



**GLOBAL ACCREDITATION
IN
HEALTH MANAGEMENT EDUCATION**

CONCEPT DOCUMENT

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I. INTRODUCTION

The concept or idea of international accreditation or global accreditation has been a topic of discussion among accrediting agencies and organizations. The Council for Higher Education Accreditation (CHEA) has produced several policy papers extending quality review of higher education into a larger global context. A borderless world in higher education provides mobility of students and faculty to enhance scientific research and to redesign undergraduate, post graduate and doctorate education. Within this larger context of globalization, there is an opportunity for existing accrediting organizations to provide accreditation and certification activities that impacts the current and future development of professional health care leaders and quality of care. The demand for effective and efficient leadership is a global matter that has drawn the attention of the International Hospital Federation (IHF) in the development of a competency directory. Countries in all regions of the world are concerned with leadership, governance, quality of care, the patient experience and access to care.

In the European union in 1999, the Bologna Declaration was passed with a purpose to adapt European Higher Education and Research to social changes and scientific advancements. The same is true of organizational changes in the Asia-Pacific region and Africa. Joint Commission International has developed a strong presence in many countries focusing on quality and improved health care services and systems. Increasing international collaboration has been noted in practices associated with the Association to Advance Collegiate Schools of Business (AACSB) and the European Foundation for Management Development (EFMD). Regional quality assurance associations and agencies have been developed such as the European Association for Quality Assurance in Higher Education (EAQA); Asia-Pacific Quality Network (APQN); Arab Network for Quality Assurance in Higher Education and the African Quality Assurance Network. There has been a corresponding growth since 2000 in the number of national accrediting agencies in higher education.

Scientific and technological progress has contributed to the growth and improvement of human health. Specific advances have been noted in the area of public health which have proven to be very important in eradication of specific diseases. Enhancements in medical devices has had an impact along with the establishment of millennium development goals (MDGs). As the interest in global health grows it becomes very apparent that health has no borders. Improvement in global health requires new approaches to global health management education and established plans to provide knowledge, skills and competencies for health care leaders. Efforts to address the importance of health and globalization became apparent when the United Nations Millennium Summit articulated the Millennium Declaration that identified 8 major health issues and 15 core targets in addition to the World Health Organization, the World Bank, and UNICEF. Academia and accrediting organizations play an important role in developing leaders.

Several authors have noted that the global economy and the changing geo-political landscape allows for unique challenges and opportunities to rethink business practices and

strategy. An article in the Chronicle of Higher Education titled “University Mergers Sweep Across Europe” (January 7, 2011, page 1) suggests that mergers and acquisitions among universities will continue in an effort to improve access to higher education, research quality, economic competitiveness and international reputation. The idea of a borderless world in higher education provides an opportunity for mergers and consolidations in addition to new opportunities for growth and innovation. This is where accrediting organizations in Europe are attempting to respond to this call for improved quality in health care. The career mobility and training of health care leaders received increased attention along with credentialing processes. The International Hospital Federation provides a framework to examine the relationship of hospitals, competency development, models of certification or credentials for health care managers. It is in this framework that the International Hospital Association has encouraged a stronger response to the development of health care leaders, governance, and quality of care. Academia and accrediting organizations have been invited to address this need for leadership, quality and performance outcomes.

II. BACKGROUND & RATIONALE

The Commission on Accreditation of Health Management Education (CAHME) recognizes the need to serve CAHME accredited programs. With funding through the ARAMARK Charitable Fund, two research studies (Phase I and Phase II) were authorized to gather specific information and answer important questions impacting graduate health management education in the United States. The studies also had a domestic and international component in the methodology and purpose.

The Phase I study was conducted in 2011 and was structured to examine the supply and demand for professional trained health care administrators in 16 countries; provide a summary of health systems; assess the extent of international healthcare management education activities of CAHME accredited programs and describe involvement in international health administration education. The 16 countries included Austria, Brazil, Chile, France, India, Israel, Mexico, Philippines, Saudi Arabia, Singapore, South Africa, Spain, Sweden, Turkey and the United Kingdom. The Phase II study conducted in 2012 added 6 additional countries including Germany, Ireland, Czech Republic, South Korea, Netherlands, and Colombia bringing to a total 22 countries that were examined in terms of educational and accreditation activities. The Phase II study also developed a strategy to implement international demonstration site visits using the 2013 CAHME accreditation criteria. Identifying CAHME criteria that can be used outside the US was examined in separate accreditation site visits conducted by Dr. West in the Slovak Republic at 2 universities. The Phase I study revealed several key findings including the following:

- Approximately 30% of CAHME accredited programs have international involvement of some type;

- University-based partnership models have been identified as a venue for different types of educational endeavors from courses, workshops/seminars, short courses, certification courses and lectures;
- Approximately 30% of program directors reported that their graduate programs provide study abroad, student exchanges, faculty exchanges, online graduate courses and service learning opportunities abroad;
- CAHME programs are active in many countries but the focus seems to be on Asia, Middle Eastern and Western European countries.

The Phase II survey focused on specific international management areas: global centers, research, courses, study abroad and partnerships. The following are among key findings of the Phase II survey:

- 42% of surveyed programs offer study abroad;
- 69% of programs have faculty involved in some type international research;
- 38% of the graduate programs offer global health management courses;
- 46% of programs reported having international partnerships with universities in another country.

The two studies are nicely summarized in an article published by West, Ramirez and Filerman (2012) in the International Hospital Federation journal of World Hospitals and Health Services. The article entitled “Leadership in Globalization: Research in Health Management Education” offers suggestions relative to graduate education and the impact of globalization. As noted by the authors

“...globalization of health management education continues to mature in response to the need to ensure access to health care services in every country, addressing the demand for cost effective care, and improving quality of care. The issues of costs, access and quality are global and are driving the need for trained leaders and managers who can improve the performance of health systems and in particular effectively manage care across public and private sectors”

International or global accreditation has been a topic of discussion for both CAHME and the Association of University Programs in Health Administration (AUPHA). Recent thinking around global accreditation occurred in March 2016 during the American College of Healthcare Executives Annual Congress when CAHME assembled leaders in healthcare and education to discuss the future of graduate health management education (HME). The developed “White Paper” examined future perspectives and drivers of change and focused directly on the global environment.

Efforts have been noted with other accrediting organizations in the United States that have taken on opportunities for international accreditation. The Association to Advance

Collegiate Schools of Business (AACSB) is now accrediting business administration programs and the Council on Education of Public Health (CEPH) has been offering global accreditation since 2006. So there is a precedence set for US accrediting agencies to offer accreditation opportunities globally. In addition to US accreditation, the Council for Business Schools and Programs (ACBSP) and the European Management Development Network (EMDN) out of Brussels, England is also providing accreditation in 80+ countries.

On September 16, 2017 Dr. Anthony Stanowski, President and CEO of CAHME, presented at the AUPHA Global Health Care Management Faculty Forum offering insights into globalization of accreditation and opportunities to share best practices, develop global standards of academic quality and providing for degree mobility. During the same presentation several approaches to international accreditation were suggested for consideration by the audience. The AUPHA Global Faculty Forum has been very active in developing the Body of Knowledge (BOK) needed for competency development in health management education. On September 14, 2017 Dr. Stanowski and Dr. West presented a webinar to the European Health Management Association. Information provided will be helpful in future collaboration.

The Association of University Programs in Health Administration has a Global Leadership Committee (GLC) that has been active in identifying opportunities for certification along with developing global faculty networks. At the June 13, 2017 AUPHA Annual Meeting in Long Beach, California the Global Leadership Committee suggested a global network strategy in partnering with other related organizations in different continents including SHAPE (the Secretariat in Health Administration Programs in Education); EHMA (the European Health Care Management Association); CLADEA (the Latin American Council of Management Schools); and ASPHER (The Association of Schools of Public Health in the European Region). Through the efforts of Dr. Bob Hernandez, several faculty from CAHME accredited universities have become more active with the European Management Association (EURAM). Furthermore, CAHME was invited to participate in a global consortium for healthcare management through the International Hospital Federation. As noted previously, the International Hospital Federation has developed a Global Competency Directory that is now providing a reference point for research into management competency development and assessment. The International Hospital Federation has developed a Strategic Interest Group (SIG) with a focus on health management. This strategic interest group has goals and objectives related to academia and accreditation. CAHME has taken a role with the International Hospital Federation in supporting accreditation and involvement with universities on a global basis.

The White Paper developed by CAHME was the result of the leadership initiative in March 2016 at the Annual Congress of the American College of Healthcare Executives. The Strategic Issues Committee of CAHME has a responsibility to develop the 3 year strategic business plan. This strategic business plan provides a framework of imperatives and initiatives over a 3 year period with annual updates. The current plan was endorsed at the May 9, 2017 board meeting of CAHME. More specifically, the strategic business plan has several strategic imperatives. Strategic Imperative #4 asks to identify and explore new business opportunities.

One of the deliverables is international accreditation with a goal to foster a global presence and leverage a relationship with AUPHA, the Global Forum and Global Leadership Committee. The current strategic business plan covers the time frame of 2017-2019. CAHME has initiated discussions with the International Hospital Federation on accreditation as well as with the European Health Management Association (EHMA). Several universities outside of the USA have expressed interest in CAHME accreditation. A Strategic Planning Retreat held in Arlington, Virginia by CAHME (February 6, 2014) identified important thinking around global accreditation (See Appendix D).

III. MISSION & VISION

The CAHME mission is to “serve the public interest by advancing the quality of health care management education”. The values that CAHME holds firmly includes integrity, excellence, transparency, fairness and recognition. The CAHME corporate members in partnership with the academic community (accredited graduate programs) ensure that graduate healthcare management curricula reflects the needed industry competencies.

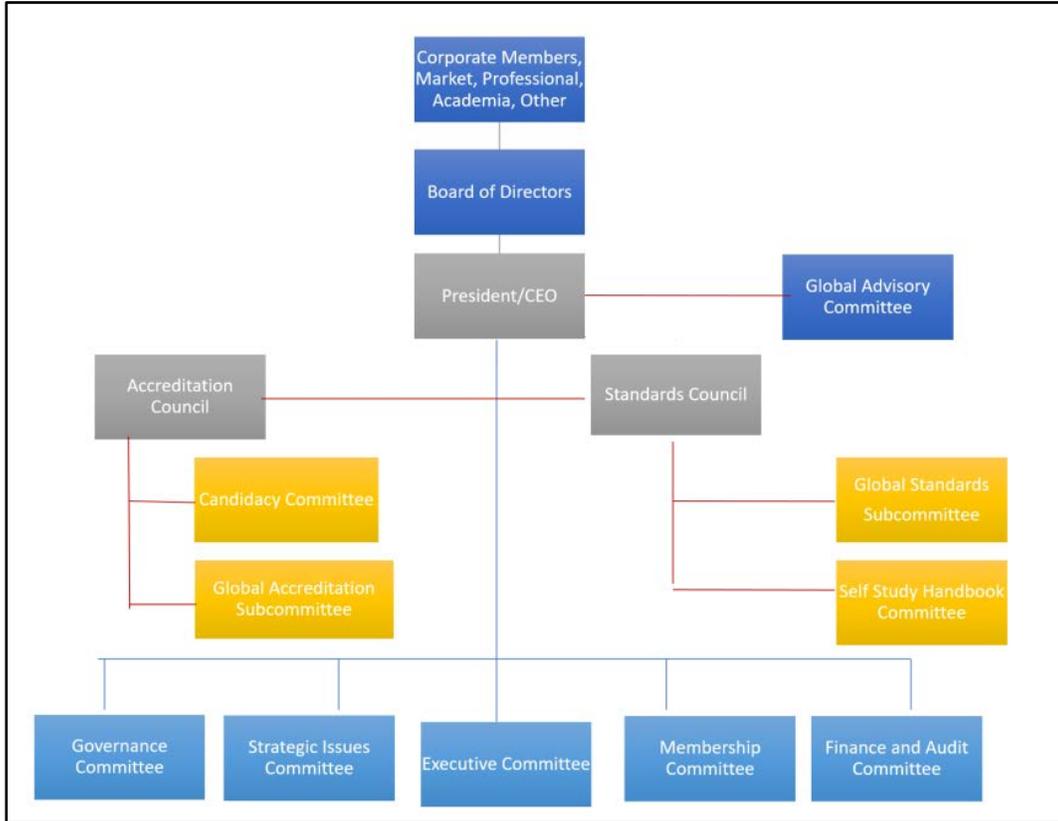
In order to advance the mission of CAHME on a global scale, the vision is to utilize the existing structure and accreditation criteria of CAHME to offer accreditation to universities with specific programs in health management outside of the United States. The vision further encourages cooperation between CAHME and AUPHA in the area of globalization. Accredited programs are composed of faculty who have an interest and established relationships with universities outside of the United States. The vision is to utilize faculty who have established international partnerships as a way of beginning to engage global accreditation. A strong working relationships with existing national accrediting organizations and professional associations is appropriate. As such CAHME will work within a global network engaging SHAPE (Society for Health Administration Programs in Education); EHMA (European Health Management Association); ASPHER (Association of School of Public Health in European Region) and CLADEA (Latin American Council of Management Schools). The vision includes offering global accreditation that has cultural relevancy; advancing the CAHME brand and standards; advancing the CAHME mission; utilizing competencies that drive standards; and working with universities that have established relationships with other global regions.

IV. ORGANIZATIONAL STRUCTURES

Global accreditation will utilize the current 2017 CAHME Accreditation Standards and Criteria. A Global Advising Committee (GAC) will be established to work directly with the President and CEO. The purpose and responsibilities of this GAC are shown in Appendix A. Global accreditation will necessitate that CAHME access and utilize faculty from CAHME accredited programs who have accreditation experience and partnerships with universities outside the USA. CAHME needs faculty and professionals with global experiences to work with

the CEO, Accreditation Council & Standards Council. Figure 1 suggests a proposed structure to accommodate Global Accreditation. (See Figure 1)

Figure 1: Proposed Structure to Incorporate Global Accreditation



CAHME accreditation will have value to select and engaged universities who embrace program specific accreditation and who desire CAHME recognition. This is similar to AACSB, CEPH and Joint Commission International (JCI). The Global Advisory Committee can recommend appropriate modifications to accommodate global universities to the Accreditation Council and Standards Council. The existing Candidacy Committee can be used to work with programs seeking CAHME accreditation. The Global Candidacy Committee will require members with international training and experiences to serve as site visit teams.

CAHME will utilize a university-based partnership model where current CAHME accredited programs sponsor and guide an international university partner in the CAHME process. The CAHME model of a peer reviewed, voluntary, public process will be used. Academic freedom and shared governance remain essential eligibility criteria. The “CAHME Mentorship Circle” provides an excellent platform for building global partnerships.

V. STRATEGIC DESIGN CONSIDERATIONS

Moving forward with global accreditation will require certain innovations and adaptations by CAHME to ensure successful implementation. The following list of considerations will be used to implement the organization structure:

1. Use 2017 CAHME Eligibility Criteria and Accreditation Standards but allowing for cultural specific modifications and appropriate adaptations.
2. Utilize existing university-based partnerships from CAHME accredited programs to roll out accreditation and candidacy.
3. Appoint established CAHME accredited program faculty to the Global Advisory Council. This committee will work with the Accreditation Council and the Standards Council to adjust/update standards.
4. Create a Global Health Fellows Program similar to the existing CAHME fellows but with a different focus: to assist the President & CEO with market research, developing policy and procedures; and coordinating site visits.
5. Engage strategic regional organizations creating Global Network Partners to help support and market global accreditation (See Appendix B)
6. Utilize experiences of other accreditation agencies (e.g., CEPH, AACSB, ACBSP, etc.).
7. Utilize the International Hospital Federation (IHF) Competency Directory (See Appendix C).
8. Use international faculty on site visit teams who have a global accreditation background and have specific knowledge of the culture of countries.
9. Align relevant activities with the AUPHA Global Leadership Committee.
10. Create the Global Advisory Council, Global Accreditation Subcommittee, and Global Standards Subcommittee
11. Start with program specific accreditation using a certificate recognition initially so these universities can work with Global Advisory Council and serve as models.
12. Use the existing CAHME fee structure and make sure all costs for site visits are covered. Breakeven is the objective during the first 3 years of global accreditation.
13. Secure a corporate sponsor for global accreditation and a CAHME Award Program in Global Health Management Education.

VI. FEE STRUCTURE

Global accreditation will use the current CAHME fee structure, with modifications where appropriate. The implementation of global accreditation must breakeven during the 3 year rollout. Changes can be made if the global accreditation efforts becomes successful earlier than expected and additional revenue generation is possible. An initiation fee will be assessed when the accreditation site visit is scheduled.

VII. IMPLEMENTATION & PROCESS

It is recommended to the CAHME board that we proceed in a thoughtful and deliberate approach to Global Accreditation. In keeping with this, we recommend a 2 Phase approach. The first phase sets the groundwork, and works with a defined set of very interested programs. It requires no significant resource allocation. Phase II would see an expansion of the accreditation process, and we would evaluate resources, timelines, and revenue streams at that time.

Phase I

The FY 2018 CAHME Strategic Business Plan called for CAHME to begin a Global Accreditation Process this year. In keeping with this initiative, using our extensive network, CAHME identified existing CAHME accredited programs with global university-based partnerships that expressed an interest in CAHME global accreditation. Phase I intends to work through the accreditation process with this small group of programs.

Phase I has three parts:

- 1) Establish a Global Accreditation Council (GAC). The GAC will be composed of academics and business with international accreditation and healthcare experience. This Council will report to the Board. GAC will work to accomplish the following (in order):
 - a) Create a sub-committee that will review and recommend to the Standards Council how standards need to accommodate cultural specificity. The standards will not be weakened; they will serve to reinforce CAHME's standards of excellence while accommodating cultural variations world-wide.
 - b) Establish CAHME Global Fellows who will be solicited from CAHME accredited programs that will form the core of site visitors.
 - c) When the time comes, work with the Accreditation Council in the accrediting of programs.
- 2) Accept and process eligibility letters for programs interested in becoming CAHME accredited, using the standards and processes currently in place. Given the amount of time that proceeds through determining eligibility, proceeding through candidacy, and to the ultimate site visit, allowing the process to start concurrently with the establishment of the GAC will not slow down opportunities currently presented to CAHME. Eligibility standards for global universities will work to ensure that with current CAHME programs are established. By utilizing a "Twinning process", and processes in place such as the CAHME Mentorship Circle Program, programs can be mentored to ensure success.

- 3) CAHME will monitor progress using the Strategic Issues Committee to assess the trends and drivers of global accreditation.
- 4) Costs. CAHME does not project additional direct costs for Phase I implementation. We will work through the existing fee structure and the CAHME Mentorship Circle. Direct costs, such as for travel for site visitors, will be paid for by the program as is currently the policy for North American programs.

Phase II

Phase II will start with a review of Phase I. Management will present learnings in this process, including unexpected complications, costs, and positive outcomes. The Board will determine at this point how to proceed with expanding the global accreditation process, and the necessary resources required at that time.

VIII. CONCLUSION

The creation of global networks among universities is not new. The Magna Charta Universitatum is a document that was signed by 388 rectors (university presidents) from all over Europe and beyond on September 18, 1988, also known as the Bologna Accord. It contains principles of academic freedom and institutional autonomy as a guideline for good governance and self-understanding. Today there are 805 universities from 85 countries. The concept endorses the importance of collaboration in study, teaching and research. Other strategic initiatives include Faculty Fulbright Scholars, study abroad programs, language immersion programs, faculty directed research and public-private university-based partnerships.

There is increased interest among CAHME accredited program faculty for involvement with the European Academy of Management (EURAM). AUPHA faculty are engaged with the International Hospital Federation (IHF), especially the health management (HM) strategic interest group (SIG). The IHF has received significant support from ACHE and other international bodies in developing the IHF Competency Directory. Several CAHME accredited programs come from universities that have a major effort on globalization of research and graduate education. The Global Consortium for Healthcare Management Professionalization worked closely with IHF between January 2013 and June 2015 to develop university recognized competencies that will enhance health care to people around the globe. The document known as the IHF Competency Directory (2015, p 4) states:

“The Consortium advocates for the formation and strengthening of professional organizations for healthcare managers, which provide the infrastructure for effective healthcare management practices to become pervasive, thus improving health outcomes

and optimizing resource utilization. Departments of health at the country level are urged to actively support the development of professional healthcare management organizations.”

“The Consortium recognizes that the competency framework must remain flexible and needs to be adapted to the specific circumstances of each country. Accordingly, the competencies identified in the directory may be adapted to ensure their relevance in the local context”.

“Recognizing the need for greater progress in the ongoing effort to build professional healthcare management capacity, the members of the Consortium agree that the following measures should be implemented according to national circumstances and needs:

- Adoption of the Global Healthcare Management Competency Directory to inform and align healthcare management development programs at all levels of undergraduate, postgraduate and ongoing education and professional development.
- Customization and incorporation of each of the competency requirements into formal credentialing systems, which should be based on independent evaluation and evidence of demonstrated competencies.
- Formal recognition at the national level of healthcare management as a profession.
- Implementation of merit-based career advancement along with a career path for healthcare managers and leaders.
- Recognition of healthcare managers’ professional associations as key stakeholders for policy dialogue related to leadership and management and for the advancement of the profession.

Global competitions among universities is further noted in the Global Community Ranking System created in 2003. More countries are becoming “viable players” on the global higher education stage. Increasing global competitiveness was discussed by Portnoi and Bagley (November-December, 2015) in Academe, and stressed the strategies being used:

1) building “World-Class” universities, 2) merging universities, 3) making quality assurance a priority, 4) increasing cross-border higher education, 5) internationalizing universities, and 6) forging regional alliances.

If an appropriate and realistic business strategy is carefully executed by CAHME, global accreditation can become part of the CAHME business model into the future. Program specific accreditation can be used with country-specific national accreditation. Eligibility standards will need careful consideration and the 2017 CAHME Accreditation Criteria will need to be carefully adjusted to accommodate culture specific adaptations and realities.

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APPENDIX A GLOBAL ADVISORY COUNCIL

Purpose

- Provide expertise and consultation on global accreditation to CAHME President & CEO
- Develop policies & procedures to implement accreditation in other regions
- Develop criteria for modifying competency criterion to specific countries, cultures and regions
- Serve on the Candidacy Committee to review international applications
- Work with the existing Accreditation Council and Standards Council of CAHME
- Conduct global accreditation site visits
- Identify HME programs willing to serve as partners to other universities under the “CAHME Mentorship Circle”
- Assist with research studies, assessment and evaluation
- Measure performance management
- Develop global networks and opportunities for collaboration and cooperation
- Assisting with the development of accreditation materials to implement global accreditation
- Provide global technical leadership
- Help develop strategy and program design
- Identify faculty to serve on international site visit teams

Criteria for Appointment

- Experience with university-based partnerships
- Exposure to other cultures and countries
- Administered grants and developed curriculum and courses in HME
- Demonstrated interest in globalization
- Familiar with CAHME accreditation criteria and processes
- Willingness to work with President and CEO in an advising capacity
- Ability to conduct research/scholarship
- Experience conducting accreditation site visits
- Presentations at international/global conferences

Consultants/Members (Proposed)

Dr. Dan West (chair)	University of Scranton
Dr. Bill Aaronson	Temple University
Dr. Errol Biggs	University of Colorado, Denver
Dr. Mike Counte	St. Louis University
Dr. Eric de Roodenbeke	International Hospital Federation
Dr. Gary Filerman	Atlas Research Foundation
Ms. Pamela Fralick	Innovative Medicines Canada
Dr. Bob Hernandez	University of Alabama
Dr. Bernardo Ramirez	University of Central Florida

Dr. Jim Rice, FACHE
Dr. Tom Royer
Dr. Stephen M Sammut
Dr. Steve Ullmann
Dr. Anthony Stanowski (ex officio)

Integrated Health Strategies
Royer-Maddox-Herron Advisors
University of Pennsylvania
University of Miami
CAHME

APPENDIX B
GLOBAL NETWORK PARTNERS

- **AUPHA** – Association of University Programs in Health Administration

- **SHAPE** – Society for Health Administration Programs in Education

- **EHMA** – European Health Management Association

- **CLADEA** – Latin American Council of Management Schools

- **ASPHER** – Association of Schools of Public Health in the European Region

- **IHF** – International Hospital Federation

**APPENDIX C
COMPETENCY DIRECTORY**



APPENDIX D
ACCREDITATION (INTERNATIONAL) – DRAFT OF ESSENTIAL ELEMENTS
CAHME STRATEGIC ISSUES COMMITTEE
December 9, 2013

The Global Environment

Globalization has impacted every sector of our economy and will continue to have an influence on higher education. Academic free trade has international and domestic implications with economic forces that will reshape the delivery of higher education both now and in the future. For example, the number of US students studying global health is rapidly increasing, as well as the number of global health management positions being filled by graduates of US universities. International study abroad opportunities are expanding at the undergraduate and graduate level of training for almost all of the health professions. The international mobility of students and faculty will reshape the global academic community in areas of research, scholarship, teaching and service to others.

Global health has common problems, concerns and implications across countries. It is no longer just about health in low income countries or emerging economies. We know that health has no borders and that international complexities of health are rapidly expanding and influencing all regions of the world. It is a reflection of the digitalization of major aspects of health care, thus allowing for outsourcing and offshoring from billing to clinical care. Telemedicine and the growth of medical tourism are additional elements of globalization. Currently 900,000 Americans seek health care outside the United States annually, and importing medical tourist to the United States is also growing significantly. Multi-country hospital systems and health insurance companies are growing in importance. As the geopolitical landscape changes all sectors of the economy are impacted. This global transformation has very unique opportunities and challenges for research, economic competitiveness, higher education and improving global health.

Global health management has evolved as a new course of study with a specific body of knowledge and an emphasis on leadership, the design of health systems and services, quality of care, access to care, cost of care, efficiency and effectiveness of treatment. Health disparities and inequities are receiving increased attention from the global community. It is apparent that the body of knowledge and competencies required to successfully address global health is expanding, and academia will need to reconfigure itself to keep up with the changing paradigm. The emergence of investor owned universities and other business ventures to meet educational needs for leadership and quality outcomes will increase globally. The growth in new models of higher education can be anticipated and market competition will intensify.

The evolution of health systems, and the common demand for health across countries and regions, necessitates new approaches to health management education. Supporting global health development requires new integrative approaches in addressing the relationship between the social sectors and other areas of the economy. This is especially true of health policy development, leadership, quality of care, outcomes and patient safety. The connection between health and economic growth has been well documented. Improving educational productivity and

performance requires an investment in new initiatives to meet the global demands for stimulating economic growth. Insuring educational quality in the growth of educational opportunities will remain a challenge. Accreditation is recognized as a process among regions of the global community that helps to improve educational processes and outcomes.

CAHME Initiatives

CAHME's mission is to serve the public interest by advancing the quality of healthcare management education. This mission has resulted in the setting of measurable criteria/standards, using a continuous improvement model for program development, accrediting graduate programs, and sharing information with various publics about accreditation. On May 16, 2012 CAHME held a corporate meeting in Manhasset, New York to prepare CAHME for the future. Several important themes emerged from that meeting that will impact the field of health management education including healthcare leadership competencies, the unique requirements of the health sector, and how academics can better prepare tomorrow's healthcare leaders.

Acknowledging the importance of globalization in health management education, CAHME initiated two research studies (2010 to 2012) with funding from the ARAMARK Charitable Fund. These studies provided important information about CAHME accredited programs and their faculties and a description of their involvement in international health administration education. The initial Phase I study was conducted during 2010-2011 and reported to CAHME in May 2011. Phase I examined 16 countries along with 66 CAHME accredited programs. Phase I showed that the health administration education system is closely articulated with the recognized needs of the healthcare delivery system in several countries. The study also documented and provided information on CAHME accredited programs relative to international involvement, international courses and curriculum, alumni and ideas on global healthcare management. Some key observations made about the 66 CAHME accredited programs include:

- 30 % provide study abroad for students
- 33% have faculty exchanges abroad
- 37% have international projects
- 51% are involved with international research
- 31% have international healthcare management education partnerships
- 39% teach international courses online
- 82% encourage and support faculty to present at international conferences

The Phase II study for CAHME was conducted in 2011-2012 and examined four main areas. First, 6 additional countries were studied (bringing the total to 22 countries). Second, other accreditation programs in business, medicine and public health were surveyed. Third, a strategy and plan of action to implement international demonstration site visits in different countries was developed. Finally, the 2013 CAHME Accreditation Criteria were used in a site survey visit in the Slovak Republic and found to be useful and relevant. Phase II also reconfirmed that a significant amount of international activity occurs with CAHME accredited programs. The final Phase II report to the CAHME Board of Directors outlined a plan of action with specific steps for a Phase III study approach. Collaboration and cooperation with AUPHA was encouraged.

The Phase III international accreditation pilot study has been recommended and designed. The new effort would further strengthen the alliance between CAHME and AUPHA.

CAHME Assets

Other countries recognize the value of accreditation. For many countries, accreditation is not a peer-reviewed, voluntary process; rather, governments require national accreditation. There are a number of factors that would position CAHME for international accreditation: 1) e-Accreditation; 2) 2013 Accreditation Criteria focused on a competency model; 3) a functional Candidacy Program to help programs enter the accreditation process; 4) training programs (i.e., Boot Camps) to help with implementing the 2013 Standards & Criteria; 5) faculty in CAHME accredited programs with international experiences in teaching, research, partnerships, scholarship, study abroad, faculty exchanges; 6) faculty having international contacts with universities in other countries expressing an interest in accreditation; 7) other countries recognizing the value of USA accreditation as an indicator of quality; and 8) existing HME partnerships and faculty research at universities outside the US where international accreditation discussions have been initiated.

AUPHA & CAHME Collaboration

AUPHA programs and faculty have expressed an interest in international accreditation for several years. AUPHA has also talked about certification for undergraduate programs at an international level. AUPHA has a well-developed network of faculty with global health management interests, and faculty who have accreditation experiences with CAHME. The Global Healthcare Management Faculty Network (GHMFN) has 100+ faculty who actively participate as part of the GHMFN. Several faculty have cultivated relationships with universities in other countries who have expressed an interest in CAHME accreditation and the development of competencies needed for global health management. Many individuals associated with AUPHA and the GHMFN feel international accreditation is important and should be pursued. The Phase III survey research proposal presents a strong working relationship between CAHME and AUPHA. The GHMFN is in the process of developing a “Global Council” that will expand AUPHA’s involvement with international faculty. Existing global partnerships provide a strong foundation upon which to initiate a global model of accreditation.

Indicators of Significance

Globalization of health management education (HME) is evidenced in efforts to address leadership, health system performance, quality of care, patient safety, reducing medical errors, cost of care, improving access and globalization of the practice of medicine and health care itself. These global areas of health management require trained people to measure performance and effectively manage people across public and private sectors. A well-conceived process of accreditation/certification, addressing managerial competencies and recognizing differences in the delivery of university education, can change how health management education is presented globally. Other factors influencing the globalization of HME include:

- Accreditation is globally valued as a concept and activity; however, an accreditation process that is voluntary and peer reviewed is not embraced by other regions of the world.
- Online education will expand HME partnership opportunities between universities and faculties across the globe.

- AACSB will continue to have a strong international presence in the accreditation of business programs, with an eye towards health administration and public health.
- Investor owned universities will continue to grow and compete with public universities for students.
- Notions of “social protection” and “social protection in health” will impact new initiatives and innovations in managing health (Frenk, 2013).
- There is a need for educational models, teaching processes and teaching methods that develop competent future leaders and managers who will enter the global workforce.
- The Center for Health Market Innovation (CHMI) promotes programs, policies and practices to improve the health of the world’s poor having developed over 1200 innovative programs.
- US health system investments outside of the US will continue to grow requiring leaders who are trained in global HME competencies.
- Understanding global health variations in cost, quality, compliance and access to care.
- Aligning global health development with the mission and competencies needed to strengthen the performance of health systems.
- USAID Policy Framework (2011-2015) for international development emphasizes cooperation as a key component to American power and influence.
- Research collaboration by faculty will enhance cross cultural engagement in health management education.
- The NCHL focus has been to assure that high quality, relevant and accountable health management leadership is available to meet 21st century healthcare.
- Leaders in the field of international education such as NAFSA and AIEA recognize the importance of integrating global dimensions into . . . “the ethos and outcomes of postsecondary education . . .” and “. . . integrating an international perspective into the university culture . . .”
- The World Health Report 2000 stresses the importance of protecting the poor and marginalized persons, raising the level of public finance for health, increasing private sector involvement, improving health systems performances and increasing self-regulatory processes that improve quality of care.
- AUPHA’s historical efforts in Central and South America and the NIS of the Former Soviet Union provide a rich foundation for the development of postsecondary education and opportunities to initiate CAHME accreditation discussions and activities.

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