

BENCHMARKING FOR GRADUATE HEALTHCARE MANAGEMENT EDUCATION PROGRAMS: **PERSPECTIVES FROM THE FIELD**

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Commission on Accreditation
of Healthcare Management Education

FORWARD



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Benchmarking provides organizational leaders with an external standard against which to measure the organization’s own internal or external outcomes, often with the goal of finding ways to improve organizational performance. The modern age of benchmarking as a common business practice traces to the Xerox Corporation in the 1970s. The practice spread quickly throughout the for-profit corporate world. In healthcare, the American Hospital Association was an innovator, taking its 1970s-era Cost Allocation Program (created to support cost reporting) and partnering with the Kellogg Foundation to allow hospitals to compare costs and productivity. Today, benchmarking in hospitals and health systems is a standard business practice.

Benchmarking has been increasingly adopted within the field of education. Parents assess program performance to help select the best schools for their children. Publications and websites evaluate and rank programs and schools. Regulatory and government agencies continually monitor performance and typically push that data to the public. Proposals in the 2019 Higher Education Act stress the need for benchmarking based upon student results and success. The Council for Higher Education Accreditation (CHEA) now requires accreditors to make public program performance data.

While ranking algorithms are often subject to debate, programs that modify their practices to achieve higher ranking scores often see an increase in overall performance and reputation. Increasingly, ranking algorithms account for both hard data as well as “softer” reputational data. The widely popular *US News & World Report* ranking of top programs has not ruled out increasing the use of more hard data in its predominantly reputation-based ranking tool.

Most organizations have done some form of internal benchmarking, comparing themselves to other programs in the same university, or comparing themselves against historical performance. However, the largest benefit can occur when programs compare their performance holistically to other programs. This approach can be uncomfortable or met with internal skepticism, as many programs overemphasize the unique characteristics of their student body, or geography, or history, to justify differences with other programs. Good benchmarking practice accommodates for these differences and creates a more level playing field that makes program comparisons meaningful.

Leading programs have found that benchmarking helps overcome resistance to change, provides a structure for external evaluation, and creates new networks of communication between schools where valuable information and experiences can be shared. This white paper shares four case studies and also provides examples of benchmark data drawn from the CAHME Enhanced Benchmarking tool, as well as from the Peregrine Academic Services proprietary benchmarking tool.

The mission of CAHME is to advance the quality of graduate healthcare management education. We believe benchmarking can encourage common advancement of the healthcare industry. Programs performing well in the arena of graduate healthcare management education can contribute to the common advancement of graduate programs overall. The goal is to not just make one program better, but to make every program better.

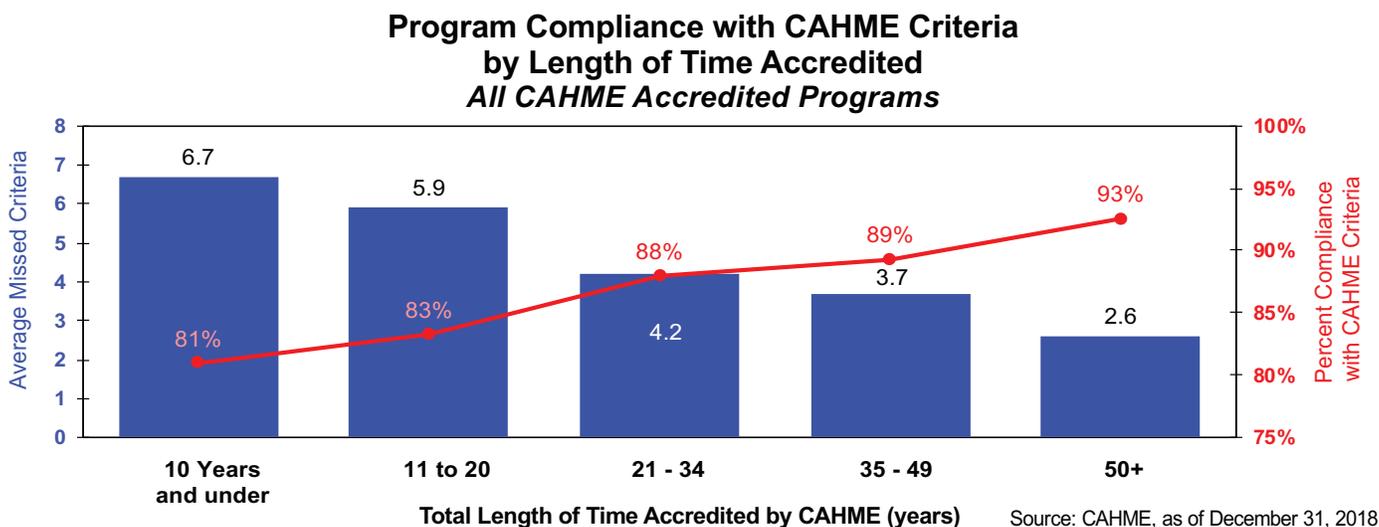
WHY BENCHMARKING

Comparative analysis has been a useful tool in healthcare for many years. Depending on the objectives of programs in healthcare management, we identify four important areas for benchmarking:

1. Accreditation Performance: Overall accreditation performance metrics can focus on areas such as missed criteria, percentage criteria compliance, expense and revenue categories (such as for different employee or program classifications, and broad student placement and/or salary outcomes.

For example, the chart below shows how programs that have been accredited longer have fewer missed criteria during site visits. Benchmarking can help accelerate better performance for newer programs.

Accreditation Performance: How Well Did You Perform When Accredited?



2. Student Learning Outcomes: Learning outcomes assessment and benchmarking at the program level requires the use of a standardized assessment instrument in which student results are compared against an external aggregate pool that includes peer-level schools. If students are assessed at the start of the academic program and similarly assessed at the end of the program, the results can be used to benchmark knowledge gain. For example, Peregrine Academic Services offers a Response Distractors report that allows school officials to benchmark both knowledge and critical thinking learning results. The instrument used for the assessment should be aligned directly with the program’s learning outcomes. Similar instrumentation is used with other programs for direct comparison and benchmarking.

Another example is shown on the chart below which examines median salaries of graduates.

Student Learning Outcomes: What Do Student Outcomes Look Like?

CAHME Accredited Programs Reporting 2016 -18

Program	Average of Program-Reported Median Salaries			
	Job Salary		Fellowship Salary	
	2016-17	2017-18	2016-17	2017-18
MHA	\$66,017 n = 41	\$67,873 n = 39	\$56,239 n = 25	\$55,565 n = 30
MBA	\$78,500 n = 8	\$70,000 n = 5	\$54,563 n = 4	\$63,000 n = 3
MPH	\$66,428 n = 7	\$75,537 n = 7	\$55,000 n = 4	\$68,675 n = 4

Source: CAHME Enhanced Benchmarking based on 2016-17 and 2017-18 Data





3. Decision Support: The ability to compare your inputs (such as cost and productivity) and outcomes (such as student performance) trended over time and analyzed based on “actual to expected” percentiles within a comparative group. The group is often customized and defined based on volumes, similar types of students, or other factors. These data allow programs to challenge or confirm budget decisions and have the information to assess whether your resources are appropriate to the functions provided in a department. Finally, the ability to share data allows programs a side-by-side comparison with peers.

4. Recruitment Performance: Leading programs track and evaluate how successful they are in recruiting the students. Can the program be selective in picking its students, and how does this compare to other similar programs? How well do programs succeed in recruiting top tier students, executives, diverse students? How many students turn down programs offers? CAHME has made available measures not just in our benchmarking tool but also on our public website as required by the Council Higher Education Accreditation.

CAHME partnered in this White Paper with Peregrine Academic Services which has a long history of benchmarking in academia to show how academic programs use Peregrine tools to benchmark and to improve their performance. Peregrine Academic Services promotes quality in higher education using the organization’s programmatic assessment services. On its website, CAHME now offers public access to program data. And while these data are very useful, CAHME also provides its accredited programs access to **Enhanced Benchmarking data** that is more robust and can provide deeper insight for programs. Participation in CAHME Enhanced Benchmarking is a requirement for all newly-accredited programs since July 2018.

Essential measures to review:

- **Applications Received.**
- **Applicants offered admission.**
- **Applicants enrolled.**
- **Acceptance Rate: number of students offered acceptance divided by number of applications received,**
- **Yield: number of students enrolled divided by number of students offered acceptance,**
- **Enrollment rate: number of students enrolled divided by the number of applications,**
- **On time class graduation. Completion rate in the normal time expected for this graduating class.**
- **Median entering class scores. These could be average scores on standardized tests, or even as simple as comparing does a program require these scores.**

FOUR PERSPECTIVES IN BENCHMARKING FROM THE FIELD

Leading organizations realize that benchmarking is a long-term practice. While a program's first benchmarking effort can prove eye-opening, its real value becomes clear over time because it helps the program see where and how improvements are driving quality or outcomes. And, like any management practice, it becomes easier over time as the program and its managers become more adept at gathering and interpreting data and implementing changes in how the program operates. These case studies are supplemented with examples of summary data from CAHME's Enhanced Benchmarking tool and also from Peregrine Academic Services.

University of Scranton, Master of Health Administration: Benchmarking Accreditation Performance



THE UNIVERSITY OF
SCRANTON
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The University of Scranton's Graduate Program in Health Administration was established in 1987. It has grown steadily and has graduated alumni who work in a wide range of positions and organizations. The program is designed to:

1. Prepare individuals to enter healthcare management and leadership positions;
2. Enhance the performance of individuals employed in healthcare management and leadership positions, but who need additional academic training and credentials; and
3. Prepare individuals to advance in a variety of healthcare staff and senior management positions.

Scranton takes a systematic approach to ensure student attainment of competencies. When CAHME shifted to its current competency-based criteria in 2013, programs were challenged to ensure ongoing student performance and attainment of competencies. In addition to adopting program specific-competencies, the MHA program faculty at Scranton used benchmark data and other program specific data to drive skill development and professional behavior.



Program Leadership compares the common or most frequent “partially” and “not met” criteria and places special emphasis on those areas to ensure attainment of competencies. Scranton program faculty reviews available benchmark data to vet both curriculum and non-curriculum activities from other programs with recognized strengths and employ some of these best practices in our program. In addition to benchmark data, MHA program leadership discuss information available through CAHME with other program directors to discuss structure and process. The results showed that many programs needed to further improve on how preparation and assessment of student competency is needed to ensure students are ready for applied fieldwork and employment.

To promote overall professional success and enhance the behavioral skill sets necessary for productive and positive professional relationships, Scranton’s program leadership developed a new program for MHA students called Fit-for-the-Profession. The purpose of the program is to provide a faculty-based, interdisciplinary approach to developing and enhancing our students behavioral and professional “soft skills” through a select series of extracurricular activities and other professional interactions. This additional professional exposure, and the redundancy provided by various non-classroom-based activities, will better prepare students for an active workplace environment, and better meet the needs and expectations of future employers and all those our students encounter on a professional level.

At the onset of Fall 2018 all incoming first year students in the MHA program were assigned to a three-person faculty team that includes their academic adviser, executive-in-residence career advisor, and residency fieldwork advisor. Together with the student, this interdisciplinary group serves as a professional advisory team for each student’s unique needs in respect to coursework selection, career advising/monitoring and internship/residency fieldwork placement. Collectively, with the student, these “Fit-for-the-Profession Advising Teams” serve as the primary contacts responsible for multifaceted, non-classroom based professional development.



Texas State University: Benchmarking Student Learning Outcomes



TEXAS STATE
UNIVERSITY

The rising STAR of Texas

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Texas State University uses a programmatic assessment service provided by Peregrine Academic Services as its exit exam for our Master of Healthcare Administration program. The resulting statistics from the assessment services are invaluable for our benchmarking and programmatic analysis. The exit exam, which includes 23 healthcare administration topics, is administered to students just prior to graduation. A similar exam is administered to students for pre-enrollment in the master's degree program.

One exit exam showed a sharp deficiency in communication skills, and it mirrored feedback from our preceptors about some graduates. It was raised to the attention of the faculty who initiated a Kaizen (rapid-improvement event) prior to the start of our next semester. Communication skills were enhanced in most courses in the program. Our scores are significantly better in this area, and we look forward to the next round of feedback from our preceptors to validate the improvement.



Our first exit exam using Peregrine's assessment service was fall of 2017. It showed that our recent graduates were weak in communication skills, and the benchmarking of our program to other programs that also use Peregrine's assessment service for healthcare administration programs showed a significant shortfall of 10% below their average. We felt this called for immediate action.

The faculty pulled together an ad-hoc Curriculum Committee to identify courses to improve this valuable competency. They asked the professors in 10/15 (66%) courses to enhance both teaching and assessment of communication skills. Professors added new and more frequent deliverables such as oral debates, article critiques, policy briefs, executive summaries, glossary presentations, and impromptu mock board presentations.



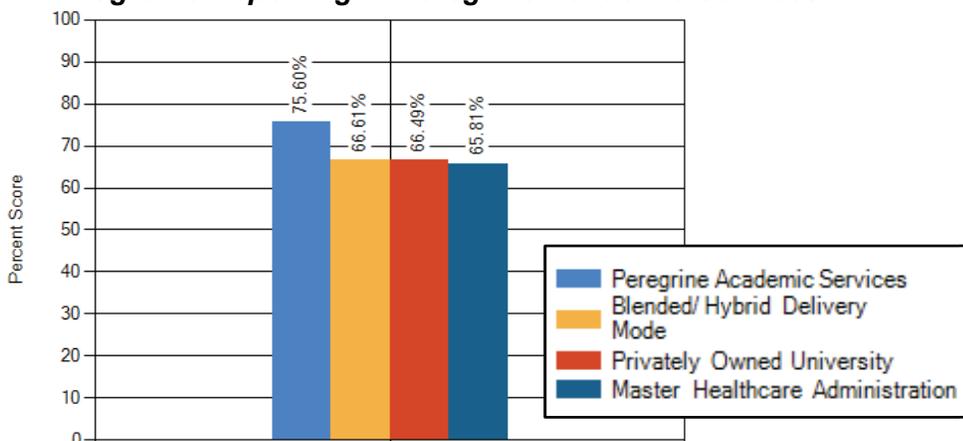
Professors provided formal coaching on presentations to include eye-to-eye contact, poise, projecting confidence and presence. They also coached on technical aspects of presentations, such as using proper fonts, color-contrast, images, and appropriate language on slides. The faculty have included more instruction and modeling on emotional intelligence skills in the initial program orientation, courses, and field placement preparation and experience. One professor added a book on soft skill to his course curriculum.

The effects of these improvements were remarkable, when measured on the next set of students to take the exit exam. Results of our program showed a 17% increase over the rest of the programs using Peregrine’s assessment services and a 30% improvement from the prior semester. The number of students taking the exam, their GPAs, and performance on the comprehensive essay were comparable to the previous term. This group of students is now finishing their residency, so we will find out if preceptor assessment of their communication skills confirms our exit exam scores.

Student Learning Outcomes: Compare Student Learning Outcomes.

We have been pleased with the assessment capability, benchmarking, and other metrics that Peregrine Academic Services provides our program. We will continue to monitor performance on exams and enable scores to help us make improvements. This additional capability supplements our efforts at continuous process improvement of our curriculum and supports our commitment to our students, residents, preceptors and our stakeholders at future places of employment.

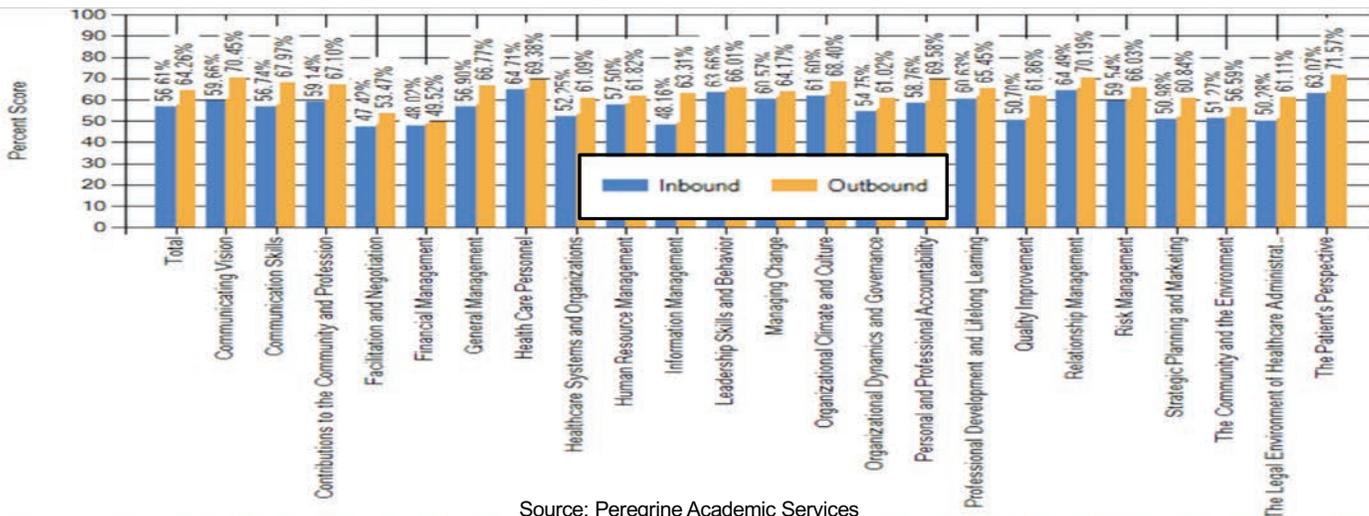
**Summary Composite Output/Exit Exam Results
Programs Reporting in Peregrine Academic Services**



Source: Peregrine Academic Services

Student Learning Outcomes: Compare Student Learning Outcomes.

Programs Reporting in Peregrine Academic Services



Source: Peregrine Academic Services

University of the Incarnate Word: Benchmarking for Decision Support



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The University of the Incarnate Word (UIW) Masters in Health Administration program was founded in 2009 and extends the mission of the first Sisters of the Charity of the Incarnate Word. The UIW MHA program is a 21 month, 45-hour program designed for those seeking early-career management positions within the healthcare industry. It is ideal for those currently in the workforce as the courses are offered in the evenings. Built upon a foundation of 23 competencies critical to the managerial success of healthcare administration professionals, the UIW MHA provides students with a health systems perspective built upon an understanding of health and disease, as well as the economic and social factors that influence the industry. In addition, students are provided a wide range of opportunities to gain real world healthcare experience.

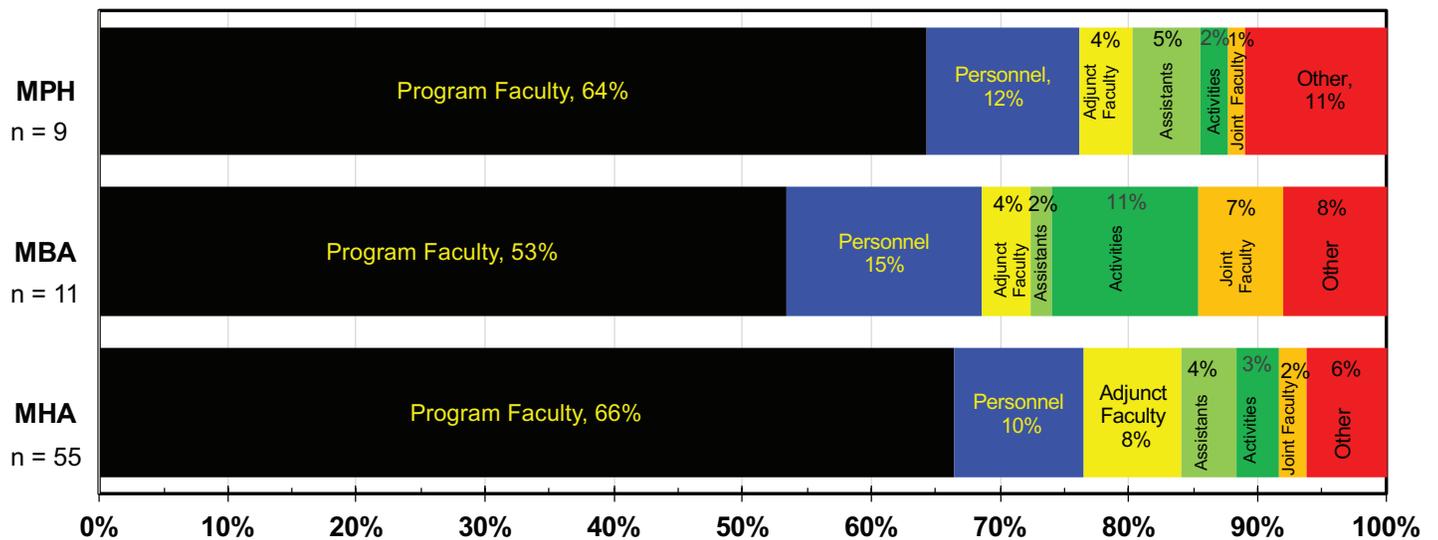
UIW implemented a simple but powerful tool (benchmarking a practice of the Penn State MHA program) to decrease variation in the student advising process. Penn State employs a one-sheet advising checklist that delineates the advising schedule (e.g., one session per semester) and check-boxes for advising content (such as academic performance, competency development, elective selection, etc.). UIW's implementation of this practice has helped to standardize the timing and content of advising sessions. The form has also made documentation of student advising easier. Faculty simply fill in the date of the advising session, check off the advising content that they covered, and enter a few notes.

UIW also benchmarked a best practice for documenting and assessing competency assessment used by the Army-Baylor MHA-MBA program. The Competency Assessment Timeline, prepared on a single Microsoft PowerPoint slide, simply annotates the points of competency assessment in a typical academic cycle. For example, a program may have a self-assessment at the beginning and middle and end of their program along with a comprehensive oral board at the end of the program. Using the timeline UIW identified a gap in faculty-led assessments in the middle of the program. Based on this information, UIW instituted mock interviews as a method of assessing student competencies at the program's midpoint.

For UIW, CAHME's Enhanced Benchmarking tool provides important benefits through granting access to both publicly reported data, as well as sharing self-study documents. Program administrators can search for potential solutions in areas in which their program may be struggling, then review and adopt new methodologies and tools. Faculty can also share their strengths with other programs. In conclusion, CAHME's Enhanced Benchmarking can serve as an important tool in a program's continuous improvement journey.

Decision Support: Where Are My Resources Allocated?

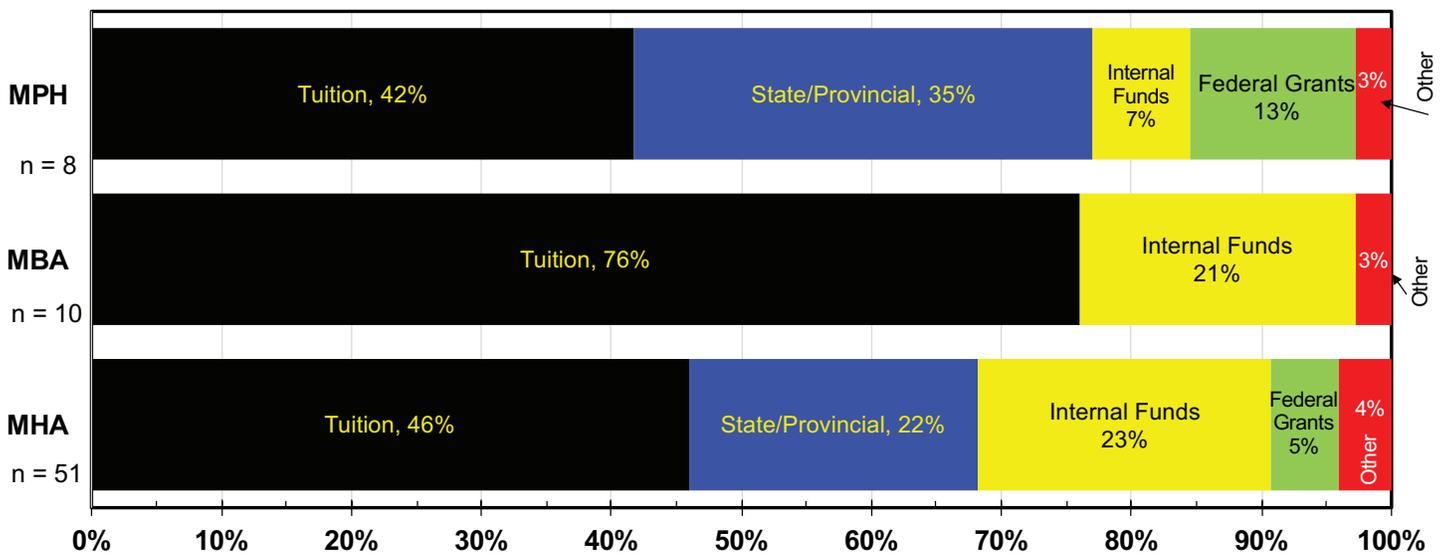
Percent of Program Expenses by Major Expense Category
CAHME Accredited Programs Reporting 2017-18



Source: CAHME Enhanced Benchmarking Based on 2017-18 Data

Decision Support: Where Does Our Revenue Come From?

Percent of Program Revenue by Major Revenue Category
CAHME Accredited Programs Reporting 2017-18



Source: CAHME Enhanced Benchmarking Based on 2017-18 Data

Seton Hall University: Benchmarking to Improve Recruitment Performance



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The Master of Healthcare Administration (MHA) at Seton Hall University offers a 42-credit degree both on-campus and an online/hybrid format. The program averages 120-150 students yearly and serves early and mid-career students from very diverse academic and experiential backgrounds. The SHU-MHA requires all 18 courses with students selecting one of four Capstone Options (Internship, Research Seminar, Practicum, and Capstone Project). The Program also requires online students to complete three, 3-day intensive residencies at the beginning, middle, and end of the two-year program.



Recruitment Performance How Well Did We Do In Recruiting?

CAHME Accredited Programs Reporting 2015 - 18

	2015-16	2016-17	2017-18
Average Number of Applications	114	110	90
Average Applicants Offered Admission	59	58	56
Average Applicants Enrolling	37	39	31
Acceptance Rate	52%	53%	62%
Yield	63%	67%	55%
Enrollment Rate	33%	36%	34%

Source: CAHME Enhanced Benchmarking Based on 2015-18 Data

Two critical issues for the SHU-MHA Program are Recruitment and Placement Performance. The SHU-MHA competitive environment includes both internal (MBA, MPA - accredited programs) and many CAHME accredited external competitors also located within the tristate region. Like many higher education programs, increasing tuition costs can create admission and retention pressure on students. With CAHME's recent modification of accreditation deleting the 120 face-to-face learning requirements, the Program faces an additional concern with demonstrating the importance of the hybrid experience to applicants. Previous internal assessments indicated SHU-MHA applicants consistently apply to only SHU and one other program. The Program also recognized a need for a benchmark for student placements. The primary challenge became the need to develop a value-added proposition for the SHU-MHA program that encourages accepted students to matriculate into the program and to increase the number of current applications given the highly competitive external market and internal pressures for tuition increases.

These two issues are indicative of the program efforts and processes across the spectrum of entry and exit from the MHA program in attracting a mission-appropriate student body and developing essential MHA competencies that enable placement of students.

For this case study, the primary analysis relied on Annual Review data and focused on recruitment and placement data from SHU and its comparative cohort. Since comparative data on cohort programs was not available beyond 2014, the remainder of this analysis focused on data for 2016 and 2017 for the SHU-MHA program.



The Recruitment and Placement analysis confirmed opportunities for improvement in both areas. The number of students offered admission declined in 2017 as did the number of students enrolled. However, the percentage of graduates who reported their placement salary and number of graduates did increase from the previous year. In both cases this suggests a minor uptick in both admission and retention. The comparison data also suggested the SHU-MHA program fell behind one peer program for reporting placement salary and above the rest of the cohort. These benchmarks provide targets for focused efforts and stable metrics to assess over time.

The SHU-MHA relied on three distinct Advisory Boards (On-campus Alumni, Online Alumni and executive level Advisory Board Council) for industry direction, critique and student engagement. During the annual fall meetings, the MHA Faculty Assessment Coordinator presented a brief PowerPoint presentation to each group using the data derived from this analysis. All advisory board members participated in discussions and developed recommendations based on the presentation.

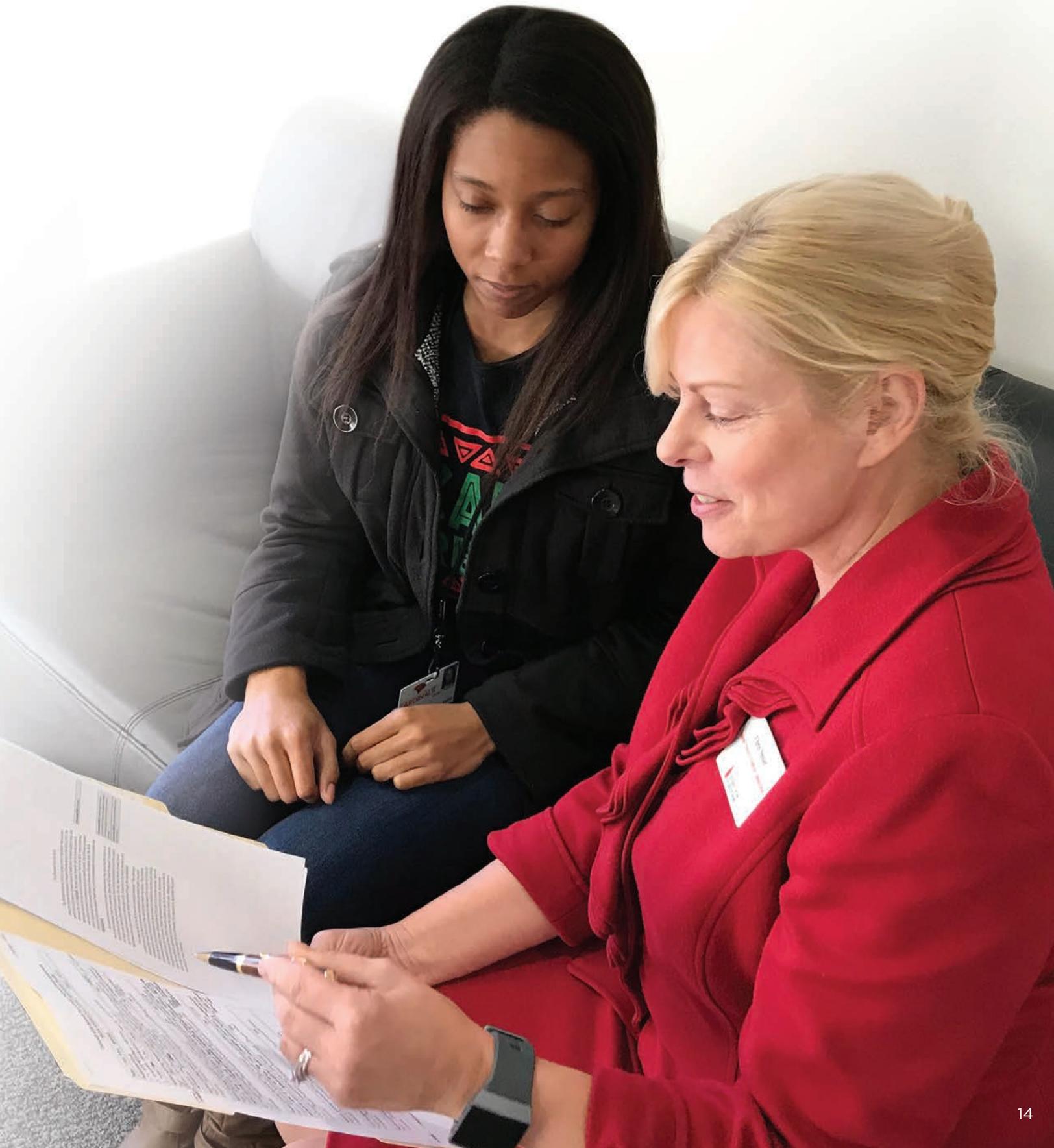
Based on this benchmarking and input from the SHU-MHA advisory boards, the programs implemented several improvements in the process of recruitment and placement including:

- Moving away from a multi-stream, multi-platform (Banner, Kronos, and Salesforce) client interface for applicants to a single stream, consolidated, and dynamic client interface using Slate. Slate is completely integrated and provides for live interactions at all stages of the application and admission decision process to applicants as well as SHU personnel. All applicants for Spring 2019 and beyond will be using Slate.
- Institutionalizing the use of user-friendly Qualtrics surveys for graduate students to collect information on graduate placement and salary information. Qualtrics has smoothed the survey taking process and since it is platform-agnostic it can be completed as easily on a variety of laptops, tablets, and smartphones. The SHU-MHA program introduced the use of Qualtrics in 2017.

Based on inputs from the three Advisory Boards, the SHU-MHA Program developed a list of action items for the upcoming year to further strengthen our recruitment and placement efforts. These include:

1. Research competitor programs with BS in Health Management feeder programs.
2. Explore rationale for tuition payment option through payroll deduction for Bursar.
3. Review feasibility of introducing hybrid on-campus models that include some classes at hospital site and others on campus/online.
4. Refine marketing plan and website limitations with PR to increase program placement, outcomes and student testimonials.
5. Participate in next NAHSC case competition given local support
6. Leverage Global Health certificate to interest students in international health practicums.
7. Increase visibility via collaborative marketing with new School of Medicine and new location in Interprofessional Health Sciences campus.

Plans also include the development of an Excel-based Retention and Placement dashboard as well as detailed analysis given the opportunities to compare with a selected list of peer competitors. The Expanded Benchmarking tool enables Programs to move beyond macro comparisons to segment program metrics and refine comparisons that detail those dashboard elements, which truly reflect a program's mission and goals.



CONCLUSION



PEREGRINE
— ACADEMIC SERVICES —

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W. Edwards Deming, considered by most authorities as the grandfather of modern continuous quality improvement programs, once said “You can’t manage what you don’t measure.” If we are to continuously improve the quality of our healthcare management programs, as our stakeholders regularly demand, we must adopt rigorous and deliberate approaches to measurement.

Simply measuring outcomes is, however, largely inadequate for success in higher education. Measurement must be performed in the context of benchmarking to establish relevancy of the results. It is this relevancy, as well as the results themselves, that allows program managers the ability to conduct meaningful and thoughtful analyses and set appropriate performance targets. The totality of the effort that includes both measurement and benchmarking will foster innovation, change, and continuous quality improvement. An academic culture will emerge that embraces change towards higher quality academic programs.

Continuous performance improvement is a mission for everyone involved in higher education. CAHME is committed to supporting the objectives of its members and improving the quality of the data collected. Peregrine Academic Services is committed to providing valid and reliable assessment services for healthcare management programs so that program managers can make informed decisions regarding their efforts towards continuous performance improvement.

In summary, benchmarking is:

- **Intentional** – the deliberate and methodical use of processes that are based on the intended outcomes of the academic program.
- **Planned** – a cyclic process so that results can be compared longitudinally, which allows program managers to see and understand the consequences of change-based improvement efforts.
- **Action-oriented** – produces results that can be applied, remeasured, and evaluated, thereby incorporating Deming’s Plan-Do-Check-Adjust (PDCA) into programmatic evaluation and performance improvement.
- **Results in changes** – identifies specific areas for change so that only what needs to be changed is changed and the areas that are doing well in relationship to performance targets are sustained.
- **Ongoing and continuous** – benchmarking through continuous quality improvement promotes an academic culture that is committed to student performance excellence.



Based on our experiences and those described for the CAHME programs described in this white paper, we offer the following best practices and tips for academic benchmarking in healthcare administration programs.

- 1. Commit adequate time and resources to plan and execute.** The process of benchmarking in higher education must be a deliberate and sustained effort. There are no quick-fixes; no one-and-done solutions. Doing this right requires commitment at all organizational levels over several cycles of learning.
- 2. Involve the right people.** Benchmarking, and the resulting analysis, must be a team-based process that involves students, faculty, program managers, and school administration.
- 3. Select good benchmarking partners.** The benchmarking approaches must be based on like-to-like comparisons. If they are not, the results will not be valid and applicable for the program.
- 4. A diversity of benchmarking approaches tends to yield better results.** Seldom, if ever, will there be a one size fits all solution. Moreover, seldom will one solution yield results appropriate for the entire depth and breadth of the academic program.
- 5. Collect relevant data.** As Deming also said, “without data, you’re just another person with an opinion.” Benchmarking is a data-driven process; however, the right data are essential. In today’s academic environment, it is possible to be overcome with data to the point where the data actual impedes quality improvement. Only collect and analyze what is needed to get to the root cause of the situation and from there, you can make continuous quality improvement based on target-based change processes.
- 6. Keep an open mind.** Seeing your academic program relative to other academic programs for the first time can sometimes be intimidating. Naturally, many will want to resist change and be skeptical of the results. Help others see the value of continuous performance improvement efforts through deliberate change leadership approaches.
- 7. One data point may not be enough.** Ideally, at least three data points are needed to see and understand trends. The first data point helps identify areas to sustain and opportunities for improvement, but three data points (or more) helps you see the trends and be certain that the initial data point was not just an artifact of that point in time.
- 8. Do not change too much all at once,** particularly following an initial assessment and benchmarking evaluation. Incremental change is typically preferred because it allows for better longitudinal analysis of the change by reducing potentially unrelated causes.
- 9. Engage all relevant stakeholders in the process for performance improvement.** Every academic program has unique stakeholders that have a direct interest in the success of your academic program. Keep these stakeholders engaged throughout the process so that they too can participate and contribute to your success.
- 10. Efforts for continuous quality improvement at the program level also supports the institutional level.** Regional accreditation also requires outcomes assessment, benchmarking, and assurance of learning. Results for the healthcare administration programs should be shared with university officials who are evaluating institutional effectiveness relative to institutional accreditation.

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Lehigh University
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*Universities offering multiple CAHME accredited programs.
List represents status as of 6/27/2023

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