

CHAPTER 10

AUPHA and Evidence-Based Management

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INTRODUCTION

Evidence-based management is a process that enables better decision making through obtaining the best available evidence—scientific, organizational, or experiential—that demonstrates stakeholder impact. This is a method for making decisions via the conscientious, explicit, and judicious use of the best available evidence from multiple sources. The steps involved include the following:

- ◆ Translating a practical problem into an answerable question
- ◆ Systematically searching for and retrieving the evidence
- ◆ Critically judging the evidence's trustworthiness and relevance
- ◆ Weighing and pulling together the evidence
- ◆ Incorporating the evidence into the decision-making process
- ◆ Evaluating the outcome of any decision that is made

Evidence-based management involves applying evidence-based practice to management. The idea of applying evidence-based practice occurs in other healthcare fields as well, such as medicine, nursing, and dentistry. It also applies in other sectors, such as policing and transportation. In general, evidence-based practice leads to increased use of metrics, stronger performance measurement, greater transparency surrounding results, and more focused accountability for performance.

This chapter explores the Association of University Programs in Health Administration's (AUPHA's) relationship with evidence-based management both now and in the future.

AUPHA'S EVIDENCE-BASED MANAGEMENT WORK TO DATE

One of AUPHA's first forays into the concept of evidence-based management was led by Anthony R. Kovner, PhD, Professor Emeritus at the Wagner School of Public Service at New York University (NYU), and Lydia Middleton (Reed), then President and CEO of AUPHA.

Middleton engaged Quint Studer, then President of Studer Group, and together with co-editors David Fine, then CEO of St. Luke's Episcopal Health System in Houston, and Richard D'Aquila, Chief Operating Officer at Yale New Haven Hospital, the group co-edited *Evidence-Based Management in Healthcare*, first edition, published by Health Administration Press and AUPHA in 2009 (Kovner, Fine, & D'Aquila, 2009). In the book, the authors argued that just as getting clinical decisions right requires wide-scale application of evidence-based medicine principles, successful implementation of evidence-based medicine requires the support of evidence-based management.

Kovner and Middleton, among others, suggested that evidence-based management would be a good theme for the 2012 AUPHA Annual Meeting in Monterey, California. They organized a panel of speakers on the theme, including Tom Rundall from the University of California, San Francisco; Eric Barends, Executive Director of the Center for Evidence-Based Management; Lynn McVey, a New Jersey hospital administrator; and Kovner. At roughly the same time, an annual meeting was being held in San Francisco for the governing board of the Center for Evidence-Based Management, led by Professor Denise Rousseau of Carnegie Mellon University. Professor Rousseau participated in the AUPHA discussions as well.

AUPHA gave visibility to evidence-based management at an important time in its development. Program faculty became much more familiar with the topic than they would have been otherwise. Certain programs, such as the program at the University of Alabama at Birmingham under Bob Hernandez's leadership, soon integrated evidence-based management into their educational programs, with a particular emphasis at the PhD level. Others, such as Rush University, with its focus on integrating management with management education, used and taught evidence-based principles in its teaching and research. Andy Garman led this effort.

A second edition of the evidence-based management book was recently released. Kovner co-edited this manuscript with NYU Professor Tom D'Aunno. This edition is titled *Evidence-Based Management in Healthcare: Principles, Cases, and Perspectives* and was published by AUPHA and Health Administration Press in 2017 (Kovner & D'Aunno, 2017). Many of the authors wrote chapters for the first edition and participated in the 2013 Annual Meeting in Monterey. Additional authors and co-authors are from AUPHA program faculty or former faculty. These include the following:

- ◆ Tom D'Aunno, John Billings, and John Donnellan of NYU
- ◆ Andy Garman, Tricia Johnson, Chien-Ching Li, Shital Shah, and Peter Butler of Rush
- ◆ Kyle Grazier and John Griffith of the University of Michigan
- ◆ Joanne McGlown, Steve O'Connor, and Richard Shewchuk of the University of Alabama at Birmingham
- ◆ Larry Prybil of the University of Kentucky
- ◆ Tom Rundall of the University of California, Berkeley

Case Example of NYU Wagner

In Spring 2016 and Spring 2017, Eric Barends taught a seven-week course in evidence-based management at NYU Wagner. The syllabus is available in the Instructor's Manual for *Evidence-Based Management in Healthcare: Principles, Cases, and Perspectives*. Evidence-based management has been a central theme in the capstone courses taught for many years at NYU Wagner by Anthony Kovner and John Donnellan.

In 2016, Dean Glied and Kovner conceived a two-year program for NYU Wagner to enhance its faculty's capability to teach and do research using evidence-based practice. The two were successful in raising funds (\$150,000), and the program was launched in September 2017.

Conversations about the program have centered on developing student skills and improving the delivery of critical learning outcomes. Themes include the following:

- ◆ Critical thinking (and suspicions of "facts")
- ◆ Conceptualizing data, which requires numerical fluency and intuitions about data
- ◆ Basic and intuitive understanding of probabilities
- ◆ The added value of qualitative research
- ◆ Improving capacity to learn by doing and in partnership with others
- ◆ Evaluating evidence quality from all information sources (sniffing out bad science)
- ◆ Recognizing cognitive biases
- ◆ Acknowledging that scientific evidence is relevant to management practice
- ◆ Appraising learning outcomes of all the above

(continued)

Kovner and Glied discussed a modular approach to enriching the curriculum, suggesting a toolkit version of Eric Barends's existing course with online elements and material that faculty can integrate in other courses. The university is moving ahead with a group randomized trial to evaluate the effect of evidence-based management training on capstone course performance. A first trial could measure the effect a short course about searching for peer-reviewed research might have on the quality of the literature review students conduct in the two-semester capstone course. This first trial would involve two experimental training conditions, face-to-face and online delivery, and a control.

NYU Wagner has recruited Denise Rousseau, Professor of Management at Carnegie Mellon, and Eric Barends to lead the program, spend two months a year for two years with faculty and students in New York City, and develop a research study relating skills in evidence-based management to skills required on the job.

As of early 2018, evidence-based practice is still a work in progress under the leadership of Denise Rousseau and Eric Barends, as is its usefulness and relevance for AUPHA faculty and students. The university is hopeful that results of the research and the experience will be shared with the AUPHA membership at a future annual meeting and in the *AUPHA Journal of Health Administration Education*.

THE NEXT STEPS FOR EVIDENCE-BASED MANAGEMENT

The theories and practice surrounding evidence-based management are still evolving. As such, AUPHA must remain flexible in how it approaches and incorporates this methodology. Here are some questions the association must consider in planning for the future:

- ◆ How can we influence faculty to more fully apply evidence-based practice in their teaching and research?
- ◆ Where does evidence-based management fit in the Commission on Accreditation of Healthcare Management Education–approved curriculum?
- ◆ How can we make a stronger evidence-based case for evidence-based practice?

Although this author does not presume to have the answers to these questions, they are still worth raising. AUPHA and its member programs face a challenging environment, given that U.S. healthcare costs much more than healthcare in other countries and produces no better results. Similarly, healthcare managers in the United States are more highly paid than those in other countries, and there are

more of them as a percentage of the healthcare workforce. Waste is estimated at 30 percent of U.S. healthcare expenditures—much of it spent on billing and collecting for health services in payment systems, which are much more complex than need be, judging from the experience of other countries.

Proponents of evidence-based management hold that managers can make better decisions based on the highest quality evidence available, and that they can be trained to learn and practice a better decision-making process in response to sets of answerable questions, following the steps of the evidence-based management process.

Faculty Use of Evidence-Based Practice

One question that arises when considering how evidence-based practice applies to health administration education is whether students could learn more or better with the aid of evidence-based practice. In this author's experience, there is a lot of benefit in faculty working to define, assess, and respond to performance expectations. Ways to do this include the following:

- ◆ Contracting with healthcare organizations as sponsors and having the organizations present to bid contracts to the capstone class
- ◆ Spending most of the first semester of a two-semester course negotiating a contract of work with answerable questions for the client
- ◆ Reviewing the four sources of evidence—scientific literature, organizational evidence, experiential evidence, and stakeholder concerns
- ◆ Pursuing objective measurement through the process
- ◆ Holding student teams accountable for results relative to the contract objectives

The method of inquiry is emphasized in the student engagement rather than program recommendations.

Faculty can examine whether their own practices follow an evidence-based practice process. A good place to start is to focus on student assignments. One possible evidence-based assignment students could complete is assessing their own current skills and objectives in relation to the job they want to pursue after graduation. Students can then be asked to posit the skills and experience needed to get the desired job and draw up a plan for reaching the goal and overcoming constraints to implement the plan.

A faculty member should also consider whether he or she follows the steps of the evidence-based management process in designing the course syllabus and in measuring learning results, both in the classroom and after the student graduates and is on the job.

Evidence-Based Management and Required Program Curriculum

Evidence-based practice should be part of the required curriculum in all health administration programs. Students should be taught how to make decisions through the conscientious, explicit, and judicious use of the best available evidence from multiple sources. The process includes the steps of asking, acquiring, appraising, aggregating, applying, and assessing.

Teaching skills for better decision making can be implemented in three ways:

1. Add a full or half (seven-week) course in evidence-based practice.
2. Substitute the evidence-based practice course for sessions in the required organizational behavior course or in the health administration course.
3. Organize evidence-based sessions into one- to three-session modules, which can be substituted for existing sessions in these courses.

An Evidence-Based Argument for Evidence-Based Practice

Recently, an entire issue of *Health Affairs* (March 2017) was devoted to delivery system innovation where processes similar to evidence-based practice can be applied to launching and evaluating delivery system innovation. Vaida (2017) concluded, concerning new payment models tying dollars to better patient outcomes for super-utilizers of care, that

all of the models involve expanding a patient's care from a single provider to an integrated health team. . . that includes access to behavioral health and social services such as food, housing and transportation. Often the care team will then follow up with patients repeatedly to make sure they get the care they need. (p. 394)

Vaida implies that evidence-based practice or some similar process can help show which of the promising strategies under what circumstances are most effective, in this case, for addressing super-utilizers.

Evidence-based management already drives improved organizational performance. Some major healthcare organizations, such as Kaiser Permanente and Geisinger, use evidence from operations to respond to answerable questions and stimulate management innovations. Evidence-based practice has grown in medicine and nursing. It leads to the increasing use of metrics in healthcare, measuring performance, increasing transparency of results, and providing more focused accountability for

performance. The NYU Wagner current demonstration in evidence-based practice shows promise of moving in this direction.

CONCLUSION

AUPHA has played a leadership role in introducing evidence-based management to its member programs. Going forward, evidence-based practice could well be a brand for AUPHA programs, especially those that are accredited. The evidence-based framework can be applied to AUPHA as an organization as well. How are healthcare managers in the United States being educated, and how should they be? What should be the role of AUPHA and its programs in their education? This question should be systematically reviewed and addressed.

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