Executive Summary
ARAMARK Charitable Fund Grant to CAHME
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The survey research was conducted for the Commission on Accreditation of Healthcare Management Education (CAHME) and supported by the Aramark Charitable Fund. The research was designed to suggest whether accreditation or some other form of certification in health services management education is applicable in other countries. The international accrediting process should be comparable to CAHME’s existing processes and:

- Establish and assure minimal levels of educational program quality;
- Be responsive to the diversity of existing and emergent educational program missions;
- Successfully meet the needs of the field of practice for employers in program targeted settings;
- Provide students with competencies that will promote mobility across and within sectors for career advancement and progression;
- Assure that those engaged in the educational enterprise continue to develop the intellectual capital associated with health management education and practice and import into academia the intellectual capital that is produced outside of the academy;
- Be sufficiently flexible to meet the managerial needs for a wide range of health-related organizations and aspirants for entry at various career stages; and
- Not be burdensome beyond what is necessary to achieve the above goals.

The research was to be conducted in two phases with Phase I answering the first four questions listed below. This work would set the stage for Phase II of the study that would expand on certain issues discovered in Phase I of the study plus answer the question of whether CAHME should become involved in international accreditation. Work on Phase II will begin in Summer 2011.

- What are the educational processes used to prepare healthcare executives in 15-20 major developed countries in Europe, Asia and Latin America? For example, answering this question would involve research to compile an overview of what is happening in healthcare management education in targeted countries in Europe, Asia, Australia and Latin America.
What major universities external to the United States and Canada are providing healthcare management education and training for their countries or for international students? What are the settings for this education and training?

Which US healthcare management programs offer a comparable healthcare program in an international setting or via distance learning methods?

How many alumni from CAHME accredited programs are currently working in these international settings? Are they teaching in management programs in their home or other countries? If so where? Which CAHME faculty members are or recently have been involved in teaching, doing sabbaticals, presenting at conferences outside of United States and Canada. What have been their experiences? How can these experiences inform the CAHME International initiative?

The results and findings in Phase I of the study conducted by the University of Scranton and Atlas Research, LLC are summarized along with future implications for competency development and management training. The entire report is available on the CAHME website.

MATERIALS AND METHODS

Two comprehensive surveys were designed and administered. The CAHME International Health Management Education Survey consisted of 39 questions and was sent to 72 graduate accredited programs in the USA. The second international survey collected key health data for each of 16 countries and graduate training programs in each country. An international expert advisory committee was consulted and ideas secured.

RESULTS:

91% (N=66) of CAHME accredited programs provided information on international involvement, international courses and curriculum, alumni and ideas on global healthcare. A situation analysis of 16 countries provided insight on the status of the education system for health administration and the use of trained graduates in the health professions.

CONCLUSION:

In highly aligned situations, the health administration education system is closely articulated with the recognized competency needs of the healthcare delivery
system and provides a sufficient number of graduates to meet market demand. CAHME accredited programs are active in international health management education activities especially in Europe and Asia.

**Research in Phase I suggested the following to be consider in Phase II beginning in 2011:**

1. Follow-up on the university contacts that were developed to obtain more reviews of the program profiles and specifically what academic members of CAHME accredited programs are working in the international environment.
2. Expand the list of countries to cover countries to insure appropriate global representation. This includes additional work defining the scope of healthcare management education in China.
3. Identify professional organizations of healthcare executives because it is clear that such organizations reflect the status of the profession and may be significant players in promoting the field and activities such as program accreditation.
4. Other accreditors such as business, public health and medicine appear to be involved influencing health administration education. Determine their domains, sponsorship, processes and membership.
5. Countries are embracing standards to improve quality of care and access to care, although many of the standards appear to be predominantly nationalistic in orientation. A survey may be useful to determine interest and effectiveness of external standards, metrics and competencies in healthcare management education to determine if they might be used to improve management performance and improve quality outcomes.

At the conclusion of Phase II the CAHME Strategic Issues Committee will consider all the information and make a recommendation to the CAHME Board of Directors regarding whether or not CAHME should seek to become a recognized accreditor of international programs or serve so other role in the international healthcare management education.