

TO BE THE CHANGE: PREPARING THE FUTURE LEADERS OF HEALTHCARE

Thought Leader Insights
March, 2016



CA⁺HME[®]

Commission on Accreditation
of Healthcare Management Education



“The best way to predict the
future is to create it.”

— Dennis Gabor
Nobel Laureate physicist

Introduction

The triple aim of pursuing improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care is nearly a decade old and is not near completion. States’ disinvestment in higher education has driven up tuition and increased student debt, while disruptive technologies challenge the foundational models of education. At a time when the United States healthcare system is absorbing the largest demographic bubble in history, requiring more (and expensive) healthcare services, tectonic shifts are altering the foundations of our system to educate and sustain a workforce.

Into that maelstrom steps a “community of scholars,” the Commission on Accreditation of Healthcare Management Education (CAHME). CAHME represents healthcare professionals, associations, and educators who serve to advance the quality of healthcare management education.

What is CAHME’s role; how will CAHME respond to help our programs lead in transformation in healthcare and education? During the American College of Healthcare Executives Annual Congress in March 2016, CAHME assembled 55 leaders in healthcare and education to discuss the future of graduate healthcare management education, and CAHME’s role within it. This white paper synthesizes those discussions.



Daniel J. West, Jr., PhD
 Chair, CAHME Board of Directors
 Professor & Chair, DHA/HR
 University of Scranton

Table of Contents

- 1. Education Environment 2
 - a. Background
 - b. Drivers of Change in Graduate Healthcare Management Education
 - c. Future Perspective
 - d. Innovation
 - e. The Global Environment
- 2. Healthcare Environment 6
 - a. Background
 - b. Drivers of Change in Healthcare
 - c. Future Perspective
- 3. Accreditation 9
 - a. Background
 - b. Drivers of Change in Higher Education Accreditation
 - c. Future Perspective
- 4. Strategic Questions 11
- 5. Acknowledgements 11
- 6. Attendee List 12
- 7. Universities with CAHME Accredited Programs Inside Back Cover



Frank Coyne, PhD
 CAHME Past Board Chair
 VP, BCBSA (Retired)
 Session Facilitator



Anthony Stanowski, DHA
 CAHME President & CEO

Education Environment

Background

President Obama set a goal that by 2020, America would once again have the highest proportion of college graduates in the world. The Administration's goal is focused on undergraduates, yet its effects reverberate in graduate education in the increasing demands for improved graduation (i.e. completion) rates among students, increased employment attainment in careers of choice, and full transparency in sharing of educational outcomes with the public.

Calls for increased accountability in higher education demand that colleges and universities demonstrate outcomes and student achievement measures. Public policy is influenced by concerns regarding higher education. Accreditation programs are under scrutiny, and some accreditation organizations have been terminated by the National Advisory Committee on Institution Quality and Integrity and the US Department of Education. Accreditors are called on to improve program/institutional quality, and create tools to examine "at risk" institutions. While public policy is a major force in education, there are also other factors that press on the system.

Drivers of Change in Graduate Healthcare Management Education

- Changes in healthcare that demand shifting and emerging competency needs
- Increased emphasis on characteristics and competencies inherent in strong organizational leadership: integrity, communication, interpersonal skills, strategic thinking, savvy, etc.
- New degrees, certification programs, specializations
- The need for innovative ways to deliver education (e.g. non-traditional formats)
- Increasing emphasis on student learning assessment and measurable outcomes
- Demand for higher quality, lower cost academic delivery
- Increased demand for experiential opportunities (internships, residencies, fellowships, mentoring, course-specific work)
- Expansion of program/student/practitioner interaction
- Increased demand for transparency of outcomes
- Increased focus on financial aid programs and student debt
- Evolving technologies for education delivery
- Competency-based admissions criteria
- Competency-based outcomes and assessment of outcomes
- Outsourcing of educational services

Future Perspectives

Colleges and universities face financial and operational challenges as the pressure to reduce costs and improve access to education coincides with public funding cuts. At the same time, consumer protections are being brought into focus to ensure the avoidance of misconduct and fraud, false advertising, and misleading information.

Education is seeing a shift from “what” to deliver (e.g., content) to “how” to deliver education (e.g., online). Leading programs (including CAHME accredited programs) have moved toward competency-based models. A growing array of expectations from government, students and employers has focused on achieving measurable outcomes, including:

- Retention rates
- Graduation rates
- Employment rates in graduate career choice areas
- Starting salaries of graduates
- Student loan repayment

Other measures to improve student outcomes include mentoring programs, professional organization memberships and involvement; opportunities for practical experience, and more well designed assessment of student competency development.

Some colleges and universities are turning to public/private partnerships to address the challenges they face, some are consolidating programs, and some are discontinuing degree programs altogether. They are also moving away from faculty tenure in some instances, increasing faculty teaching loads in others, and using part-time faculty when possible. They are turning to online services to deliver education less expensively and to expand their market share. New types of programs are also emerging on college campuses to address the growing market for skill-specific education through certificate programs and outreach to employers for targeted educational offerings for their employees.

“Earning a post-secondary degree or credential is no longer just a pathway to opportunity for a talented few; rather, it is a prerequisite for the growing jobs of the new economy. Over this decade, employment in jobs requiring education beyond a high school diploma will grow more rapidly than employment in jobs that do not; of the 30 fastest growing occupations, more than half require postsecondary education. With the average earnings of college graduates at a level that is twice as high as that of workers with only a high school diploma, higher education is now the clearest pathway into the middle class.”

— The Obama Administration

Innovation in the Education Environment

Innovation should be designed into both the structures of educational delivery and in the competency models that guide curricula and student learning. Factors related to each are below.

Innovation in education delivery

- Incorporating interdisciplinary approaches to education
- Turning to other industries to better understand innovation and how to develop innovative thinking
- Understanding the disruptive nature of innovation
- Developing a best practices platform on which programs can share their successes
- Collaborating with other education-related organizations
- Identifying ways to measure innovation success
- Developing an award for innovation in education in CAHME accredited programs

Innovation in the curriculum

- Consider innovation as a needed competency in CAHME criteria
- Competency models should include innovation
- Recognize that innovation is important to critical thinking and to problem solving
- Interactive learning exercises support innovative thinking

The Global Environment

In 2010, the Aramark Charitable Fund supported a phased study of the global market for accreditation. Programs in other countries have continued to explore, with CAHME, accreditation of their graduate programs in healthcare administration. The study found that the degree of alignment between the health administration education system and the competency needs of the healthcare delivery system varies by country. Opportunities exist for CAHME programs to engage and embrace the global higher education trade movement and to advocate for increased globalization of healthcare management training.

A recent survey of AUPHA healthcare management education programs found that 38 percent of respondents had international student exchange programs, faculty exchange programs, international research initiatives, or related global activities. Given the movement toward international medical tourism and the expanded interest of large North American healthcare systems in global health, students would gain from having a better understanding of healthcare delivery that occurs outside North America. This understanding could help U.S. healthcare leaders better position their organizations to compete in the growing global healthcare market.

A number of U.S. accrediting bodies are now offering accreditation on a global scale. The Association to Advance Collegiate Schools of Business (AACSB) is accrediting business education programs throughout the globe and has been doing so for a number of years. The National Association of Schools of Public Affairs and Administration (NASPAA) considers itself the “Global Standard in Public Service Education” and is accrediting programs outside of North America. The Council on Education for Public Health (CEPH) has initiatives in international accreditation while it recognizes that there are also other accrediting bodies for public health serving regional markets in other countries.

It is time for healthcare management programs to learn from, and participate in, the global accreditation process.



Healthcare Environment

Background

The transition from volume to value is driving fundamental change in healthcare delivery structures. Healthcare is a large and growing sector of the US economy at 18% of Gross Domestic Product. Increased and rapid innovation in delivery and payment models is driving consolidation among major health systems and payors. The healthcare system of 2016 bears little resemblance to the healthcare system of nearly 50 years ago, when CAHME was founded shortly after the implementation of Medicare and Medicaid.

As healthcare delivery changes, successful graduate programs in health administration are pressed to “stay ahead of the curve” to prepare students for the demands of their future leadership and management roles. This emphasizes the importance of leadership competencies, deeply embedded value systems, analytical skills, team building, and talent that can define and solve problems with clear strategy and innovation.

Drivers of Change in Healthcare

The drivers of change within our health system impact:

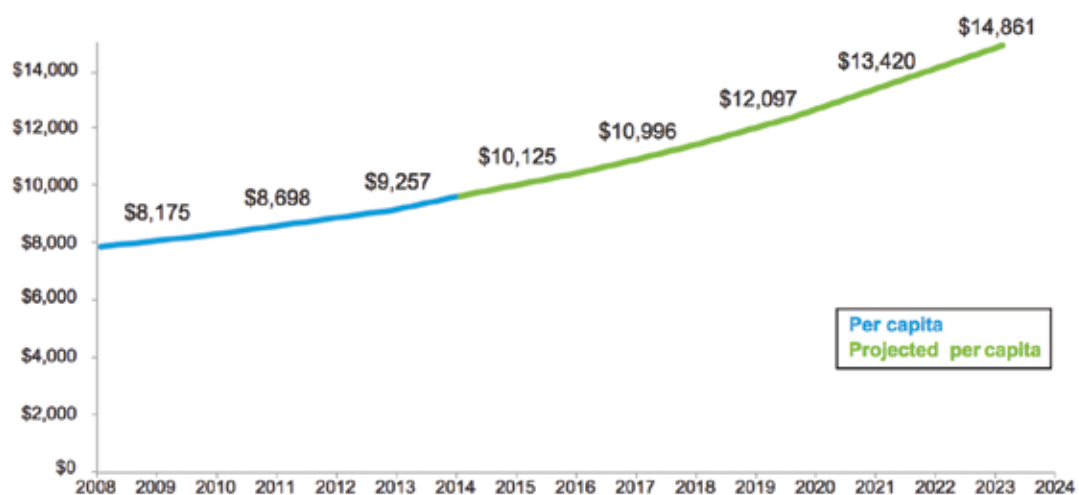
- The Delivery System
 - Expanding models of integrated and collaborative service delivery
 - Consolidation among healthcare systems, insurers, and physician provider groups
 - Need for increased collaboration among traditionally distinct providers
 - Transition from volume to value in care delivery
 - Imperative to accelerate innovation to improve value
 - Disrupters in the system: retail, technology
- Financial
 - Need for more capital and new sources of capital
 - Cost pressures on the system
 - Changed insurance/care models
 - The rise in out-of-pocket costs to the patient
 - MACRA accelerating the move to alternative payment models
 - Shifting of risk: Providers? Plans? Other?
- The Patient Experience
 - Retail characteristics of healthcare
 - Savvy consumers who demand improved quality and engagement
 - Price transparency to support consumer choice

- Population Health
 - Health promotion and wellness programs
 - Integration of behavioral health into medical care
 - Assumption of risk for defined populations
- Servant Leadership
 - Organizational change
 - New business models
 - New organizational structures
 - Diversity imperatives
- Clinical Quality Improvement
 - Need for data-analytics
 - Process and operational improvement
 - Population health
 - Risk analysis
 - Strategic directions



Health care costs expected to continue rising

The Problem: Health care per capita and percent of GDP continues to grow



	2008	2015	2018	2024
Total health expenditures (trillions)	\$2.41	\$3.24	\$3.79	\$5.43
% of GDP	16.4%	18%	18.1%	19.6%

Source: CMS, "Projected National Health Expenditure Data", Last modified 07/30/15 <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>, Table 1 in NHE Projections 2014-2024
 Developed by Deloitte Development, LLC. Presented at the Thought Leadership Discussion, March 2016. Used by permission.

Future Perspective

Many of the above drivers are interdependent; some are more powerful than others; some less driver than driven. The list speaks to a complicated array of factors that healthcare leadership faces in both the short and long term. According to Mitch Morris, Vice Chairman, Global Leader, Life Sciences & Health Care at Deloitte:

- There will be fewer health systems and leadership roles will change;
- Skills are needed to manage the entire health ecosystem, less focus on acute care;
- Leaders need to become adept at managing financial and clinical risk (value-based care);
- Engaging and connecting with customers is increasingly important.

In health related organizations, payers and providers are integrating; medical devices manufacturers face new challenges from the FDA while demand grows; consultants need finely tuned business and analytical skills; long term care services are undergoing unprecedented expansion; demands for mental health care are putting pressure on the system to expand; research is bringing new pharmaceuticals and procedures to the market at a rapid pace; information technology is opening a depth of data not previously accessible for quality improvement and strategic decision-making; and population health demands are introducing new entrants to the healthcare market.

This leads to expanded career opportunities for graduates of CAHME programs. This is an opportunity to expand the student skill set by bring together interdisciplinary teams to broaden learning.

The transformational shifts in healthcare require our academic institutions prepare graduates:

- 1) To have a servant leader perspective;
- 2) To develop a strong moral compass;
- 3) To foster a commitment to lifelong learning;
- 4) To function in interdisciplinary teams with clinicians and managers;
- 5) To innovate in all functions of their careers;
- 6) To take a world view while working effectively with their local communities;
- 7) To be prepared with the analytical, financial, quality improvement, technology, and problem solving skills that will add value immediately to their organizations.

Accreditation

Background

In educational accrediting, there are two types of accreditors:

- Institutional accreditors provide accreditation to a university or college, not to schools/departments/programs within the university.
- Programmatic/specialty accreditors provide accreditation to the specific discipline of their specialty.

CAHME is a programmatic accreditor.

Drivers of Change in Accreditation

While public policy and market-driven trends focus on undergraduate schools and programs, they have implications for graduate education.

- Market-driven trends from students relate to costs, accessibility, and changing expectations of the learning environment, e.g. competency-based credit waivers, non-traditional credentials for specific skills, e.g. quality improvement.
- Public policy: Higher education accreditation in the US has come under intense scrutiny as public policy focuses on achieving reduced student debt, improved completion rates (i.e. rate of enrolled students who graduate in the “usual” time), reduced length of time to graduation, and improved employment rates following graduation.
 - The current accreditation process is viewed by some as a barrier to improved access to, and lower cost of, higher education and to the transformation of education in the U.S. Established accreditation policies and practices are seen by some as entrenched and unable to respond in a timely way to changes in market requirements.
 - How accrediting bodies support innovation in education delivery is under the microscope.
 - Focus on outcomes and not inputs (i.e., measurement of student learning, not classroom time).

Transparency is increasingly required of bodies that impact public and private institutions. CAHME is recognized by the Council for Higher Education Accreditation (CHEA), and this recognition is an important hallmark of CAHME credibility and competency as an accreditor in higher education. Reflecting trends in education generally, CHEA calls for increased transparency in public reporting practices.

Two key initiatives that are harbingers of change in accreditation:

1. The US Department of Education is engaged in an initiative titled the Educational Quality through Innovative Partnerships Initiative (EQUIP) to focus on the quality of innovative educational programs beyond the scope of traditional accreditation. It calls for establishing new forms of external quality review that potentially could serve as additional reliable authorities on quality, alongside accreditation. If current accreditors don't take up this challenge, someone else will.
2. In January 2016, The US Chamber of Commerce drafted a proposal calling for more employer input into accreditation to ensure that college graduates are properly prepared for the work force. The result is that employers will have more say in the accreditation process, creating an employer-driven form of quality assurance.

With increased pressure on accreditors, like CAHME, to focus on quality improvement, there is a corresponding pressure to make re-accreditation of consistently high-quality programs less demanding and intensive.

Future Perspective

CHEA will expand the criteria for recognizing institutional and programmatic accrediting agencies. Look for CHEA to expand transparency of findings, particularly around student outcomes.

As education evolves to include non-traditional offerings by colleges and universities, accreditors will find themselves faced with additional accrediting opportunities. While pursuing these opportunities may lead to increased business, accreditors need to ensure that transparency, outcomes, and established criteria serve to protect students and result in good value.

Strategic Questions

Given the factors that are impacting accreditation, CAHME needs to be vigilant in remaining up-to-date and proactive in continuously strengthening its mission: “to serve the public interest by advancing the quality of healthcare management education.”

The environmental factors related to accreditation suggest key points for consideration in strategic planning:

- How does CAHME remain a competitive force for improvement in graduate healthcare management education?
- As an accrediting body, how does CAHME lead innovation in the design and delivery of health management education?
- What are the next steps in ensuring the success of the mission-based competency model that CAHME has developed and adopted?
- How can CAHME’s business model be re-designed to support current and future opportunities for growth?

Acknowledgements

CAHME acknowledges the support of those in attendance who provided insight into the challenges of healthcare management education. We acknowledge their support. CAHME also thanks the ongoing support of our Corporate Members who contribute to the creation of standards that help prepare the future leaders of healthcare.

CAHME Corporate Members



CAHME Thought Leader Meeting Contributors

Brian Allyn, MHSA¹⁶

Administrative Fellow
Cleveland Clinic

Bradley Beauvais, PhD, MBA, MA, FACHE

Assistant Professor, Department of
Health Care Administration
Trinity University

Heidi Boerstler, DrPH, JD

Professor, Department of Health Administration
University of Colorado Denver

Eric Brichto, Esq.

Director and Counsel, Accreditation Operations
CAHME

Cherise Bridgewater

Baylor University

Maureen Cahill, MBA

Senior Vice President and Chief Human
Resources Officer
Blue Cross and Blue Shield Association
CAHME Board

Leigh Cellucci, MA, MBA, PhD

Professor and Program Director
Department of Health Services and
Information Management
East Carolina University
AUPHA Board

Barry Cesafsky, FACHE

President & CEO
CES Partners, Ltd.

Jean Chenoweth, BS

Senior Vice President
Center for Performance Improvement
Truven Health Analytics

Frank Coyne, PhD

VP, BCBSA (Retired)
CAHME Past Board Chair

Mark Diana, PhD

Associate Professor and MHA Program Director
Department of Global Health Management and Policy
Tulane University
AUPHA Board

Natasa Djukic, MS

Project Coordinator & Adjunct Faculty,
Rush University
Rush Children's Hospital & Rush University

Andrew Garman, PsyD, MS

Professor, Department of Health Systems Management
Rush University
CEO, National Center for Healthcare Leadership

Daniel Gentry, PhD, MHA

Clinical Professor and MHA Program Director
University of Iowa
CAHME Board

Gerald Glandon, PhD

President & CEO
AUPHA

Renee Glanzman, MS

Care Transformation Manager and Compliance Officer
& Adjunct Faculty
Rush University

Lauren Goebel, MBA, MHSA

Vice President, Transformation &
Organizational Development
Rush University Medical Center

Allyson Hall, MBA, MHS, PhD

Professor, Department of Health
Services Administration
University of Alabama - Birmingham

Alfred Hamilton, PhD, FHIMSS

CEO/President
Technology Solutions Consulting, LLC

Robert Hernandez, DrPH

Professor, Doctoral Program Director &
Senior Associate Chair for Global Health
Department of Health Services Administration
University of Alabama - Birmingham

R. Brooke Hollis, MBA

Associate Director, Sloan Program in
Health Administration
Cornell University
AUPHA Board

Diane Howard, PhD, MPH

Director of Student Development
& Assistant Professor
Department of Health Systems Management
Rush University
AUPHA Board

Steven Howard, PhD

Assistant Professor & Associate Director,
Executive MHA Program
Saint Louis University

Bill Jessee, MD, FACMPE

Managing Director & Senior Medical Advisor
Integrated Health Strategies

Karen Johnson, MIM

Case Competition Coordinator, Accreditation
Coordinator & Senior Lecturer
Baylor University

Forest Kim, MA, MBA, MHA, PhD

Deputy Director and Assistant Professor
Army-Baylor University

Daniel Lehman, FACHE

Associate Vice President of Support Services
UNC Health

Christy Lemak, PhD, FACHE

Professor and Chair
Department of Health Services Administration
University of Alabama at Birmingham
AUPHA Board

Kate Liebelt

Chief of Staff, Health Care
Deloitte Consulting, LLP

Michael Mittelman, OD, MPH, FACHE

President
Salus University

Mitchell Morris, MD

Vice Chair and Global Leader for the Health Care
Sector
Deloitte

Craig Nesta, JD, MBA, FACHE, FACMPE, FHFMA

Practice Management Executive

Bankole Olatosi, PhD, MPH, MS

Clinical Associate Professor & Program Director
Department of Health Services Policy and Management
University of South Carolina

Victoria Parker, EdM, DBA

Associate Professor
Boston University School of Public Health

Neel Pathak, MHA

Director of Business Development
CAHME

Richard Priore, MHA, ScD, FACHE, FACMPE

Associate Professor, Division of Health Policy
& Management
University of Minnesota

Bernardo Ramirez, MD

Assistant Professor and Director of Global Health Initiatives,
Department of Health Management and Informatics
University of Central Florida
AUPHA Board

Martha Riddell, DrPH, MPH

Associate Professor & Director, Master of Health
Administration Program
University of Kentucky

Jill Rissi, RN, BSN, MPA, PhD

Assistant Professor of Public Administration
Portland State

Thomas Royer, MD

Partner
Royer-Maddox-Herron Advisors
Past Chair, CAHME Board

Susan Sanson

Executive Director, Educational Services
Froedtert Hospital

Margaret Schulte, DBA, FACHE, CPHIMS

President & CEO (Retired)
CAHME

Farzana Shakir

Manager of Operations
CAHME

Anthony Stanowski, DHA, FACHE

President & CEO
CAHME

Mary Steff, PhD

Professor, Health Care Administration
Trinity University

Elizabeth Summy, MHA, CAE

Executive Vice President & COO
American College of Healthcare Executives
CAHME Board Chair-elect

William Tuttle, MHA, FACHE

Vice President of Planning
Baptist Memorial Healthcare Corporation

Thomas Vaughn, MHSA, PhD

Associate Professor and MHA Director, Department of
Health Management and Policy
University of Iowa
AUPHA Board

Joseph Vibert

Executive Director
Association of Specialized and Professional Accreditors

Carolyn "Cindy" Watts, PhD

Chairman, Department of Health Administration
Virginia Commonwealth University
AUPHA Board

Daniel J. West, Jr., PhD, FACHE, FACMPE

Professor and Chair, Department of Health Administration
and Human Resources
University of Scranton
CAHME Board Chair

John Wiercinski, MHA

Regional Vice President
Geisinger Health System

Universities Offering CAHME Accredited Programs

Armstrong State University
Army-Baylor University
Baylor University
Boston University*
California State University, Long Beach*
Clarkson University Capital Regional Campus
Columbia University*
Cornell University
City University Of New York, Baruch College
Dalhousie University
Des Moines University
Florida International University
George Mason University
Georgetown University
Georgia State University
Governors State University
Indiana University
Johns Hopkins University
Marymount University
Medical University Of South Carolina*
New York University
Pennsylvania State University
Portland State University
Rush University
Saint Louis University
San Diego State University
Seton Hall University*
Simmons College*
Temple University
Texas A&M University*
Texas State University-San Marcos
Texas Woman's University*
The George Washington University
The Ohio State University
The University of Iowa*
Trinity University*
Tulane University
Universite de Montreal
University of Alabama at Birmingham*
University of Arkansas for Medical Sciences
University of Central Florida*
University of Colorado Denver*
University of Florida
University of Illinois at Chicago
University of Kansas Medical Center
University of Kentucky
University of Memphis
University of Miami
University of Michigan*
University of Minnesota*
University of Missouri*
University of North Carolina at Chapel Hill*
University of North Carolina at Charlotte
University of North Florida
University of North Texas
University of Oklahoma
University of Pittsburgh
University of Puerto Rico
University of Scranton*
University of South Carolina
University of South Florida
University of Southern California
University of Southern Maine
University of St. Thomas
University of The Incarnate Word
University of Toronto
University of Utah
University of Washington-Seattle*
Virginia Commonwealth University*
Washington State University Spokane
Weber State University*
Widener University
Xavier University

*Universities offering multiple CAHME accredited programs as of 07/31/2016. For the most recent listing, visit www.cahme.org

Partial Funding for this report was underwritten by a grant from MEDI+SIGN®. MEDI+SIGN developed a healthcare connected platform that includes digital patient room whiteboards. For more information on the hospital room of the future and how these solutions can affect HCAHPS, Coordination of Care and Fall Reduction, visit us at www.medisigndisplays.com



MEDI+SIGN

PREPARING THE FUTURE LEADERS OF HEALTHCARE | 2016