long-term care sub-major of HCA, may offset this decrease to some extent.

Table 9  Ad hoc SCH/Revenue/Expenses for the Academic Year 2009 – 2010

<table>
<thead>
<tr>
<th>Semester</th>
<th>Credits</th>
<th># of Students</th>
<th>SCH</th>
<th>Revenue</th>
<th>Ad Hoc Payment</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2009</td>
<td>27</td>
<td>687</td>
<td>1,832</td>
<td>$261,273</td>
<td>$42,242</td>
<td>$219,031</td>
</tr>
<tr>
<td>Spring 2010</td>
<td>40</td>
<td>1,206</td>
<td>2,913</td>
<td>$476,014</td>
<td>$60,032</td>
<td>$415,982</td>
</tr>
<tr>
<td>TOTAL</td>
<td>67</td>
<td>1893</td>
<td>4745</td>
<td>$737,287</td>
<td>$102,274</td>
<td>$635,013</td>
</tr>
</tbody>
</table>

Personnel budget

The tuition and program revenue of the HCI and HCA programs are sufficient to support the personnel budget of the proposed Department of Health Informatics and Administration. Table 10 (next page) shows the total personnel budget for the proposed department.

2. Impact of proposed action on utilization of space, facilities, and infrastructure (e.g., Space: ASF, offices, instructional, Space and facilities for scholarship, research, and creative activity, Clinical facilities, Study facilities, Other facilities, infrastructure, and supplies/equipment)

The creation of the Department of Health Informatics and Administration will not have immediate impact on space or infrastructure needs of the Health Care Informatics and Health Care Administration programs. However, the growth of the programs due to increased visibility, marketability, and research growth will result in additional space and infrastructure needs. Health Care Informatics (along with Health Care Administration) has been identified as an immediate priority for space assignment in the to-be-purchased Columbia St. Mary’s campus (see Appendix G).
Table 10 Personnel Budget for the Proposed Department

<table>
<thead>
<tr>
<th>Pos #</th>
<th>Name</th>
<th>Title</th>
<th>UDDS</th>
<th>FTE</th>
<th>2010/11 Redbook Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>4710</td>
<td>M. Madsen</td>
<td>Professor</td>
<td>B103500</td>
<td>1.0</td>
<td>88,515</td>
</tr>
<tr>
<td>7938</td>
<td>R. Cisler</td>
<td>Associate Professor</td>
<td>B103500</td>
<td>0.5</td>
<td>51,230</td>
</tr>
<tr>
<td>4701</td>
<td>H. Trinh</td>
<td>Associate Professor</td>
<td>B103500</td>
<td>1.0</td>
<td>66,468</td>
</tr>
<tr>
<td>3696</td>
<td>T. Patrick</td>
<td>Associate Professor</td>
<td>B103500</td>
<td>1.0</td>
<td>80,446</td>
</tr>
<tr>
<td>3695</td>
<td>M. Wu</td>
<td>Associate Professor</td>
<td>B103500</td>
<td>1.0</td>
<td>68,289</td>
</tr>
<tr>
<td>4707</td>
<td>H. Yu</td>
<td>Associate Professor</td>
<td>B103500</td>
<td>1.0</td>
<td>111,972</td>
</tr>
<tr>
<td>4690</td>
<td>C. Wiggins</td>
<td>Associate Professor</td>
<td>B103500</td>
<td>1.0</td>
<td>85,490</td>
</tr>
<tr>
<td>4700</td>
<td>R. Kate</td>
<td>Assistant Professor</td>
<td>B103500</td>
<td>1.0</td>
<td>67,000</td>
</tr>
<tr>
<td>1240</td>
<td>New (Current Recruitment)</td>
<td>Assistant Professor</td>
<td>B103500</td>
<td>1.0</td>
<td>67,000</td>
</tr>
<tr>
<td></td>
<td>New Vacant</td>
<td>Univ Svcs Assoc</td>
<td>B103500</td>
<td>1.0</td>
<td>32,000</td>
</tr>
<tr>
<td></td>
<td>Total Personel Budget</td>
<td></td>
<td></td>
<td>9.5</td>
<td>718,410</td>
</tr>
</tbody>
</table>

3. Impact of proposed action on program support (e.g., Extramural research support, Other support for research, scholarly/creative activity)

The increased visibility and marketability of the new Department will increase student and program revenue. The creation of the Department of Health Informatics and Administration will allow us to established well-focused, clearly defined goals and competencies for the unit which will facilitate grantsmanship and will increase extramural research support. As shown in Table 3 and Table 4, the HCI and HCA faculty have been very active in grant proposal submission and in successfully competing for extramural funds. The creation of the new focused department will provide an environment that will facilitate increases in the research funding stream.

4. Other financial/resource impact of proposed action

None.

C. Impact of proposed action on personnel in unit

1. Impact of proposed action on staffing, workload, and position descriptions in unit (e.g., Faculty-probationary, tenured, AS-Teaching: indefinite, probationary, fixed-term, Non-teaching: indefinite, probationary, fixed-term extra-instructional appointments: e.g., ad hocs, RAs, PAs, GTAs, classified staff)
The current workload of faculty probationary, tenured, and instructional staff will not be impacted by the creation of the new department. Expected increases in extramural research support will result in corresponding increases in RAs and PAs. The overall number of ad hocs is expected to decrease with the creation of the proposed department.

A key point to note is that the proposed department will have sufficient personnel for governance, without overburdening department personnel. The proposed department will consist of nine faculty, of whom at least six will be members of the department executive committee. (Table 11.) The number of faculty in the department will be more than adequate to insure participation in CHS governance at department, college and university levels. For example, Table 12 shows possible CHS Standing committee assignments for seven of the nine faculty. Figure 2 (next page) shows a proposed organizational chart for the department.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Executive Committee</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. Madsen</td>
<td>Professor</td>
<td>yes</td>
<td>1.0</td>
</tr>
<tr>
<td>R. Cisler</td>
<td>Associate Professor</td>
<td>yes</td>
<td>0.5</td>
</tr>
<tr>
<td>H. Trinh</td>
<td>Associate Professor</td>
<td>yes</td>
<td>1.0</td>
</tr>
<tr>
<td>T. Patrick</td>
<td>Associate Professor</td>
<td>yes</td>
<td>1.0</td>
</tr>
<tr>
<td>M. Wu</td>
<td>Associate Professor</td>
<td>yes</td>
<td>1.0</td>
</tr>
<tr>
<td>H. Yu</td>
<td>Associate Professor</td>
<td>yes</td>
<td>1.0</td>
</tr>
<tr>
<td>C. Wiggins</td>
<td>Associate Professor</td>
<td>no</td>
<td>1.0</td>
</tr>
<tr>
<td>R. Kate</td>
<td>Assistant Professor</td>
<td>no</td>
<td>1.0</td>
</tr>
<tr>
<td>New (Current Recruitment)</td>
<td>Assistant Professor</td>
<td>no</td>
<td>1.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Academic Planning</th>
<th>MK Madsen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course &amp; Curriculum</td>
<td>Carla Wiggins</td>
</tr>
<tr>
<td>Faculty &amp; Student Affairs</td>
<td>Hahn Trinh</td>
</tr>
<tr>
<td>Information Technology Policy</td>
<td>Rohit Kate</td>
</tr>
<tr>
<td>Research and Graduate Programs</td>
<td>Hong Yu</td>
</tr>
<tr>
<td>Steering Committee</td>
<td>Min Wu</td>
</tr>
<tr>
<td>Other College Committee: Ph.D. Steering</td>
<td>Tim Patrick</td>
</tr>
</tbody>
</table>
Figure 2 Department of Health Informatics and Administration

Department Chair Person

Director of Graduate Studies
- Health Care Informatics MS
- Graduate Certificate in Health Informatics (proposed)
- Master in Health Administration (proposed)
- Health Care Administration Area of concentration in CHS Health Sciences PhD (proposed)

Director of Undergraduate Studies
- Health Care Administration Undergraduate Program
- Long-Term Care sub-major
- Undergraduate Certificate in Informatics

Research Labs
- Natural Language Processing Lab
- Ontology and Classification Lab

Faculty and Staff
- Faculty TBD
- Rohit Kate, PhD Assistant Professor
- Timothy B. Patrick, PhD Associate Professor
- Mary K. Madsen, PhD Professor
- Carla Wiggins, PhD Associate Professor
- Hanh Trinh, PhD Associate Professor
- Hong Yu, PhD Associate Professor
- Min Wu, PhD Associate Professor
- DaeHyun Kim, PhD Research Associate
- Feifan Lui, PhD Research Scientist
- Zuofeng Li, PhD Research Associate

Affiliated Centers
- Center for Urban Population Health (CHS UWM, Aurora Health Care, UW School of Medicine)
- Center for Natural Language Processing (proposed)
- Research Institute for Biomedical Informatics (proposed)
Health Informatics has been designated a high priority for the College of Health Sciences. The need for future increases in faculty in the proposed department will be carefully considered by the CHS administration based on multiple factors, including the potential for allocation of existing faculty lines to Health Informatics and Administration, increases in research revenues, increases in teaching revenues due to increases in student enrollment at the undergraduate and graduate level, and related increases in funds available for graduate assistantships for both teaching and research.

2. Impact of proposed action on students in unit (e.g., Overall SCH/enrollment, Students pursuing course of study in unit)

As mentioned previously, the creation of the Department of Health Informatics and Administration will increase the visibility and marketability of the existing Health Care Informatics Master program, Health Care Informatics undergraduate certificate, and Health Care Administration undergraduate program. It will also facilitate the creation of a Master program in Health Care Administration, graduate certificates in Health Informatics and Health Administration, a Health Care Administration area of concentration in the HS PhD program, as well as cooperative research training programs based a partnership between the Medical Informatics PhD Program and the CHS HS PhD program that address informatics for Rehabilitation and Long-term Care. These developments will increase student enrollment in unit programs.

V. PLAN FOR ASSESSING PROPOSED OUTCOMES

Baseline measures of student enrollment, program revenue, extramural research funding level, enrolled student satisfaction, and community awareness of the unit programs will be taken in Fall 2010. These measures will be repeated every two years.

VI. PATH THROUGH CAMPUS APPROVAL MATRIX (FOR SCHOOL/COLLEGE RESTRUCTURING: UWMS-.05, SECIII.V, FOR DEPARTMENT RESTRUCTURING: UWMS-.05, SECIII.U.)

<table>
<thead>
<tr>
<th>Department or Equivalent</th>
<th>School or College</th>
<th>Academic Program &amp; Curriculum Committee</th>
<th>Graduate Faculty Committee</th>
<th>Faculty Senate</th>
<th>Provost</th>
<th>Chancellor</th>
<th>UW System</th>
<th>Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>Y</td>
<td>I</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>I</td>
<td>I</td>
<td></td>
</tr>
</tbody>
</table>

NA=Not Applicable; I=Information Only; Y=Approval Required

VII. NEW BULLETIN COPY (PROVIDED BY UNIT INITIATING ACTION)

The Department of Health Informatics and Administration in the College of Health Sciences (CHS) houses instructional and research programs in both Health Informatics and Health
Administration. The department houses an undergraduate certificate in Health Care Informatics, a MS in Health Care Informatics, a dual degree program consisting of a Master in Library Science (in cooperation with the School of Information Studies) and a MS in Health Care Informatics, and is a participant in the UWM Medical Informatics PhD program. The Department of Health Informatics and Administration also houses a Bachelor’s degree in Health Care Administration, including a related Long-term Care submajor. Finally, the department is an active participant in the CHS Health Sciences PhD program.

VIII. COMMENTS FROM FACULTY/STAFF/ADMINISTRATION OF SCHOOL/COLLEGE THAT IS THE OBJECT OF PROPOSED ACTION

CHS Faculty Letters of Support (see Appendix H).

Ron A. Cisler, PhD
Director, Center for Urban Population Health
Associate Professor, Health Care Administration and Informatics
Department of Health Sciences
College of Health Sciences

Susan M. Stalewski, MBA, MLS
Director of E-learning
College of Health Sciences
Clinical Associate Professor
Biomedical Sciences Program
Department of Health Sciences
College of Health Sciences

Hahn Trinh, PhD
Associate Professor, Health Care Administration and Informatics
Department of Health Sciences
College of Health Sciences

Other letters of Support (see Appendix H).

Peter J. Tonellato, PhD
School of Public Health
University of Wisconsin-Milwaukee
Present: T. Patrick (HCI Program Dir., HCA Program Dir.), H. Trinh, C. Wiggins, M. Wu
Guests: B. Rader, FHE President,
Excused: R. Cisler, M.K. Madsen, H. Yu

1. The meeting was called to order at 10:05 a.m. and the agenda was approved by consensus.

2. The October 5, 2009 minutes were approved by consensus.

3. Announcements – none

4. Unfinished business

   a. Response to AUPHA – C. Wiggins and T. Patrick are meeting in the next two weeks to finish the reply to AUPHA’s questions. Also the question of placing HCA graduates arose.

   b. FHE report by Briana Rader
       October 22 meeting with two graduate student speakers was attended by 27 students. The AIDS walk on October 11 had 14 people participating. The October 30 Haunt Fest had 8 attendees.

   c. Other – none

5. New business

   a. What is HCA&I? T. Patrick raised the question if there is really a HCA&I entity. Should we become a separate department? Discussion followed.

   b. Research workload - A discussion was brought up of how the research workload is presently calculated. The new dean is interested in how much research is externally funded. The suggestion was made that those on the executive committee may want to question how research is or might be calculated.

   c. Open House - T. Patrick will attend a Post-Open House discussion to get better ideas for the College of Health Sciences presentation to be more unified. One suggestion regarding visibility was to have attractive brochures available.
d. Agenda for advisory board meeting on November 30, 2009 – suggestions included:

1) Ask board for ideas for better placement of our graduates
2) Ask the board’s opinion on establishing a graduate certificate in Informatics and a graduate certificate in Health Care Administration.

6. C. Wiggins moved to adjourn the meeting; H. Trinh seconded. The meeting was adjourned by consensus at 11:00 a.m.

Cc. C. Enwemeka, Dean
R. Burlage, Department Chair
Appendix B  August 24, 2010 Minutes
Present: R. Cisler, R. Kate, M.K. Madsen, T. Patrick (HCI Program Dir., HCA Program Dir.), H. Trinh, C. Wiggins, H. Yu
Guest: Katie Koncki, Advising
Excused: M. Wu (on sabbatical)

1. The agenda was approved by consensus and the meeting called to order at 9:10 a.m.

2. Approval of minutes from the May 5, 2010 program meeting is postponed; they will be sent out by email for approval.

3. Announcements: A big welcome was given to new professor Dr. Rohit Kate.

4. New/old business

   a. Admission to the HCA major- Katie Koncki distributed printout of HCA major requirements. T. Patrick also explained how registration prerequisites are all on PAWS and are being strictly enforced electronically. Discussion ensued regarding admission to the major. It was agreed that program members need to look further into how the program can concisely state the requirement for the HCA major. Send any ideas regarding admission to T. Patrick. K. Koncki recommended that members look at the number of credits (It is 128) and modify. Also look at the AUPHA recommendations.

   b. Budget: T. Patrick will send out by email. A budget meeting will take place today.

   c. Implementing Long-term Care (Administration) submajor: The College is not offering it yet. The dean’s office approved it. T. Patrick recommended that we examine starting it. There was agreement to study this proposal further. R. Cisler posed the question, “Are there jobs out there for this submajor?” K. Koncki asked if this could be an undergraduate or postgraduate certificate.

   d. Other

      1) R. Cisler proposed that HCA 590 be made into an 817 or 917 course and bring the course up to a full doctoral-level course. This was approved.

      2) Dr. Mori is teaching HCA 307 –statistics course. T. Patrick will visit her class and evaluate her teaching. R. Cisler will skeleton out an evaluation form.
3) M.K. Madsen said Jeri Lyons would like to sit in on some HCA&I program meetings. Is it possible that HCAI members sit on some BMS meetings also?

4) J. Lyons asked if the Gratz position will be opened. T. Patrick said the program really needs 2 ½ lines. The provost would like 2 ½ lines with one shared with UITS.

5) Members agreed to express support to the dean for a natural language processing center. It is extremely productive – over 100 peer review publications support a natural language processing center and we should request that the college provide administrative support for the Center. H. Yu listed all the attributes we have such as external funding, faculty and staff. This could increase future funding for the college as well as the center. Clarify title such as “Center for Data Mining.” There is a downloadable form for proposing such centers. T. Patrick will email the dean asking for administrative support plus matching support from the graduate school.

6) A question of whether a separate department for HCA and HCI should be created arose. The procedure would start at the APC committee first then go to the college level. There is a total of 4 steps of approval. Program members unanimously approved that T. Patrick explore this further. Ron Cisler moved that T. Patrick work on creating a proposal to create a department of Health Administration and Informatics. C. Wiggins seconded the motion. There was discussion suggesting that we need a program with support and academic staff. It must be cost neutral. The motion was unanimously approved—Vote: Yes 7 No 0 Abstain 0.

5. The next meeting will be on September 10 the second Friday of the month at 11 a.m. Room to be determined.

6. The meeting was adjourned at 10:03 a.m.

Cc. C. Enwemeka, Dean
J. Lyons, Department Chair

J:\HCAI\Minutes HCAI\2010-11.doc\gs
Present: R. Kate, M.K. Madsen, T. Patrick (HCI Program Dir., HCA Program Dir.), H. Trinh, C. Wiggins, H. Yu,  
Guest: J A Lyons, K. Koncki, Advising  
Absent: R. Cisler  
Excused: M. Wu (on sabbatical)  

1) The meeting was called to order at 9:06 a.m. K Koncki requested Admission to the Major be added under 4d. T. Patrick also requested that Recruitment be added to 4d. The revised agenda was approved by consensus.  

2) M.K. Madsen moved to approve the August 24, 2010 minutes. C. Wiggins seconded. Vote: Yes 6 No 0 Abstain 0 Minutes approved unanimously.  

3) Announcements  
   a) J. Lyons thanked the program for allowing her to sit in on the meeting. She suggested that the minutes of each program be circulated to the whole department. G Schramm will follow up on having everyone in HSD get access to agenda and minutes of both programs.  
   
   b) H. Trinh congratulated K. Koncki on achieving Indefinite status as of 10/1/2010.  

4) New/Old business  
   a) H. Trinh volunteered to be the liaison working with K. Brondino on the UWM Open House which is October 29 and 30, 2010. The FHE power point slideshow will be used again.  
   
   b) Course development:  
      i) Discussion of course development included the online course option. K. Koncki said that students complain about the extra online fee for required courses that have no other mode options. J.Lyons reminded everyone that there are funds to develop online courses. C. Wiggins states she would be willing to teach HCA 537 online again if needed. R. Kate is teaching Computer Science 423/723 course. M.K. Madsen said the program has to start implementation of the long-term care submajor by looking at existing syllabi for the new, already approved, long-term care submajor courses.  
      
      ii) Developing a Masters in Health Care Administration – M.K. Madsen and C. Wiggins will work together to develop a proposal for this. C. Wiggins said discussion needed to determine if it would be virtual only, an evening or weekend program or 3+2. “Would
the program seek CAHMI accreditation?” C. Wiggins volunteered to try to bring some program models to the October meeting. If that happens, the information could be given to the November Advisory Board meeting.

c) Research proposal development - Hong Yu has several research proposals and the process is under control.

d) Other

i) Admission to the HCA major application – K. Koncki described the present procedures. Can/ should it be changed? She suggested considering if students might switch over earlier to the HCA major. This would mean a student could possibly get into the major as a sophomore. The program members will study this carefully and then decide.

ii) Recruitment: Six new candidates have applied for position 4700. (We have permission to recruit using the existing position number.) Old applicants will also be contacted to see if they are still interested. The search committee is meeting Friday of this week to review applicants. H. Yu will invite S. McRoy to be on the search committee.

iii) Future program meetings will be on the third Wednesday of the month starting at 9 a.m. They are October 20, November 17 and December 15, 2010.

5) M.K. Madsen moved to adjourn. C. Wiggins seconded. It was unanimous to adjourn the meeting at 9:48 a.m.
A. Call to order. Committee members present: J. Lyons (chair), J. C Smith, Mark Johnston (co-chair and recorder). Also: P. Rhyner ("ex officio"); T. Patrick, K. Zalewski; Members for next year present: Steve Cobb, Carol Seery, Marcia Firmani. Sherri Sieff,

B. Approval of agenda/minutes from meeting of 4/8/10. Approved, with final shortening edits from J. Lyons to be made.

C. New Business

1. Discontinuation of transitional post-professional DPT program (Zalewski/Meyer/HMS). K. Zalewski explained that this post-MA DPT program should be discontinued because there is virtually no market for it (1 student in 3 years). A major problem is that the number of credits required in the UW system for a student who already has an MA is excessive compared to private universities, which give much more credit for MA work elsewhere. J. Lyons moved; J. C. Smith seconded. The motion was approved by all present committee members.

D. Continuing and old business

1. CARs
   New Curricular area label: Health Care Informatics (HCI). T. Patrick explained the need to change course designation to HCI. Previous designation was HCA (Health Care Administration). The change makes the course label more accurate and enables students interested in informatics to find it. Courses and degree programs are not substantively changed. There was uncertainty about whether RGPC must approve a technical labeling change or improvement. Motion made by J. C. Smith and seconded by J. Lyons. Passed. Courses involved are: HCI 700, 721, 722, 723, 760, 890, 891

2. Research Symposia
   a. Fall (December) symposium. M. Johnston reported that December 3, 2010 is the most viable date, as room is available in the Union for that Friday but not for December 10. November is rather early for students. Planning items were discussed including the following: RGPC review of abstracts to be chosen for presentations; needs for similarity to Spring symposium; inviting an outside speaker versus a UWM or CHS speaker; budget needs to be discussed. Michelle Finet in OT and Mary Lou Gelfer from CSD are point people. One should be chair and one, co-chair. A Task Force or Ad Hoc Committee is needed plan the Fall Symposium. *Invitations to possible speaker need to be made as soon as*
RGPC should meet with the conference planning task force so efforts can be coordinated.

b. Spring (April) symposium was a success. Winners will be announced.

c. A draft progress report on the previous CHS strategic plan was circulated. Revisions are needed and requested and can be sent to M Johnston at johnsto@uwm.edu and especially Mary Lou Gelfer at gelfer@uwm.edu. In general the draft report on progress seems very outdated, and in places makes reference to strategic plan that was completed in 2006, not the current strategic plan.

Strategic initiative (SI) 1: Students and inclusive environment.
Progress includes increase under graduate research, new graduate programs, grow in student research symposium, continued effort to be welcoming to minorities, bridges to future program, McNair program, AOP.

SI 2. Meeting community health needs.
Developed new professional MA programs, new DPT, new MS professional program in OT, and a new, nearly implemented nutrition program. CHS has actively participated in the UWM campus master planning process.

SI 3: Research.
CHS has greatly increased its research in clearly measurable ways: Increased grant funding, increased publications, increased participation on national review committees, publications in major journals, faculty national awards, our first distinguished professor, success with RGIs, participation in graduate school research fellows program. Quantification of research growth in these areas should be included.

SI 4: Technology support. This section needs work. Campus level support is developing. Eric Larson was hired. An improved accessible web site has been developed. (However, workstations are in fact still prohibited or resisted by CHS BATO, and are not supported by UITS regardless of research need or extent of research funding, so progress needs to be made.)

SI 5: Expand community partnerships.
Development of diagnostic stenography. Video CD no longer done, reference to CHS calendar should be revised. Continued community contacts. Success on UWM home page. Too many to list.

3. Needs to upgrade and coordinate statistical and computational infrastructure and support (Rhyner and Johnston). P. Rhyner reported that there was a meeting which Bruce Maas, P. Rhyner, E. Larson, Nancy, Lynn Thompson, Dean CE, and other attended, Support for a computational scientist was discussed and people were supportive, including Dean CE. Lynn Thompson expressed serious interest of the Graduate Programs and research office to hire a professional to provide statistical support. M. Johnston expressed support. There is a need both for statistical support and for coordination of existing statistical resources. He also expressed the need to encourage PhD students to learn SAS and to upgrade SAS and/or Stata training and support. Task:
M. Johnston will take this idea to the PhD Steering committee. Increased budget for technical IT support is needed for research e.g. via increased percent of indirect return or buyout savings. These are ideas and not formal motions.

Items to be discussed in future include:
4. Role of RGPC in defining start-up fund policies
5. Internal Funding Possibilities (Rhyner)
6. Interdisciplinary coursework for PhD program (King/Lyons)

E. Other

F. Adjournment

Cc: Chukuka Enwemeka, Dean College of Health Sciences
    CHS Faculty & Staff
Appendix E Supply and Demand for Medical Informatics Education; Custom Research Report, Phase I; Eduventures, October 2009
Supply and Demand for Medical Informatics Education

Custom Research Report, Phase I

October 2009
Overview

• The University of Wisconsin-Extension is looking to assess the feasibility of developing online programming within the medical informatics field and has commissioned market research to inform its decision. The proposed program would either be offered at the bachelor’s or master’s degree level.

• This is the first part of a two-part research series examining the market demand and supply for online medical informatics education. This research includes:

  • Phase I: Demand for Medical Informatics Education (including economic and employment trends and current initiatives in the field)

    • Phase II: Supply of Medical Informatics Education (conferral trends for both bachelor’s and master’s degree programs in related fields; profiles of key competitors for both bachelor’s and master’s degree programs in the medical informatics field)

Methodology

• OHE-LC staff conducted secondary research to assess employment and economic trends and current initiatives in the medical informatics field. Key secondary sources that were leveraged include:

  • The American Health Information Management Association (AHIMA), the American Medical Informatics Association (AMIA), and the New England Journal of Medicine (NEJM)
  • Wisconsin’s Workforce and Labor Market Information System
  • Bureau of Labor Statistics
  • Previous Eduventures research
Demand for Medical Informatics Education Appears to Exist Currently and in the Coming Years

✓ **Opportunities for Program Development: Medical Informatics**

✓ **Employment trends:** Nationally and in Wisconsin, medical informatics-related occupations are projected to experience strong growth through 2016. In Wisconsin, *health technologists and technicians* are projected to experience the highest numeric growth, 9,770 through 2016. In addition, *medical and health services managers* and *medical and clinical laboratory technologists* are expected to experience the fifth and sixth highest numeric growth through 2016 and are the only medical informatics-related occupations for which a bachelor’s degree is the standard credential level.

✓ **Room for expansion in the medical informatics field:** The recent study *Use of Electronic Health Records in U.S. Hospitals*, published by the New England Journal of Medicine, reveals very low level of adoption of electronic health records in the U.S. Currently, only 1.5% of U.S. hospitals have a comprehensive electronic-records system (i.e., *present in all clinical units*), and an additional 7.6% have a basic system (i.e., *present in at least one clinical unit*).

✓ **Stimulus money:** Through the American Recovery and Reinvestment Act 2009 (ARRA), approximately $20M has been allocated to the National Health Electronic Records initiative, which includes incentive payments to hospitals and physicians who computerize medical records.
The Very Low Levels of Adoption of Electronic Health Records in U.S. Hospitals and The Stimulus Investment in the Field Indicate Likely Growth in Implementation and Utilization

• The American Medical Informatics Association (AMIA) Education Committee defines medical informatics as “the discipline that studies and applies information management and science in the context of biomedicine and health.” The AMIA has recognized the use of electronic health records (EHRs), as critical to the successful transformation of health care in the United States. Specifically, the AMIA believes that EHRs enable “high-quality, safe, and cost-effective health care services, and strengthen the relationship between patients and clinicians.”

• However, an April 2009 study published by the New England Journal of Medicine (NEJM) concluded that only 1.5% of U.S. hospitals have a comprehensive electronic records system (i.e., present in all clinical units), and an additional 7.6% have a basic system (i.e., present in at least one clinical unit). In addition, computerized provider-order entry for medications has been implemented in only 17% of hospitals.

• The federal government has recognized the need for electronic health records and addressed the issue through substantial investment in healthcare workforce training as part of the American Recovery and Reinvestment Act 2009 (ARRA). Approximately $20M has been allocated to the National Health Electronic Records initiative, which includes incentive payments to hospitals and physicians who computerize medical records.

  • The stimulus package established a 10-year EHR adoption goals of 70% for hospitals and about 90% for physicians. The Congressional Budget Office estimates that 45% of hospitals and 65% of physicians will have EHRs by 2019.

Nationally, Medical Informatics-Related Job Postings Have Increased From 2005 to 2009 as the Field Has Increased in Visibility, Encompassing a Variety of Occupations and Disciplines

According to Indeed.com, a national job search aggregator, the number of jobs posted (1,648 at the time this research was conducted) containing the words Medical Informatics has steadily increased between July 2005 and July 2009.

In comparison, in Wisconsin there were 25 job postings listed under Medical Informatics at the time this research was conducted. Listed occupations include:

- Director of Medical Economics and Analytics (FutureStep - Madison, WI)
- Evaluation and Clinical Informatics Manager (Meriter Health Services - Madison, WI)
- Nurse Informaticist (Medical College of Wisconsin - Milwaukee, WI)

At the time this research was conducted, there were 1,648 job postings listed under Medical Informatics. Common occupations include:

- Informatics Analyst (JHSMH Corporate Services, KY)
- Senior Research Biologist- Screening and Informatics (Merck & Co, MA)
- Director, Pharmacy Informatics (Advanced Medical Resources, TN)

Source: Indeed.com, 2009
A Wide Range of Skill Sets Are Required for Employment in the Medical Informatics Fields; Technical Skills Highly Valued

The following are attractive skill sets in the medical informatics fields, as mentioned in relevant job postings on Indeed.com, that would increase the value and employability of individuals applying for positions in these fields:

**Required Skills:**
- Bachelor’s degree in related field
- A minimum of three years experience in an assigned area of responsibility in healthcare operations, clinic, or hospital
- A minimum of one year supporting electronic health record users; Epic experience preferred
- Ability to analyze and communicate clearly, concisely and professionally
- Ability to work collaboratively with operational users to build trust, impart knowledge, and develop good customer service relationships
- Ability to adhere to change control standards and processes
- Knowledge of organizational behavior and management process
- Strong written and verbal skills
- Competency in Microsoft Office (Excel, Word, PowerPoint, Outlook, and Visio)

**Useful Assets:**
- Working knowledge with Semantic technology (RDF, OWL, SPARQL, ontologies and related)
- Familiarity with public resources (data sources - GEO, GO, NCBO, NCBI, etc.; software resources – Knime, Jena, etc.)
- Familiarity and skills with statistical analysis, analytical pipelines, classifier and signature qualification and validation (SVM, PCA, CIM, ANN, R, SAS, Knime, Pipeline Pilot, etc.)
- Familiarity and skills with data integration and normalization, database curation, text mining applications
- Familiarity and skills with clinical data handling, FDA / EMEA validation, HIPAA, CFR 21.11

Source: Indeed.com, 2009

University of Wisconsin- Extension might consider incorporating the skills sets/training listed above into its curriculum as a way to align its proposed programs with organizational/industry needs and to attract the greatest target audience.
Nationally, Medical Informatics-Related Occupations Are Projected to Experience Strong Growth Through 2016

Employment for medical assistants is projected to grow much faster than average, ranking them among the fastest growing occupations over the 2006-16 decade

<table>
<thead>
<tr>
<th>Occupation</th>
<th>2006</th>
<th>2016</th>
<th>Change</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Assistants</td>
<td>417,000</td>
<td>565,000</td>
<td>148,000</td>
<td>35%</td>
</tr>
<tr>
<td>Cardiovascular Technologists and Technicians</td>
<td>45,000</td>
<td>57,000</td>
<td>12,000</td>
<td>27%</td>
</tr>
<tr>
<td>Medical Records and Health Information Technicians</td>
<td>170,000</td>
<td>200,000</td>
<td>30,000</td>
<td>18%</td>
</tr>
<tr>
<td>Medical and Health Services Managers</td>
<td>262,000</td>
<td>305,000</td>
<td>43,000</td>
<td>16%</td>
</tr>
<tr>
<td>Nuclear Medicine Technologists</td>
<td>20,000</td>
<td>23,000</td>
<td>3,000</td>
<td>15%</td>
</tr>
<tr>
<td>Medical Transcriptionists</td>
<td>98,000</td>
<td>112,000</td>
<td>14,000</td>
<td>14%</td>
</tr>
<tr>
<td>Health Technologists and Technicians*</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Medical and Clinical Laboratory Technologists*</td>
<td>166,510</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Health Technologists and Technicians, All Other*</td>
<td>74,990</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Medical and Clinical Laboratory Technicians*</td>
<td>149,670</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The Bureau of Labor Statistics cites the following factors as demand drivers for the profiled medical informatics-related occupations:

- Growth and aging of population
- Technological advances
- Rapid growth in the number of medical tests, treatments, and procedures that will be increasingly scrutinized by health insurance companies, regulators, courts, and consumers
- Federal legislation mandating the use of electronic medical records

* The following numbers represent 2008 estimates; the Bureau of Labor Statistics does not provide projected numbers for these occupations

Despite the Current Economic Climate, Statewide Employment Within the Education and Health Services Industry Is Projected to Experience Strong Growth Through 2016

These projections might have favorable implications on medical informatics-related occupations in Wisconsin

<table>
<thead>
<tr>
<th>Industry Title</th>
<th>Estimated Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total, All Nonfarm Industries</td>
<td>3,079,470 3,325,840</td>
</tr>
<tr>
<td>Education and Health Services, Including State and Local</td>
<td>614,040 706,600</td>
</tr>
<tr>
<td>Educational Services, Including State and Local Government</td>
<td>261,670 272,810</td>
</tr>
<tr>
<td>Health Care and Social Assistance, Including State and Local Government in Hospitals</td>
<td>352,370 433,790</td>
</tr>
<tr>
<td>Ambulatory Health Care Services</td>
<td>104,150 133,990</td>
</tr>
<tr>
<td>Hospitals, Including State and Local Government</td>
<td>113,010 133,960</td>
</tr>
<tr>
<td>Nursing and Residential Care Facilities</td>
<td>69,400 79,630</td>
</tr>
<tr>
<td>Social Assistance</td>
<td>65,800 86,210</td>
</tr>
</tbody>
</table>

Similarly, Medical Informatics-Related Occupations Are Projected to Experience Significant Growth in Wisconsin Through 2016

Medical and health services managers and medical and clinical laboratory technologists are expected to experience the fifth and sixth highest numeric growth through 2016 and are the only occupations for which a bachelor’s degree is the standard credential level.

<table>
<thead>
<tr>
<th>Occupation</th>
<th>2006</th>
<th>2016</th>
<th>Change</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Technologists and Technicians</td>
<td>53,640</td>
<td>63,410</td>
<td>9,770</td>
<td>18.2%</td>
</tr>
<tr>
<td>Medical Assistants</td>
<td>7,120</td>
<td>9,720</td>
<td>2,600</td>
<td>36.5%</td>
</tr>
<tr>
<td>Medical Records and Health Information Technicians</td>
<td>3,520</td>
<td>4,280</td>
<td>760</td>
<td>21.6%</td>
</tr>
<tr>
<td>Medical Transcriptionists</td>
<td>4,470</td>
<td>5,210</td>
<td>740</td>
<td>16.6%</td>
</tr>
<tr>
<td>Medical and Health Services Managers</td>
<td>4,250</td>
<td>4,980</td>
<td>730</td>
<td>17.2%</td>
</tr>
<tr>
<td>Medical and Clinical Laboratory Technologists</td>
<td>3,290</td>
<td>3,850</td>
<td>560</td>
<td>17.0%</td>
</tr>
<tr>
<td>Health Technologists and Technicians, All Other</td>
<td>2,550</td>
<td>3,000</td>
<td>450</td>
<td>17.6%</td>
</tr>
<tr>
<td>Medical and Clinical Laboratory Technicians</td>
<td>1,840</td>
<td>2,150</td>
<td>310</td>
<td>16.8%</td>
</tr>
<tr>
<td>Cardiovascular Technologists and Technicians</td>
<td>700</td>
<td>900</td>
<td>200</td>
<td>28.6%</td>
</tr>
<tr>
<td>Nuclear Medicine Technologists</td>
<td>350</td>
<td>410</td>
<td>60</td>
<td>17.1%</td>
</tr>
</tbody>
</table>

In Wisconsin, employment projections appear favorable for medical informatics-related occupations; The University of Wisconsin-Extension should additionally investigate demand for emerging and more specialized occupations which require a master’s degree.
The ARRA Is Likely to Reinforce Positive Employment Trends in the Healthcare Industry, and Specifically in Health Information Technology

- The American Recovery and Reinvestment Act, 2009 (ARRA) has a number of provisions focusing on healthcare innovation, services, and training. The two primary e-health sections of ARRA are the following:
  - Division A, title XIII, better known as the Health Information Technology for Economic and Clinical Health (HITECH) Act;
  - Division B, title IV, which provides for Medicare and Medicaid incentive reimbursements starting in 2011 to professionals and hospitals that are "meaningful users" of electronic health records.

### Stimulus Summary

<table>
<thead>
<tr>
<th>Category</th>
<th>Funding ($M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare</td>
<td>$13,750</td>
</tr>
<tr>
<td>Health Information Technology</td>
<td>$19,609</td>
</tr>
</tbody>
</table>

National Health Electronic Records initiative includes incentive payments to hospitals and physicians who computerize medical records.

**Awareness of the medical informatics field and related education has increased recently which will create new jobs and thus demand for education. Medical informatics program(s) will be needed to accommodate the higher number of individuals needing relevant skills for occupations within the field.**

Source: Research Briefing: Analyzing the Economic Stimulus Package-Opportunities for CPE-LC Members, Eduventures report, June, 2009; ARRA and the HIM Workforce, Genna Rollins, AHIMA
Health Information Technology Initiatives Require New Skill Sets

- Training for usage in software and records management
- Health-IT support needs

- **Up to $2M under ARRA to install HIT**
  - Health-IT support needs, including security, privacy, networking
  - Training for usage in software and records management

- **Up to $70K/office under ARRA to install HIT**
  - Training for usage in software and records management
  - Health-IT support needs

- **Businesses supporting needs of new HIT industry**
  - IT infrastructure support, including security, privacy, networking, installation, technical support
  - Software/hardware development for products aligning with health records standard

Healthcare Workers Using EHR Are Expected to Possess Competencies in Health Information Literacy, Privacy and Confidentiality of Health Information, and Health Information/Data Technical Security, Among Others

- In 2008, the American Health Information Management Association (AHIMA) and the American Medical Informatics Association (AMIA) published core competencies expected of a healthcare workforce that uses electronic health records (EHRs) in its daily work. The AHIMA-AMIA model proposed competencies in five domains or categories: 1) Health information literacy and skills, 2) Health informatics skills using the EHR, 3) Privacy and confidentiality of health information, 4) Health information/data technical security, 5) Basic computer literacy skills

### Core Competencies/Health Informatics Skills Expected of Healthcare Workers Using EHR

- Create and update documents within the electronic health record (EHR) and the personal health record (PHR)
- Locate and retrieve information in the EHR for various purposes
- Perform data entry of narrative information
- Locate and retrieve information from a variety of electronic sources
- Differentiate between primary and secondary health data sources and databases
- Know the architecture and data standards of health information systems
- Identify classification and systematic health-related terminologies for coding and information retrieval
- Know the policies and procedures related to populating and using the health data content within primary and secondary health data sources and databases
- Apply appropriate documentation management principles to ensure data quality and integrity
- Know and apply appropriate methods to ensure the authenticity of health data entries in electronic information systems
- Use software applications to generate reports
- Use electronic tools and applications for scheduling patients

The Need for Health Information Management Education Is Projected to Grow; Favorable Projections for Management-Level Positions

• According to the American Health Information Management Association (AHIMA), there is a “need for an expanded and more diversely-trained health information management and technology workforce. A proliferation of health IT will require a simultaneous increase in professionals trained to plan, implement, and manage it.”

• In The ARRA and HIM Workforce, David Hunt, MD, chief medical officer of the Office of the National Coordinator for Health Information Technology comments on the need for health informatics education:

  • “In establishing ubiquitous, robust [health] IT across the country, there are not nearly enough people doing this work to cover the nation, so it’s incredibly important to work on training.”

• Further, in The ARRA and HIM Workforce, Gerald Glandon, PhD, professor and chair of the department of health services administration at the University of Alabama at Birmingham comments on the impact of the various ARRA provisions on the health information workforce:

  • “People are needed at a variety of levels, and in this new environment, it’s an open question as to how many new people will be needed; the percentage needed with master’s, bachelor’s, and associate-level training; [and] the percentage of managerial versus technical positions.”

  • “In the short term I think there will be an expansion in the more technical positions like coders, but in the long-term, I’m not as optimistic about the demand for lower-level positions. I think there will be more need for information management positions and people with transferable skills…information management will grow in importance both in healthcare and outside of it.”

Source: ARRA and the HIM Workforce, Genna Rollins, AHIMA
In Phase II of this research investigation, OHE-LC staff will:

- Provide degree conferral trends for medical informatics-related education at both the bachelor’s and master’s degree levels.

- Examine profiles of key competitors in the medical informatics field at both the bachelor’s and master’s degree levels. Specifically, the following programmatic characteristics will be examined:
  - Key curriculum
  - Marketing messaging
  - Delivery format
  - Cost
  - Links/partnerships with healthcare organizations or insurance carriers
  - Specializations offered
  - Target audience

This phase of the analysis will seek to determine the overall competitive intensity within the medical informatics field. In addition, this analysis will inform program differentiation strategies for University of Wisconsin-Extension to explore, such as potential niche concentration areas.
Appendix F Email memo from David Schejbal of University of Wisconsin Extension to cee@lists.uwex.edu
Dear All:

We have talked on a number of occasions about new programmatic directions in healthcare, and we have identified two potential areas of particular promise: disease prevention and wellness, and medical informatics/healthcare information systems.

Attached are two Eduventures reports that are likely to be useful to you as you consider your campus’ interest in engaging in developing either of these degrees.

Since we began conversations about healthcare degrees, I have visited several campuses that have expressed serious interest in moving forward: UW-Parkside, UW-La Crosse, and UW-Stevens Point. We are now at a point where we need to focus the conversation, identify which campuses are ready to engage in a planning process, and move forward.

Please come prepared to the CEEC meeting at the end of this month with information about your campus’ readiness to move forward in developing a degree either in medical informatics/health information systems or in disease prevention and wellness. I am prepared to move forward at either the undergraduate or masters levels for both degrees.

You will notice that the Eduventures report highlights the particular strengths of La Crosse and Stevens Point in health and wellness. I hope that one or both campuses will be prepared to take a leadership role in moving this programmatic area forward. Medical informatics/healthcare information systems is a field that is wide open across the UW, and there is plenty of room to participate. Parkside has expressed strong interest to form a partnership around a degree in that area.

In addition to degrees in healthcare, I would like to move forward to develop at least one and possibly several masters degrees in sustainability. We have proven success with Sustainable Management, and the four partner campuses are expanding the program to offer undergraduate certificates in Sustainable Management this summer. Stevens Point, La Crosse, and Parkside have expressed interest in participating in developing a masters degree in Sustainable Management. Perhaps there are other institutions that would like to engage in that as well.
I recently returned from the National Conference on Science, Policy, and the Environment. The focus of the conference was the green economy, and it was clear that climate science and sustainable energy are very rapidly growing fields where there is a tremendous lack of qualified, highly skilled workers. If we could develop masters programs in one or both areas, we would build a strong, online, programmatic portfolio for the University of Wisconsin in sustainability. Please determine if your campus is interested in developing masters degrees either in climate science or in sustainable energy, and bring this information to the CEEC meeting.

I realize that this level of program development is very ambitious. However, we know that we have the expertise and leadership on your campuses to get this done, and by doing so we are directly addressing the workforce development needs of Wisconsin, the UW Growth Agenda, and the Obama 2020 educational attainment goals.

Best regards,

David

_______________________________________________ CEEC mailing list CEEC@lists.uwex.edu https://lists.uwex.edu/mailman/listinfo/ceec

OHE_CRR_Supply and Demand for Medical Informatics Education_Phase I.pdf  
152 KB

CPE-Healthcare-Wellness Programming_Phase II_February 2010.pptx 
239 KB
Appendix G Columbia Saint Mary’s Report
The CSM Planning Committee has met regularly since its inception March 4, 2010. At the first meeting Co Chairs LeRoy Stoner and Richard Stockbridge were elected and a regular weekly meeting scheduled at 9:00 a.m. on Tuesdays was established.

A. Information Gathering Stage March/April

CSMPC reviewed the 2005 consultant’s report commissioned by UWM on the facility’s condition and potential uses. In addition the Committee solicited and reviewed some 108 email suggestions from the campus community, interviewed potential users and toured the facility. The Committee invited representatives from campus units such as Housing, Parking, Child Care Center, and Norris Health Center to articulate interest in the facility and evaluated potential program revenue sources.

UWM Business and Financial Services provided insight into potential avenues for financing the acquisition and the impact financing might have on use. The committee was advised that UWM’s need for student housing had been reduced significantly due to the building of Riverview and the planned September 2010 opening of Cambridge Commons. Parking reported that it could only be expected to finance and maintain the part of the facility actually serving as parking. While the Milwaukee Initiative identified $31M in program revenues to support the purchase of Columbia St. Mary’s, the committee recognized that acquiring and supporting the development of the building would not be possible on program revenue funds alone. Further, the committee determined that its purpose was to determine appropriate and best uses of the building rather than focus on the financial plan to acquire and develop.

On April 12 a tour of the facility provided the committee with first hand information regarding the nature and condition of spaces in the complex. Numerous comments were heard regarding how well many UWM uses would fit into the facility and the committee returned to take up the charge of “planning potential uses of the Columbia St. Mary’s Hospital facility.”

B. Assessment Guidelines for Potential CSM Occupants

After discussion CSMPC adopted guidelines to identify campus units that, by occupying CSM space, would:

a. secure better facilities than currently occupied to serve teaching and office needs - in recognition that much of CSM would serve teaching and office needs very well without extensive renovation (the Medical Arts and Clinical Bldgs).

b. expand opportunities, by vacating their current space, for expansion by other campus units

c. create interconnected teaching, student services, clinical laboratories, research, and/or infrastructure opportunities not presently provided by campus physical facilities

d. provide as yet unavailable opportunities to showcase campus units that can increase student, investor, and other funding opportunities.

e. provide excellent opportunities for teaching/research/residence space that is congruent with the current uses of CSM. This includes: clinical laboratories (applicable to units in the College of Health Sciences, College of Nursing); and current uses of residence halls and future possibilities.

Three working groups were formed to identify potential occupants.
Health Sciences: Paul Florsheim (Addiction & Behav. Res/HBSSW & SPH) Chair, Tim Patrick (Health Sciences), Rachel Schiffman (Nursing), Rodney Swain (Letters & Science)

Natural Sciences: Richard Stockbridge (Math Sci/EMS) Chair, John Reisel (Mech Engr/EMS), Paul Lyman (Physics & PEC), Rodney Swain (Letters & Science), Eddy Tysoe (Chemistry/Biochemistry)

Auxiliary/Student Services (incorporates Classroom support, Student Services as well as other student areas): Jim Hill (Student Affairs) Chair, Brian Bromberek (Student), Kyle Duerstein (Student), Enrique Figueroa (Roberto Hernandez Center & APBC), Jon Lenichek (Enrollment Services & ASC), Laurie Petersen (Student Accessibility Center)

Potential occupants were considered on range of variables such as:

a. "excellent fit," “reasonable fit” "extensive remodeling required to fit” “does not fit”

b. immediate occupancy (6 - 8 months), intermediate occupancy (1-3 years), long range (3 years and beyond)

c. amount of space required - reference to UWM Master Plan

d. extent of remodeling required - none, moderate, extensive

e. synergies between proposed occupants

f. cost of remodeling and time required

g. back fill benefits to campus departments

h. program revenue potential

The attached work sheet provides greater detail about the committee’s assessment of the potential space assignments articulated in the following Sections C. D. And E.

C. Potential Opportunities for Occupation of CSM Space

In its considerations the CSM Planning Committee has noted recommendations articulated in the recently completed UWM Master Plan:

• Create a series of academic neighborhoods on the Kenwood campus to both improve adjacency within disciplines and collaborations across disciplines.

• Respect the adaptive reuse qualities and the character of the existing buildings......,

• Include an allowance within each school and college for study space and student life space (10% total) which is expected to occupy and enliven the ground floors in particular

• Combine one-stop student service programs with other student and academic services to form a larger “Main Street” concept, with high access programs on the ground floor and back office functions on the upper floors.

The following tables are informed by one or more of these recommendations.
### I. Academic Units - Health Related

<table>
<thead>
<tr>
<th>UNIT</th>
<th>ASF Current</th>
<th>ASF Need</th>
<th>Urgent Needs</th>
<th>Ease of Relocation Cost/Time</th>
<th>Back Fill opportuity</th>
<th>Generate Revenue</th>
<th>Possible Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS Clinical Labs</td>
<td>TBD</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Health/Medical Informatics Phase 1</td>
<td>14,800</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Medical Imaging (L&amp;S portion only)</td>
<td>6,000</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>W</td>
<td></td>
</tr>
<tr>
<td>College of Health Science (Includes all CHS Depts)</td>
<td>60,000</td>
<td>82,000</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>C, E, W</td>
</tr>
<tr>
<td>Health/Medical Informatics Phase 2</td>
<td>7,400</td>
<td>2</td>
<td>1</td>
<td>NA</td>
<td>5</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>School of Public Health Phase 1</td>
<td>56,540</td>
<td>2</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Nursing Simulation Labs</td>
<td>35,500</td>
<td>2.5</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>W</td>
<td></td>
</tr>
<tr>
<td>Interdisciplinary BioBehavioral (Inc new units CON/CHS)</td>
<td>44,294</td>
<td>2.5</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>E, W</td>
<td></td>
</tr>
<tr>
<td>CABHR</td>
<td>3,500</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>E, W</td>
<td></td>
</tr>
<tr>
<td>Psychology Clinic (To be confirmed by L&amp;S)</td>
<td>1600</td>
<td>2,400</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>E, M, W</td>
<td></td>
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<tr>
<td>School of Public Health Phase 2</td>
<td>45,145</td>
<td>3</td>
<td>*</td>
<td>*</td>
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<tr>
<td><strong>SubTotal</strong></td>
<td><strong>297,579</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Space for Campus Life (5% of SubTotal)** 14,879

**POSSIBLE LOCATIONS:** C=Clinical Bldg. E=East Wing M=Medical Arts N=Nursing W=West Wing

* Pending Plans for Building 7 at the Pabst Site

**Summary of Priorities:**

1. Create grouping of related, **interdisciplinary clinics**

2. Create grouping of related Health **research** activities

3. Create grouping of related **academic/education** activities

**Rationale:**

Guided by the principle that thematic organization of programs and units in CSM will best serve interdisciplinary education and research, non-thematic space needs can then be served by back-filling the space opened by the themed movement of programs and units to CSM.

In general, these units would not require extensive renovation of existing CSM space due to the preponderance of health related activities.

Following is a listing of health-related programs and units, grouped by the categories of clinics, research, and academic/education, that are priority candidates for relocation in CSM.

**Proposals:**

1. Create grouping of related, interdisciplinary clinics
   a. **College of Health Sciences** (CHS): Speech & Language Clinic, Campus Ergonomics Services, Human Movement Sciences (HMS)-Active Living Community
   b. Psychology clinics
   c. Norris Health Center
d. Interdisciplinary: rehabilitation clinic

2. Create grouping of related Health Research Activities

a. College of Health Sciences:
   (i) Communication Sciences and Disorders (CSD)- Stuttering & Fluency Laboratory; Augmentative & Alternative Communication Laboratory; Dysphagia Laboratory; Child Language Laboratory; Speech Physiology Laboratory; Language Assessment Laboratory.

   (ii) Occupational Therapy (OT)- Assistive Technology and Universal Access (ATUA) Laboratory; Behavioral Health and Human Occupation Laboratory; Human Interaction and Physiology Laboratory; Occupational Ergonomics Laboratory; Rehabilitation Research Design & Disability (R2D2) Center

   (iii) Clinical Laboratory Sciences (CLS)- Clinical Laboratory Sciences Laboratory; Immunology Laboratory; Environmental Microbiology Laboratory; Pharmacology/Toxicology Laboratory; Multiple Sclerosis Laboratory; Medical Microbiology Laboratory;

   (iv) Human Movement Science (HMS)- Active Living Community; also, HMS would have an interest in any of the mri/ct units staying at CSM.

   (v) Health Care Informatics (HCI)- Instructional computer lab; Health Care Informatics Research computing lab; Natural Language Processing lab; Ontology lab

b. College of Nursing: Biobehavioral lab; Sleep Studies lab; Self- Management Science Center

c. Health Care Informatics Master program and Medical Informatics PhD program

   Rationale: The Health Care Informatics Master program is currently located in the College of Health Sciences and the Medical Informatics PhD program is currently located in the College of Engineering & Applied Science as well as other locations and has affiliations with the Medical College of Wisconsin. Co-locating these programs at CSM will provide synergies with other medicine-related groups there, such as the School of Public Health and may benefit from proximity to a (relocated) Department of Mathematics and will enable all of the program members to be located in one area. It will also help to free up space in the engineering building and allow for additional CEAS expansion as well as space in Enderis. This is an extremely good fit for CSM.

d. Medical Imaging Laboratories

   Rationale: Much of the space, particularly in the basement of CSM is currently used for medical imaging using and thus is ideally suited for medical imaging laboratory space.

   Occupancy: The medical imaging group currently has urgent needs for space for new hires. Remodeling would be relatively minimal since the space is currently used for medical imaging, such that the space could be occupied as hires are made.

e. Address long-term research space requirements.

   Rationale: The above recommendations will take care of many of the pressing space needs for the STEM departments and centers. Nevertheless, it should be borne in mind that there will be longer-terms needs once the space that has been made available in various STEM departments by these moves become occupied, there will be additional longer-term needs. These may be met by off-campus expansion plans, but it would be prudent to plan to have additional expansion space available at CSM.

f. School of Public Health: The faculty of the School of Public Health would like to leave open the possibility
of occupying a portion of CSM to cover some of the anticipated space needs that may not be satisfied at the Pabst site.

Rationale: The facilities offered by a hospital would seem to be ideal for a School of Public Health. In addition, CSM is close to the School of Nursing and would facilitate cross collaborations between these Schools. In addition, CSM has the facilities to allow people to visit since there is parking space and good bus transportation to the UWM campus. There are also possible synergies between a School of Public Health and other health-related disciplines which could easily be co-located with the School of Public Health.

Comments: There is also a group that will focus on health issues. However, since the School of Public health includes academic contributions from the science departments, it is appropriate for this group to discuss these issues. There was some discussion of the alternative Pabst site, which is perhaps closer to the communities that it will serve. However, from an academic point of view, locating the School of Public Health at the CSM site would allow close interactions with other centers and departments on campus and transport to the CSM site is relatively easy.

g. Helen Bader School of Social Welfare: Center on Addictions and Behavioral Health CABHR

CABHR, in both its research and outreach capacity, will benefit when located near other programs with similar focus. CSM will provide synergies with other clinical-focused programs.

3. Academic/education grouping

a. College of Health Sciences: CSD undergraduate and graduate programs; OT undergraduate and graduate programs; HCI graduate program; CLS undergraduate and graduate programs; HCA undergraduate program; Health Sciences PhD program; OT and HMS have an interest in the High Fidelity Clinical Simulation unit (see below). Finally, the BS program in Nutrition might want to use some of the kitchen facilities as the program moves forward, especially if a dietetics specialist comes on board.

b. College of Nursing/Interdisciplinary: High Fidelity Clinical Simulation unit

c. Interdisciplinary: Medical Informatics PhD program; Biomedical and Health Informatics Research Institute

d. Accommodate School of Public Health components as appropriate
<table>
<thead>
<tr>
<th>UNIT</th>
<th>Current ASF</th>
<th>Needed ASF Per M Plan</th>
<th>Urgent Needs</th>
<th>Ease of Relocation Cost/Time</th>
<th>Opportun. to Back Fill</th>
<th>Generate Revenue</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classrooms Phase 1 (Current Total Deficit 14,000)</td>
<td>14,000</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>E, W</td>
<td></td>
</tr>
<tr>
<td>Honors College in Honors House</td>
<td>3,200</td>
<td>4,640</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>N</td>
</tr>
<tr>
<td>SOIS (Includes Instructional Space)</td>
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<td>18,000</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>M</td>
</tr>
<tr>
<td>Undergraduate Science Center Phase 1</td>
<td>30,000</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>E, W</td>
<td></td>
</tr>
<tr>
<td>Department of Mathematical Sciences</td>
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<td>36,000</td>
<td>1.5</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>M</td>
</tr>
<tr>
<td>ESL Instruction (To be discussed with L&amp;S)</td>
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<td>1.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>E, W</td>
</tr>
<tr>
<td>Classrooms Phase 2 (Future Total Deficit 31,000)</td>
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<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>Learning Center/Smart Classrooms</td>
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<td>3</td>
<td>1</td>
<td>1</td>
<td>E, W</td>
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</tr>
<tr>
<td>Undergraduate Science Center Phase 2</td>
<td>30,000</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>E, W</td>
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</tr>
<tr>
<td>Non-Department Academic Programs (Center of Centers)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;More Graduates for Wisconsin Budget DIN&quot;</td>
<td>67,000</td>
<td>3</td>
<td></td>
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</tr>
</tbody>
</table>

If funded 5,274 HC incr (17%) by 2015; 8,276 (27%) by 2025

SubTotal | 216,640

Additional Space for Campus Life (5% of SubTotal) | 10,832

POSSIBLE LOCATIONS: C=Clinical Bldg. E=East Wing M=Medical Arts N=Nursing W=West Wing

Summary of Priorities:

1. Address current campus classroom shortage identified in recent Master Planning process
2. Provide classroom/office space for residential Honors College
3. Move School of Information Sciences (SOIS) to CSM pending approval of the school
4. Move undergraduate science teaching laboratories to the CSM site to create an Undergraduate Science Center.
5. Move the Department of Mathematical Sciences to CSM - most suitably in the Medical Arts building.
6. Move ESL instruction to CSM
7. Create contiguous space for Non Departmental Academic Programs (Center of Centers)

In general, these moves would not require extensive renovation of existing CSM space due to the preponderance of health related activities or housing needs as in the case of the Honors College.

Proposals:

a. Current classroom shortage

Specific issues relating to classroom facilities were raised in interviews and meetings with the UWM community during the recent Master Planning Process. Concerns were raised relative to the quantity and location of classrooms. In addition, classroom size, furnishings, and technology were all raised as issues of concern.
The overall lack of classrooms to accommodate 35 to 50 students was noted. This need has been amplified as overall University enrollments have grown. Apart from the size of classrooms, relative location was also noted as a problem.

b. **Classroom and office space for residential Honors College.** The Honors College and University Housing are highly enthusiastic regarding locating the Honors College program within a residence hall facility dedicated to Honors students. The offices and classroom currently utilized by the Honors College would provide needed expansion for the Department of Psychology.

   Occupancy: first priority as housing In the Columbia School of Nursing residence hall has already been occupied primarily by UWM students.

c. **School of Information Studies (SOIS)**

   Rationale: The School of Information Studies has experienced, and will continue to experience, considerable growth that requires expanded office and classroom space. Accommodating this expansion with Bolton has necessarily restricted spaces available to other departments housed in Bolton. The School may consider relocating to a more spacious area within CSM to meet its needs and to relieve crowded conditions experienced by all academic departments housed in Bolton Hall.

d. **Department of Mathematical Sciences**

   Rationale: The space occupied by the Department of Mathematical Sciences in the EMS building is not sufficient for current needs. Since the EMS building also houses the growing College of Engineering, no expansion space is available in EMS. Such a move offers the possibility of creating synergistic groupings of faculty and staff so affiliated areas, such a medical informatics and others, might be co-located with the Department of Mathematics.

   Fit: The fit with the space in Columbia Saint Mary's, in particular with the Medical Arts building, is excellent since this currently contains primarily office space

   Occupancy: The Department of Mathematical Sciences could move within a few months of the space being available.

e. **Undergraduate Science Teaching Laboratories** to create an Undergraduate Science Center.

   Rationale: The initial plans for CSM from 2004 excluded the location of laboratories in the CSM building since it was felt that the ceilings in much of the building were too low to accommodate the service required for modern research laboratories. However, current space limitations in the Science departments, notably Physics and Chemistry and Biochemistry, severely inhibit the possibility for future growth. This will require finding additional laboratory space. Undergraduate teaching laboratories, however, have much less stringent requirements for sophisticated service than do faculty research laboratories. This move will create expansion research laboratory space in the science department facilities which will require minimal remodeling.

   Additional advantages arise from potential synergies that would occur by co-locating laboratories for different disciplines. It was felt that such expansion would occur primarily for the science departments, since the pressure on undergraduate laboratories in engineering was less severe.

   Fit: This would be an excellent fit for the space since the requirements for undergraduate laboratories are less severe than for research laboratories and so will fit into the space available. Such an integrated Undergraduate Science Center would also be a powerful tool for helping to attract students to the natural science and engineering. It should be noted that the quality of the space in CSM should be higher than that
already occupied by the Departments of Chemistry and Biochemistry and of Physics otherwise it will be
difficult to convince these departments of the benefits of the move. It is therefore recommended that funds
also be made available for upgrading the undergraduate laboratory equipment as part of the overall costs.

Occupancy: A portion of the laboratories could be moved within the first year. However, it would be
necessary to ensure that the services were available (air extraction, gas supplies etc) for subsequent
retrofitting of the laboratories.

Program revenue potential: While locating teaching laboratories in CSM will not directly generate program
revenue, the additional space made available in the science departments will allow for expansion to
generate additional extramural funding

f. **English as a Second Language (ESL) instruction**

Currently, ESL instruction is poorly located because of classroom pressures from degree programs. While
not an excessive need, reserving a portion of CSM to house the program and needed classrooms would be
a great benefit to the program.

g. **Learning Center/Smart Classrooms**

The UWM Master Plan recommended establishing a teaching/learning center with model classrooms to
support especially first year instruction and learning. The Committee envisions a teaching/learning center
affiliated with a learning commons in keeping with the great success of the Daniel Soref Learning
Commons in the Golda Meir Library. Such a center would also provide a hub for student study and
gathering space.

h. **Non-departmental Academic Programs** - create a “Center of Related Centers”

Rationale: There are several centers located around campus, often in areas that were available spaces
years ago but that are now needed by the surrounding academic units. It is also possible that co-locating
centers could provide savings in administrative costs and space.

Occupancy: TBD

i. **More Graduates for Wisconsin Budget DIN**

Rationale: The Committee notes that the UW-System initiative to expand bachelor degree recipients would
entail substantial increases in enrollments, affecting space needs and utilizations across campus, including
CSM.
### III. Auxiliary Services

<table>
<thead>
<tr>
<th>UNIT</th>
<th>Current ASF</th>
<th>ASF Needed Per M Plan</th>
<th>Urgent Needs</th>
<th>Ease of Relocation Cost/Time</th>
<th>Opportunity to Back Fill</th>
<th>Generate Revenue</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Center (1st floor requires 50% of ASF)</td>
<td>25,000</td>
<td>35,000</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>C</td>
<td>C</td>
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<td>Honors House Residence (100 Beds flrs 2-4 Sch of Nurs)</td>
<td>18,500</td>
<td>12,500</td>
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<td>1</td>
<td>1</td>
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<td>Norris Health Center</td>
<td>8,000</td>
<td>12,500</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>C</td>
</tr>
<tr>
<td>Parking &amp; Transit Offices</td>
<td>TBD</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Lease to Outside Enterprises</td>
<td>TBD</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Restaurant Operations</td>
<td>NA</td>
<td>1,800</td>
<td>3</td>
<td>1</td>
<td>5</td>
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<td>UWM Union Conference operation</td>
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<td>1</td>
<td>1</td>
<td>1</td>
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<td>University &amp; Alternative Housing (p. 43 CMP Report)</td>
<td>189,000</td>
<td>189,000</td>
<td>3</td>
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<td>1</td>
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<td>E, W</td>
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<td><strong>SubTotal</strong></td>
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<tr>
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</table>

POSSIBLE LOCATIONS:  C=Clinical Bldg.  E=East Wing  M=Medical Arts  N=Nursing  W=West Wing

**Summary of priorities:**

1. Move the Child Care Center to CSM.
2. Honors College student housing, visiting faculty, conference attendees
3. Move the Norris Health Center to CSM (coincident with Health Sciences recommendation)
4. Parking & Transit Offices
5. Lease to outside enterprises
6. Provide restaurant operations as need/opportunity arises
7. Alternative housing as supported by Auxiliary/student Services workgroup

**Proposals:**

**a. Child Care Center**

Rationale: The requirements include: a 45-50,000 square foot facility with 14,000 square feet of first/ground floor access, 20-25,000 square feet of playground and drop spot for 49 cars at peak hours twice a day. The Children’s Center feels that they could benefit from a family housing complex if this idea was developed by Auxiliary Services

Occupancy: first priority to facilitate IRB construction

**b. Honors College Student Housing**

Rationale: University Housing indicates there is campus interest in the creation of an Honors College with a housing component.
c. **Norris Health Center**

Rationale: This would be a good fit as a great deal of space could be easily modified to meet their needs. Estimated need of approximately 20,000 square feet of space could centralize their current operations at CSM. Additional revenue may be possible in the future by providing expanded health care services to the campus and neighborhood communities.

Occupancy: first priority due to ease of fit

d. **Parking and Transit Offices.** Relocate from Union to make space available for student activities

Rationale: Proximity to major parking spaces. Rental revenue for use of space.

e. **Lease to non-UWM entities.**

Rationale: To develop revenue to be used to retire bonds issued for purchase

f. **Restaurant Operations**

Rationale: Restaurant Operations may have an interest in food service operations at CSM depending on what programs and services will be located at the Columbia St. Mary’s campus. If interested, Restaurant Operations would need approximately 2,000 square feet of space at a minimum for a Grind and/or a food operation similar to Enderis 120. The work group also discussed the possibility of leasing the current food outlets that exist in CSM to outside vendors for program revenue opportunities.
<table>
<thead>
<tr>
<th>UNIT</th>
<th>Current ASF</th>
<th>Needed ASF Per Master Plan</th>
<th>Urgent Needs</th>
<th>Ease of Relocation</th>
<th>Opportunity to Back Fill</th>
<th>Generate Revenue</th>
<th>Possible Location</th>
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<tbody>
<tr>
<td>Academic Opportunity Center</td>
<td>4,467</td>
<td>6,477</td>
<td>3</td>
<td>2</td>
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<td>4</td>
<td>E, W</td>
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<td>Career Center</td>
<td>3,885</td>
<td>5,633</td>
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<td>Cashier's office</td>
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<td>3</td>
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<td>Student Accessibility Center</td>
<td>3,800</td>
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<td>Women's/LGBT Centers</td>
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<td>2,993</td>
<td>3</td>
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</table>

POSSIBLE LOCATIONS: C=Clinical Bldg.  E=East Wing  M=Medical Arts  N=Nursing  W=West Wing

**Rationale:** The recently completed Campus Master Plan recommended combining one-stop student service programs with other student and academic services to form a larger “Main Street” concept, with high access programs on the ground floor and back office functions on the upper floors.

CSM offers opportunity to group significant number of student services in highly accessible facility that includes adjacent paring.
V. Support and Administration

<table>
<thead>
<tr>
<th>UNIT</th>
<th>Current ASF Needed ASF Per Master Plan</th>
<th>Urgent Needs</th>
<th>Ease of Relocation Cost/Time</th>
<th>Opportunity to Back Fill Generat e Revenu e</th>
<th>Possible Location</th>
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<tr>
<td>Special Storage for Collections</td>
<td>TBD</td>
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<td>Strategic Reserve  (Bolton Project requires 43,400)</td>
<td>0</td>
<td>68,000</td>
<td>1</td>
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<td>5 E, W</td>
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<tr>
<td>UITS</td>
<td>63,800</td>
<td>80,000</td>
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<td>2</td>
<td>1 4 E, M, W</td>
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<tr>
<td>Incubator and Consolidation Space</td>
<td>0</td>
<td>10,000</td>
<td>2</td>
<td>2</td>
<td>1 2 E, W</td>
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<tr>
<td>Alumni and Development</td>
<td>3,911</td>
<td>6,000</td>
<td>3</td>
<td>2</td>
<td>1 4 E, M, W</td>
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<td>Finance and Administrative Affairs</td>
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<td>24,000</td>
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<td>1 4 E, M, W</td>
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<td>Graduate School Operations</td>
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<td>1 4 E, M, W</td>
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<td>1 4 E, M, W</td>
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<td>2</td>
<td>1 4 E, M, W</td>
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<td>SubTotal</td>
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<td>11,535</td>
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</tbody>
</table>

POSSIBLE LOCATIONS:  C=Clinical Bldg.  E=East Wing  M=Medical Arts  N=Nursing  W=West Wing

Create Strategic Space Reserve

Rationale: The most urgent need is the surge space for the Bolton project, soon to be followed by surge space for Holton, Johnson, Merrill. The committee favors maintaining some space that's available for relocation, consolidation and other possible short term uses. Occupancy: first priority, good fit
F. **KEY OBSERVATIONS RESULTING FROM CSMC’S PLANNING PROCESS**

- CSM does NOT solve all UWM space needs - campus space needs exceed space available at CSM
- CSM is just one component for addressing space issues raised in recent Master Planning Process
- CSM fits in with discussions regarding Wauwatosa and Downtown sites
- Increased operational costs will be incurred by Campus to support CSM occupants
- Costs of locating some campus needs at CSM may be prohibitive
- Traditional Program Revenue as a source to fund CSM acquisition has diminished since 2005 HGA feasibility study
- The CSM site will be developed incrementally over 20 - 25 years

G. **RECOMMENDATIONS**

- UWM should develop a coherent and strong theme/concept to the strategic space needs that would be satisfied at CSM. It will be more powerful in the ongoing dialog and better received as a unified direction - it signals to others that we know priorities and have a plan to achieve them.
- UWM should capitalize on the strengths, expertise and passion of the CSM Planning group. The committee is in a unique position to shine a light on and reaffirm the strategic importance of CSM to campus access and research mission.
- UWM should be skillful and transparent about communicating cost estimates, time frames, etc. so they do not become distracting to core focus and create competition among initiatives that should be viewed as complementary.
- UWM should activate a “Building Sub Committee” through Physical Environment Committee to continue planning use of the Columbia St Mary’s facility. A Pre Design Committee/Forum should be considered with membership drawn from representatives of the following units. This group would logically continue the work of the current committee and refine the analysis begun in this document.
  - Child Care Center
  - Norris Health Center
  - Health Sciences
  - School of Public Health
  - Nursing
  - Mathematics
  - University Housing
  - School of Information Sciences
  - Graduate School
  - Honors College
  - Administrative Operations
  - Clinical Psychology
  - etc.
- UWM should look to the overall benefit that CSM offers to the campus and send a message of “coming together”. Reaffirming CSM as a key component in a series of important integrated physical development initiatives that embrace other aspects of the campus vision (ie: collaboration, partnering, entrepreneurship, etc.) It can be a model for future planning and decision making.
CSMPC Report prepared August, 2010

Committee members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kyle Duerstein</td>
<td>FAC</td>
<td>Student</td>
</tr>
<tr>
<td>Paul Florsheim</td>
<td>VC</td>
<td>Addiction &amp; Behav Res/HBSSW</td>
</tr>
<tr>
<td>Lee Ann Garrison*</td>
<td>FAC</td>
<td>Art and Design (APBC)</td>
</tr>
<tr>
<td>Jim Hill</td>
<td>VC</td>
<td>Student Affairs</td>
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<tr>
<td>Jon Lenichek</td>
<td>AS</td>
<td>Enrollment Services (ASC Rep)</td>
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<tr>
<td>Paul Lyman</td>
<td>FAC</td>
<td>Physics (PEC Rep)</td>
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<tr>
<td>Tim Patrick</td>
<td>FAC</td>
<td>Health Care Admin/CHS</td>
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<td>Laurie Petersen</td>
<td>DIR</td>
<td>Student Accessibility Center</td>
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<td>John Reisel</td>
<td>FAC</td>
<td>Mech Engr/EMS</td>
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<td>Travis Romero-Boeck</td>
<td>FAC</td>
<td>Student</td>
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<tr>
<td>Rachel Schiffman</td>
<td>Dean</td>
<td>Nursing</td>
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<tr>
<td>Richard Stockbridge</td>
<td>Co-Chair</td>
<td>Mathematical Sciences/EMS</td>
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<tr>
<td>LeRoy Stoner</td>
<td>Chair</td>
<td>Theatre/PSOA</td>
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<td>Rodney Swain</td>
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<td>W.T. Eddy Tysoe</td>
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<td>Chemistry/Biochemistry</td>
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<tr>
<td>Louisa Eastman</td>
<td>Staff</td>
<td>Secretary of the University Office</td>
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<tr>
<td>Chris Gluesing</td>
<td>Staff</td>
<td>Univ Architecture and Planning</td>
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<tr>
<td>Dennis Stecker</td>
<td>Staff</td>
<td>Space Management and Design</td>
</tr>
<tr>
<td>Ruth Williams</td>
<td>Staff</td>
<td>Provost's Office</td>
</tr>
</tbody>
</table>

* Replacement for Enrique Figueroa (APBC)
Appendix H  *Letters of Support*
October 26, 2010

Timothy Patrick, PhD  
Director of Programs  
School of Health Sciences  
University of Wisconsin--Milwaukee

Dear Dr. Patrick:

I am pleased to extend my full and enthusiastic support for planning and developing a Department of Health Informatics and Administration within the UW-Milwaukee College of Health Sciences. This Department will certainly respond to the statewide, national and international need to develop strong health informatics and administration programs. Recent initiatives on the state and national level have created an ideal opportunity for integrated informatics and administration programs to take a lead role in transforming health systems to lower costs and improve health outcomes.

This comes at an important time when the University of Wisconsin-Milwaukee is inaugurating its new School of Public Health. The critical role of informatics in public health has a long history and becomes even more important as increased international mobility brings new challenges to health systems worldwide. In addition, our traditional health care administration program can work collaboratively with the Public Health Administration and Policy Program within the School of Public Health.

The proposed new Department is clearly on the vanguard of health improvement efforts around the world and would be a strong and productive addition to the College of Health Sciences and the University. Please contact me if you need additional support.

Sincerely,

Ron A. Cisler, PhD  
Director, Center for Urban Population Health  
Associate Professor of Health Sciences,  
University of Wisconsin-Milwaukee  
Associate Professor of Population Health Sciences,  
University of Wisconsin School of Medicine and Public Health
Dear Dr. Patrick:

I offer this letter in support of the formation of a department comprised of Medical Informatics and Healthcare Administration (HIA), separate from Biomedical Sciences (BMS). As I assess the academic environment, Medical Informatics and Health Care Administration are sufficiently different from Biomedical Sciences to warrant unique departments for each. The proposal that you have presented is reasonable and will benefit all affected.

All majors and degree programs within the current Department of Health Sciences are in areas of high growth and interest. A department of Health Sciences, housing very disparate areas of expertise and degree programs no longer meets the needs of all stakeholders. Growth, particularly in eLearning curriculum, will likely require additional faculty and staff. A solid home department, focusing on the unique strengths and needs of each program, is a more attractive prospect to future colleagues than the current Department of Health Sciences.

It is essential that the expertise and curricular offerings for each degree program be easily identified and located, both internally and by individuals external to UW Milwaukee. Recent information from the UW System and UW Extension (Eduventures report Feb. 2010) revealed a lack of recognition of the expertise that the UWM College of Health Sciences possesses regarding Medical Informatics and Health Care Administration. This report fails to identify the existing undergraduate HCA undergraduate and Medical Informatics graduate program. It suggests that the area is wide open in Wisconsin and that perhaps UW Parkside could lead the development of an online Masters in Medical Informatics. Although there could be a number of reasons for such omissions, the difficulty in identifying programs within the Department of Health Sciences could certainly be significant.

As a member of the Biomedical Sciences program in the current Health Sciences Department, I trust that the administration of the College of Health Sciences will make adjustments to ensure the strength and viability of each new department. The number of graduates from each new department will remain strong and potentially increase with greater visibility and improved departmental organization towards student recruitment, advising and retention.

Sincerely,

Susan Stalewski, MLS, MBA
Clinical Associate Professor
Director eLearning, College of Health Sciences
November 3, 2010

Timothy Patrick, PhD
Director of Health Informatics and Administration
College of Health Sciences
University of Wisconsin—Milwaukee

Re: New Department of Health Informatics and Administration

Dear Dr. Patrick:

I am writing this letter to express my full support for the formation of the Department of Health Informatics and Administration within the College of Health Sciences. The proposal is a thoughtful review that will bring the new department into a national, if not international, level, taken into consideration of an environment which favors the growth of informatics for the last two decades. The new department, I believe, will be more visible not only to students but also to the health care industry, and the country as well. It will also meet the growing demand for training more health informatics professionals.

As health informatics plays an increasingly significant role at every level in the health care industry, I think the issue of visibility for the new department should not be overlooked. It will be impossible to achieve this goal if it continued to be a "program" housed within the Department of Health Sciences where it shares with Biomedical Science program. The industry for health informatics has grown substantially over the last decade and will continue to grow into the 21st century as it has been driven by the national health care policy as an instrument to control cost and improve quality of care. The Obama administration have emphasized the role of health informatics and formed policies to encourage, and even provide financial supports to health services organizations as well as physicians and therapists across the country for replacing hard copy medical records with digital medical systems.

By focusing on its strengths and expertise, the new department will be able to attract more students to its unique programs that integrate health informatics and health care administration, draw more private and public funding for its research center, and take leadership in transforming the health care industry. I am concerned that if this visibility is not realized, then other universities in Wisconsin will take leadership in developing their own Health Informatics and Administration Department, and our UWM College of Health Sciences will miss the opportunity to grow and serve the public with its full potential.
I wish to express my appreciation for taking time to develop such an important proposal. It is my pleasure to fully support it.

Sincerely,

Hanh Trinh, Ph.D.
Associate Professor
Dear Professor Patrick,

Thank you for the invitation to write this letter of support for your proposed Department of Health Informatics and Administration (HIA) located in the College of Health Sciences (CHS). The proposal (provided Oct, 2010) demonstrates a careful review of the opportunity, resources, and advantages of creating HIA. In addition, the proposal includes a cogent plan to structure and operate HIA. The initiative was founded on a series of discussions among the nine current faculty members who will make up the core faculty of the new Department and who supported the proposal (see appendix material for details).

The department is designed to leverage the strengths of the founding faculty, consolidate health informatics and administration courses and training activity, provide a stable academic home for the current student population and facilitate and expand faculty research efforts. In addition, the department is appropriately premised on the projection that the growth in new faculty, students, and academic programs will be best supported by a department structure. The proposal properly projects increased revenues based on anticipated demand will support future growth and related increased costs. In addition, the proposal accurately argues that faculty, students, courses and training activity is better supported by a department organization than a program plan. A key issue is the funding plan. As delineated in the proposal, the major revenue stream will be the very large number of undergraduate students and course activity in health administration and the potential growth of graduate students in health informatics. If the increase undergraduate and graduate student projections are realized the revenue increase will likely cover the increased costs in the department.

The demand for health informatics workers, managers and leadership is projected to grow dramatically in the coming years. This growth is not only driven by the inherent growth of the health care system but is also driven by the dramatic near term demand required to implement the nationwide initiative for electronic medical records. Health care legislation and related HHS initiatives in 2009 and 2010 have created more than $30 Billion in new electronic health record activity and projects. The drive to improve health care using electronic medical records and systems will increase as streamlined processes and medical support systems are used to improve the delivery of care while simultaneously reducing the overall costs. One anticipates that sophisticated health care informatics will play a substantial role in these improvements.
UWM’s various health related informatics programs are poised to play an important role in this growth and the proposed HIA department will both complement and strengthen these roles.

In conclusion, your proposal properly elucidates the evidence supporting the creation of the Department of Health Informatics and Administration. The Department will provide a more stable academic home for the large undergraduate population of Health Administration and for the current and potential graduate students in Health Informatics. The demand and timing for such a department coupled to related UWM strengths in health care related informatics complement each other. Finally, the new department will provide a dramatically more stable academic home for the health administration and informatics faculty.

It is my pleasure to support your proposal. Please do not hesitate to contact me if there is any further information or interaction that I can provide in support of your proposal.

Respectfully,

Peter J. Tonellato, Ph.D
UW-Milwaukee School of Public Health
Lapham Hall 225
P.O. Box 413
Milwaukee, WI 53201-0413