



GETTING TO 100: PREPARING HEALTHCARE LEADERS FOR THE NEXT 50 YEARS

A special panel discussion to
mark the 50th anniversary of the
Commission on Accreditation of
Healthcare Management Education

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CAHME[®]

Commission on Accreditation
of Healthcare Management Education



ACKNOWLEDGMENTS

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This white paper is accompanied by a video series that includes excerpts from the speakers as well as insights from other health care leaders. The videos can be viewed on the CAHME website: www.cahme.org/100.

This video series is available, in part, from a grant from the **Dawn Gideon Foundation**. The video series honors Dawn's legacy by focusing on education of healthcare administrators who, like Dawn, will be role models for compassionate and intelligent leadership. For more information, please visit www.dawngideonfoundation.org.

GE Healthcare helped underwrite the production costs of the video series that accompanies and supplements this white paper. For information on GE Healthcare, please visit www.gehealthcare.com.



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Business of Healthcare (BOH) produced our video series. BOH interviews feature innovations proven to elevate healthcare mission and margin. Viewers include 19,000 senior executives from health systems, payers, provider practices, government, pharma, device, health tech, and other sectors of the U.S. healthcare industry. For more information, please visit www.BOHSeries.com.

INTRODUCTION



Anthony C. Stanowski, DHA, FACHE President and CEO

To consider the difficulty in envisioning what our world will be like in 50 years, think back on 1968. We were still a year away from landing a man on the moon. Today we carry in our pockets more computing power than was mustered to make that “one giant leap for mankind.” Fifty years ago, marijuana was a target in the “war on drugs.” Now marijuana is legal in 30 out of 50 states and it is the abuse of prescription opioids that kills tens of thousands of Americans a year. Then, the Cold War defined global conflict; today, it is terrorism.

Trends in health care have been equally hard to predict. Fifty years ago, diabetes was relatively unusual. Today, an estimated 100 million Americans have diabetes or are at risk, representing a significant challenge to our healthcare system and economy. HMOs arose, fell into disfavor, and then changed their name to ACOs. In 1968, nobody envisioned mapping the human genome, or contemplated the rise of the internet and social media.

So is it even possible to predict what qualities, characteristics, and training our healthcare leaders will need in 2068 to handle the healthcare needs of the future? This is an industry where it can be hard enough to anticipate what you’ll be doing next week, let alone five decades from now.

Still, we can make reasonable projections. We know the world will have more people and more of those people will be old. We know our nation’s mix of race and ethnicity will change. We know technologies like artificial intelligence will continue to develop and become more powerful. It is for this future world that educators and CAHME-accredited programs must prepare today’s students. Just as we began preparing those leaders in 1968.

What will those leaders need?

At CAHME’s 50th anniversary celebration in June 2018 in Philadelphia, we brought together six leaders in healthcare, from academia, from providers and payors, and from Fortune 500 corporations to grapple with this question.

Their charge was simple, even if their insights were not: identify what we—CAHME, academia, providers, payors, corporations—must do to provide the skills needed by students...and to ensure that we advance the quality of graduate healthcare management education.

This document summarizes their comments.

KEY TAKE-AWAYS from Getting to 100: Preparing Healthcare Leaders for the Next 50 Years

- Leaders will require continuous learning and programs will need to provide opportunities for continuous learning.
- Programs will be judged for the impact that they make across students' careers, not just first jobs out of school.
- Healthcare executives will lead the healthcare system as a continuum of services across locations, demographics, gender and ethnic identities, and will possess skills from retail, wholesale, and traditional healthcare settings.
- Teams will be more virtual and matrixed than in the past. Leaders will need to navigate complex reporting relationships.
- Strong communication skills will be ever-more important, especially across functional areas.
- Leaders will need strong problem-solving skills.
- Leader integrity is key.
- The impact of technology will continue, and leaders will need to ask the right questions to which data and technology can be best applied.
- Accreditation matters and will continue to matter in the future.

Getting to 100 Videos

This white paper is accompanied by a video series that includes excerpts from the speakers as well as comments from other health care leaders. The videos can be viewed on the CAHME website: www.cahme.org/100.

Episode 1: Introduction	Anthony Stanowski and Gary Filerman share insights on what healthcare leaders will need to know in 50 years, and the importance of Ethos in education.
Episode 2: Accreditation Matters	Jerry Glandon and Rulon Stacy on why accreditation matters.
Episode 3: Managing a 21st Century Workforce	John Lloyd and Shelly Buck on non-hierarchical leadership and the intergenerational workforce.
Episode 4: Community Leadership	Joe Wilkins and Rulon Stacy on leadership in community health, and the healthcare environment transitioning to fee-for-value.
Episode 5: Mission-Driven Leadership	Kevin Mahoney and Joe Gasque on mission-driven leadership and the influencer as leader.
Episode 6: Technology	Karen Wager and Carla Smith on understanding healthcare teams, the use of healthcare data, and changing clinical competencies.
Episode 7: Global Perspective	Sherril Gelmon and Dan West on CAHME as a catalyst to foster continuous improvement in education and broadening this role.
Episode 8: Competencies	Christine Winn and Dan Gentry on competency-based accreditation.
Episode 9: Agility in Ambiguity	Virginia Calega and Margaret Schulte on communication across stakeholders, adapting to ambiguity, and creating agile leaders.

THE PANELISTS



Gerald Glandon, PhD
President & CEO
Association of University Programs
in Health Administration,
Washington DC

Gerald Glandon leads AUPHA, a global network of colleges, universities, faculty, individuals and organizations dedicated to the improvement of healthcare delivery through excellence in healthcare management and policy education.

Few of us in this room will be here in 50 years, so why should we care about the future? Because the future is our legacy. The AUPHA started in 1948, the same year as the founding of Britain's National Health Service and the state of Israel. Back then, accreditation was more like an "old boys" club, and not very rigorous. We have come a long way, and rightly so, creating standards and expectations that have made the industry better. I see continuing evolution for these standards. They must continue to change to become ever more relevant, demonstrable, and salient. Technology, cost, and demographics are driving these changes.

For example, future programs will still be judged not just on getting students into jobs, but into careers that matter to them and allow them to grow over time. Because we have the ability to track people over time, evaluation of programs and students will be continuous, not episodic. Other disciplines will be involved in ways they are not today. We are facing the same issues as population health. It's not about an episode of care, but about management along a continuum. This will be the same challenge for all education institutions. Their responsibility will not simply be to provide students the tools for their first job, but will they also have tools for the last job in their careers?

Costs will rise and the need for innovation will remain high. Our challenge will be to become more efficient while maintaining quality. We will also see more consolidation in the academic industry, with fewer and larger players. We will look beyond competencies of students, and include the skill sets of faculties as well. The demand for greater quality, efficiency, and effectiveness will touch everybody involved in healthcare management education. Accrediting bodies like CAHME will need to continue supporting them in how best to evaluate, measure, and improve their quality.



Christine C. Winn, FACHE
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Christine Winn is responsible for growth and development of MD Anderson Cancer Center at Cooper and physician recruitment and relationship building at Cooper University Health Care. Cooper University Health Care is the leading academic health system in South Jersey. Ms. Winn is a graduate of a CAHME-accredited program, the University of South Carolina.

As I thought about the question of what we need to prepare leaders for 50 years from now, I looked at it from the practitioners' side and interviewed six leaders within MD Anderson Cancer Center at Cooper for their opinion. Here are the key takeaways from our discussions.

- **Academic programs will need to teach students the skills to know themselves.** Who are they as leaders? What does their personality inventory look like and how can they develop a leadership style that is comfortable and effective in dealing with teams? At Cooper we have a personality inventory for every new hire. Young leaders need to focus on humility, creativity, and a willingness to say “yes.”
- **Healthcare is a team sport.** Future curriculums will need to support that.
- **Healthcare must be taught as a continuum,** in terms of patient need as well as where care is provided. A focus on purely hospital administration is a thing of the past. With two million outpatient visits annually in the Cooper system alone, a non-hospital focus is essential. The advent of technologies and operations that continue to push care outside of the healthcare facility is only going to increase in the future.
- The use of data is important, certainly, but it is equally important to **train leaders how to ask the right questions.** How can we structure curricula that will use gamification and other techniques to develop the right questions and use data the right way? Courses that support that type of learning will grow in importance in the future.
- Finally, prepare **students to take roles beyond what they might think of as their first step.** A student's first role out of graduate school will not be his or her only role, nor his or her last role. Students' career journeys may look like monkey bars and not a pyramid (to paraphrase Sheryl Sandberg). We need to help young leaders be “present” in the role they are in at that moment and learn all they can from their experiences. That is more important than always thinking about one's next step.



Virginia Calega, MD
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Virginia Calega, MD, is responsible for the ongoing analysis of utilization, medical cost, and health outcomes data at Independence Blue Cross, which serves nearly 8.5 million people in 24 states and Washington, D.C. Independence Health Group is the leading health insurance company in the Philadelphia region, and they are expanding across the country.

In approaching this from the payor/insurance perspective, we are in a crisis today, and clearly need transformation that future leaders must provide. Healthcare costs in the United States are at 18 percent of GDP and heading to 20 percent by 2024. We spend more on healthcare than any other industrialized nation in the world. Yet the outcomes we are getting for all that money are not optimal. Life expectancy in US is starting to decline because of the impact of chronic illness and the opioid crisis.

There are many other disruptive forces in the market. Fewer than 50 percent of oncologists and cardiologists remain in independent practice. We are seeing increasing vertical integration, as hospitals continue to acquire physician practices. And we are moving from traditional fee-for-service reimbursement to a variety of other payment models like Accountable Care Organizations.

Consolidation in the market place will continue, as we have seen recently with Aetna's proposed merger with CVS. This would have the largest U.S. retail and pharmacy benefits manager in the nation acquiring one of the largest commercial insurers, bringing together a lot of data and a lot of members. One of the goals for such a merger could be to move large numbers of patients out of hospitals and into retail-based clinics for services such as infusions. The Amazon/Berkshire Hathaway/JPMorgan Chase experiment in healthcare has the potential to be very disruptive. The "Amazon experience" is affecting everything, including healthcare.

All these issues place a premium on leadership, no matter what area you are in. To solve for these upcoming challenges—leaders must be lifelong learners. All your experiences will prepare you for your next role. While it might not be clear at this time, it will eventually. There must be a flexible delivery system for leadership training. Educators must meet students where they are—online, in person or otherwise. In this environment, communication becomes very important as leaders have to be able to communicate across diverse teams. The language that a physician uses is not the same language as an IT person. The ability to communicate across disciplines will be at a premium among future leaders.

The pace of change will only accelerate. How do we help leaders deal with ambiguity and matrixed organizations with multiple lines of reporting relationships? How do you sustain that pace of change while meeting obstacles and barriers? How do you apply learnings from one set of experiences to future experiences? You have to be able to see the big picture and we have to help leaders develop that skill.



Joseph S. Gasque
Chief Marketing Officer, US & Canada Region
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Charlotte, NC

Joe Gasque is the Chief Marketing Officer for the \$8 billion US & Canada region of GE Healthcare. His responsibilities include recruiting, developing and incentivizing commercial talent, commercial deal support, and engaging healthcare professionals to drive demand and brand preference through regional marketing programs.

Leadership, customer obsession, and problem-solving skills will cover everything regardless of whatever the future holds.

GE is very focused on how we attract, retain, and grow the best people possible. There is an exciting future to solve problems. Everything rises and falls with leadership. GE leadership attributes are tried and true. We hire for values, and first and foremost among them is integrity. As we groom leaders, we expect them to continuously learn around leadership traits. How to develop themselves, influence teams, and influence organizations.

GE Healthcare is focused on precision health in diagnostics, therapy, and monitoring. That's the lens through which we look at everything. Through developing care pathways, we have the opportunity to change the outcome along that care pathway. The consumer experience is key. We have to do the hard work, so our consumers don't have to. We ask ourselves: how do we make sure we start with the outcome the consumer wants and then work backwards to make the system deliver that desired outcome? In this effort, partnerships are crucial.

Finally, we look for great problem-solving skills in leadership. Often that involves breaking down silos to make mission-based goals possible. Leaders must solve problems that relate to making the consumer experience better.





**Carla Smith, HIMSS
Executive Vice President
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Chicago, IL**

Carla Smith is Executive Vice President of HIMSS, a global not-for-profit organization focused on better health through information and technology. Via thought leadership, community-building, policy, workforce development, and events, HIMSS leads efforts to optimize health engagements and care outcomes.

Three key themes occur to me when I think about 50 years from now.

One is the importance of health leaders being prepared for a complete revolution in what constitutes clinical competency. How clinicians are trained today is very different from how care will be offered in the future. To pick just one example, think about the potential impact of artificial intelligence on radiology. When AI can be used to scan millions of images almost instantaneously, how many radiologists will we need? Today we may not even have the names of future clinical roles. “Virtualists,” for example, could become a new category for providing care.

The second theme relates to funding models of the future. Will Social Security and CMS still be around in 50 years? And, if so, what will they look like? The burden for payment will continue to move toward patients. Funding is not just an issue for the United States. Much of the world’s population is aging, and more people are moving to cities and away from rural areas. This represents a whole host of future challenges for leadership.

Finally, I think about governance and executive leadership. In the future, leaders will be required to lead virtual teams that will be spread out and not in one location. Teams will be more matrix-oriented and less pyramid or hierarchical. Matrices in the health world will affect governance deeply. Cultural and gender competencies will only grow in importance, and leaders will need to understand the culture and gender realities of their team. All this reflects accelerating change in the workforce, which will only continue over the next 50 years. Work/life balance will be different. People will want time for professional development and time with their family.



Rulon Stacey, PhD, FACHE
Managing Director
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Chicago, IL

Rulon Stacey is a Managing Director in the Healthcare practice for Navigant. As a nationally-recognized healthcare leader, and past CEO at an academic health system and at a community-based provider, he provides expertise in the design and development of initiatives that support cultural and organizational changes needed for ongoing success as health systems evolve from fee-for-service to value-based environments.

You can never be wrong when talking about the future, because no one in 50 years will check back on what we are predicting today. And in the long run, as Keynes noted, we're all dead. But here are some things I can say with confidence about the future.

Accreditation matters. There are lots of programs, and accreditation is very important and incumbent on all of us to be able to identify the difference between being in an accredited program vs not accredited. Let's make sure we understand the difference. It matters and will lead to the betterment of the industry.

It is possible to simultaneously improve cost and quality, and it is a false narrative to pick one over the other. We must find the things that work in both areas but have not been good in this area up to now. We are not good at driving costs out while improving quality. Future leaders can and must do a better job. I believe the best framework is the performance excellence framework of the Malcolm Baldrige Award. Educators should be teaching this.

Investor-owned facilities are better at lowering cost and improving quality. Nonprofits have used their mission as a cover to be inefficient, and that's not OK. Academic systems are the worst, with a few exceptions. Being good at heart/lung transplant does not mean you're the best in gallbladders.

We have to stop the turf wars between hospitals, insurers, and providers. A matrix approach is the future. The industry is dying a slow death of testosterone poisoning. We don't have to do it all, we need to work together.



CONCLUSION

By Steven Howard, PhD, MBA
Director, MHA program; Executive MHA program
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Since 1968, CAHME-accredited MHA programs have worked to prepare students for the ever evolving healthcare environment. At this year's CAHME 50th Anniversary event, we heard from half a dozen industry leaders about the trends they anticipate continuing into the future—more responsibility for the continuum of care, more virtual and other tech-enabled care, and increasingly complex organizational leadership challenges, among others. The young people we are preparing to be the healthcare leaders of the future must have the highest integrity, strong problem-solving skills, and be excellent, adaptable communicators.

Today's students must learn to master and balance a variety of often conflicting responsibilities, from complex arrangements of increasingly integrated delivery systems, to new value-based care models, to the needs of vulnerable populations within our communities. These tides of change are moving rapidly. At the same time, we are encountering shifts in the culture and organizational structure of healthcare organizations, intense pressure for greater performance improvement, the aging and retirement of the Baby Boomers, rising influence (and leadership) by Millennials, and new political forces such as legislation changes.

The future of healthcare does not rely solely on political influences, advances in clinical research, or population-specific needs. It will hinge greatly on the performance of the healthcare administrators leading tomorrow's organizations. Our students will face challenges in healthcare that we cannot currently imagine. It is our responsibility to provide the foundation they will need to adapt to changes, problem-solve, work quickly, and implement sustainable solutions that improve organization-wide performance. Together with all our esteemed colleagues in the CAHME community, we at Saint Louis University pledge that the next 50 years will result in better health for all the populations we and our students and alumni serve.



ABOUT CAHME

The Commission on Accreditation of Healthcare Management Education (CAHME) serves the public purpose by advancing the quality of graduate healthcare management education.

CAHME's strength is based on a 50-year history of interdisciplinary commitment of leading educational, professional, clinical, and commercial organizations. The Council for Higher Education Accreditation deems CAHME as the only organization to accredit graduate level healthcare management programs in the United States and Canada.

Why CAHME? CAHME actively promotes continuous quality improvement in the preparation of future healthcare leaders by developing measurable, competency-based criteria for excellence in healthcare management education.

- Students entering CAHME accredited programs are assured of appropriate content, high standards of quality, and a competency-based curriculum.
- CAHME accreditation is the benchmark for students and employers alike that ensures the integrity of healthcare management education.
- 104 programs in healthcare management are CAHME accredited.
- More than 6,000 students are enrolled in CAHME accredited programs.

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CAHME has a strong academic-practitioner partnership through our corporate members and industry partners that ensures that graduate healthcare management curricula reflect the needed industry competencies. Our corporate member base includes leading hospitals, health service delivery systems, professional societies, associations and health plans as listed below:



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