



Advancing the quality of healthcare management education.

CAHME Update

July 14, 2025



Website
www.cahme.org



REV 7/13/2025



Commission on Accreditation
of Healthcare Management Education

INTRODUCING



Al Faber
Board Member
Interim President & CEO



Ron Holder
CAHME Board Chair

PRESENTING TODAY



Lynn Downs

Master Fellow
CAHME Board Member
Accreditation Council Chair



Maureen Jones

Master Fellow
CAHME Board Member
Past Standards Council Chair
Chair of the Standards Implementation Task Force

AGENDA

- Accreditation Process Updates
- 2026 Standards:
 - Standards Update Process
 - Changes
 - New Findings Language
 - Site Visitor Training
 - Program Training
- Q&A
- Important Dates

Accreditation Process Updates

Lynn T. Downs, PhD, FACHE

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Length of Accreditation

- **4 Years – Initial Accreditation**

- Year 2: Progress Report: Report on progress, barriers, plans related to all findings.
- Year 3: Self-study
- Year 4: Site Visit

- **8 years – Accredited programs**

- Year 3: Progress Report: Report on progress, barriers, plans related to all findings.
- Year 7: Self-Study
- Year 8: Site Visit

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New Site Visit Schedule

Day	Activity	Purpose
12 weeks prior to site visit	Self Study and Evidence Due	<ul style="list-style-type: none"> Self Study must now be submitted in the CAMP system 12 weeks prior to the site visit (previously 8 weeks) All evidence files are required to be submitted at the same time as the self study
30 days prior to site visit	LMS Access	<ul style="list-style-type: none"> Learning Management System (LMS) access available 30 days prior to the site visit date.
Tuesday	Site Visit Team Dinner	<ul style="list-style-type: none"> Document review now completed digitally prior to visit. Reduce one night of travel and expenses for the Coordinator and Observers.
Wednesday	Confirmation of Standards Compliance	<ul style="list-style-type: none"> Morning: faculty sessions validate, triangulate data in self-study with questions, examples et. Student and stakeholder meetings Afternoon: Focus on peer-to-peer feedback, brainstorming, allow them to pitch an area of "Strength," discuss areas they want to work on with a more intentional approach to the value proposition for programs. Better pitch to chairs, deans
Thursday	Report Out	<ul style="list-style-type: none"> Meet with University Leadership Informal PD and faculty discussion and brainstorming and/or resourcing Formal report out

Progress Report Requirements

Finding	Requirement
Met	No Progress Report necessary
Opportunities for Improvement	Year 2 (initial programs) Year 3 (reaccredited programs)
Critical Concern	<ol style="list-style-type: none"> All standards need to be deemed complete after review of progress report Probation (one year) if still not complete Accreditation Council review if not complete at end of probation: Loss of accreditation possible

2026 Standards: Standards Update Process

Maureen C. Jones, Ph.D. RN

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Accreditation Process Streamlined through Comprehensive Standards Review

Involved Diverse Workgroups:

Various program types, career stages, and accreditation experiences.

- Criterion 1: **Dr. Carla Stebbins**
- Criterion 2: **Dr. Allyson Hall**
- Criterion 3: **Dr. Lynn Downs**
- Criterion 4: **Dr. Dawn Oetjen**

Survey of the Field:

- Survey was sent to all CAHME constituents to hear opportunities for improvement.
- Listening sessions: NCHL, ACHE, AUPHA
- Review of accreditation standards (i.e. AUPHA, AACSB, CEPH, ACBSP)
- Consulted with accreditors – learning from experiences (AACSB, JCAHO)

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Standards Review Contributors

- Elizabeth McNutt
- Ellen Kurtzman
- Ben Spedding
- Andrew McCart
- Ellen Averett
- Ken Johnson
- Steven Szydlowski
- Chris Nesser
- Patricia Poteat
- Dan Kline
- Mary Cooper
- Ben Tait
- Jillian Harrington
- Matthew Bates
- Soumitra Bhuyan
- Cherise Bridgwater
- Cristina Popescu
- Barbara Cliff
- James Lineberger
- Joel Port
- Kim Sears
- Tom Dougherty
- Julie Robbins
- Benita David
- Mary Cooper
- Richard Hirth
- Chris Louis
- Bob Bonney
- Joe Cera
- Arthur Mora
- Regi Herzlinger
- Brad Beauvais
- Cynthia Hahn
- Kristi Pintar
- Jami Jones
- Chris Johnson
- Eric Richardson
- Annie Steelman
- Al Faber
- Jennifer Wilkerson
- Jennifer Pitts
- David Bartholomew
- Anthony Montagnolo
- Curt Homan
- Ron Holder
- Todd Nelson
- Banky Olatosi
- Forest Kim
- James Spann
- David Nash
- Laurie Shanderson
- CAHME Staff
- Fran Cornelius
- Christine Winn
- Anthony Devine

Reducing Burden, Increasing Value

- **Extended Accreditation Periods:**
 - Initial: 3 → 4 years
 - Re-accreditation: 7 → 8 years
- **Progress Reports:** Requirements reduced to lessen the administrative load and allow programs to dedicate more time and resources to CQI efforts
 - Only one required (Initial: Year 2, Re-accreditation: Year 3)
 - CHEA requires all programs to be in compliance with all standards within 4 years of the site visit.
- **Eligibility Requirements:**
 - Drafting solution to streamline the process so that programs can attest to information previously entered versus re-entering all data with each accreditation cycle.
- **Change of Document Review from In-Person to Virtual:**
 - Travel cost savings for program

Reducing Burden, Increasing Value

- **Faculty Research, Funding, and Service Standards Removed**
 - Elements already monitored and evaluated by other entities (ex-institutional accreditors, the department):
- **Less Narrative – more tools/documents**
- **Strengths:** Program shares with SVT what they feel are high quality practices (ones that could be shared with others an innovative, exceptional etc.)
- **Transparency and Preparation**
 - Enhanced review by CAHME staff
 - Checklists for site visit preparation
 - Document review to ensure consistency

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Elevating Quality & Transparency

- **New Standardized Tools:**
 - Program Improvement Cycle (PIC) Tool
 - Provide programs (whenever logical) with documents and rubrics to increase transparency
- **Standard Language Shift:** Updated language reflects a shift toward a **more developmental and supportive approach** to accreditation.
 - From: “Met/Partially Met/Not Met”
 - To: “Met/Opportunities for Improvement/Critical Concern”
- **Continuous Improvement vs Static**
 - Encourage monitoring, evaluation, and ongoing change
- **Reorganized Site Visit Schedule Day One:**
 - Brainstorming, problem solving, collaborative discussions between the SVT and the Program leadership and faculty.

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Improving Inter-rater Reliability

- **Standardized Documents**
 - Ensures consistency across site visits
 - Reduces interpretation variability among reviewers
- **Rationale for Each Standard**
 - Clarifies expectations for programs
 - Improves consistency in application and evaluation
- **Essential Standards for Candidacy**
 - Highlights the most critical areas for new programs
 - Increases clarity and focus during the candidacy phase
- **Rubric to ensure consistency on evaluation of program CQI plans**

2026 Standards: Changes

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Criterion Totals

- 2008 Standards: 56 criteria (including 19 curriculum content areas)
 - 2013-2021 Standards: 35 criteria
 - 2026 Standards: 21 criteria:
- **Living the vision:** CAHME actively promotes continuous improvement in the preparation of future healthcare leaders by developing measurable, competency-based criteria for excellence in healthcare management. CAHME Accreditation is the benchmark for students and employers alike that ensure that students are well prepared to lead in healthcare management.

Standard 1: Program Development, Operation, and Sustainment

- 1.1 Mission, Vision, Values
- 1.2 Program-level Operational and Sustainment Plan
- 1.3 Program Leadership and Faculty Authority
- 1.4 Student Recruitment, Admissions, Retention
- 1.5 Information Transparency
- 1.6 Program Resources

Standard 2: Competency Model

- 2.1 Competency Model Development**
- 2.2 Competency Model Effectiveness**
- 2.3 Competency Model CQI**

Standard 3: Curriculum

- 3.1 Curriculum Development**
- 3.2 Curriculum Effectiveness**
- 3.3 Graduate Level Curriculum**
- 3.4 Curriculum Integrative Experience**
- 3.5 Curriculum CQI**

Standard 4: Student Success

- 4.1 General Student Resources**
- 4.2 Academic Resources**
- 4.3 Academic Advising**
- 4.4 Professional Career Advising**
- 4.5 Student Preparedness**

Standard 5: Faculty

- 5.1 Faculty Qualification**
- 5.2 Faculty Pedagogical Development**

Crosswalk



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2026	2021 equivalent	Description
1.1	I.A.1	Mission, Vision, Values
1.2	I.A.2	Program-level Operational and Sustainment Plan
1.3	I.B.2; IV.A.4	Program Leadership and Faculty Authority
1.4	II.A.2	Student Recruitment, Admissions, Retention
1.5	II.A.5; II.A.1	Information Transparency
1.6	I.B.1	Program Resources
2.1	III.A.1	Competency Model Development
2.2	III.C.2	Competency Model Effectiveness
2.3	III.D.2; I.A.2	Competency Model CQI
3.1	I.A.3; III.A.2; III.A.3; III.A.4; III.A.5; III.A.6; III.B.2; III.B.3; IV.C.2	Curriculum Development

2026	2021 equivalent	Description
3.2	III.D.1	Curriculum Effectiveness
3.3	III.B.1; III.C.1	Graduate Level Curriculum
3.4	III.B.4	Curriculum Integrative Experience
3.5	III.D.2; I.A.2	Curriculum CQI
4.1	II.A.3; I.B.4	General Student Resources
4.2	II.A.3	Academic Resources
4.3	II.A.3	Academic Advising
4.4	II.A.3	Professional Career Advising
4.5	II.A.5	Student Preparedness
5.1	IV.A.1, I.B.3	Faculty Qualification
5.2	IV.C.1; IV.A.3	Faculty Pedagogical Development

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2026 Required Topics* (22)

Analytical Reasoning	Healthcare Management Across the Continuum
Communication: Written and Oral	Healthcare Management and Operations
Critical Thinking	Interprofessional Experiences
Cultural Competence: Develop student's skills to work with all populations and communities	Leadership
Data Literacy and Data Supported Decision Making	Performance Measurement & Improvement
Ethics	Population Health
Health Industry Foundations	Professionalism
Healthcare Finance	Strategic Thinking
Healthcare Human Resources	Sustainability
Healthcare Innovation & Innovation Principles	Teamwork
Healthcare Legal Considerations	Technology

❖ Topics List: Not required to be domains, competencies, or courses.

❖ Must be provided to all students once, in whatever way the program determines.

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Criteria Integrated and/or Removed

- **II.A.4 – Stakeholder Involvement**
 - This is so important that it is now embedded into multiple standards, so it has been integrated into the planning, monitoring, evaluation, and continuous quality improvement activities.
- **IV.A.2 – Diverse & Inclusive Learning Environment**
 - This continues to be important and now is embedded in Standard 3.3 Graduate Level Curriculum as it needs to be considered holistically and in relation to the program mission, vision, and goals.
- **IV.B.1 – Faculty Research**
 - This standard was removed as it is evaluated in numerous other ways through institutional accreditor, university performance standards and contracts, and is unique to each faculty member.
- **IV.B.2 – Faculty Resources for Research**
 - Due to the unique nature of each faculty member's contract and role requirements the program/college/university are better suited to monitor and evaluate this area.
- **IV.D.1 – Faculty Professional Service**
 - Due to the unique nature of each faculty member's contract and role requirements the program/college/university are better suited to monitor and evaluate this area.

2026 Standards: New Findings Language

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New Findings Language: Met

Finding Level	Definition	Common Indicators
Met	The program provided clear evidence for all standard review elements.	<ul style="list-style-type: none"> • All review elements are addressed • Strong, well-documented evidence • Effective, sustained implementation • Ongoing review and refinement • Continuous improvement (monitoring & evaluation) is evident. Program efforts are not static. • Stakeholder feedback is used effectively.

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New Findings Language: Opportunity for Improvement (OFI)

Finding Level	Definition	Common Indicators
Opportunities for Improvement	The program evidence is incomplete.	<p>There are identifiable areas where planning, implementation, monitoring, evaluation, and/or documentation must be strengthened to meet the standard review elements.</p> <ul style="list-style-type: none"> • Minor gaps in clarity, depth, or consistency • Some elements are underdeveloped or inconsistently applied • Improvement efforts are present but not fully embedded

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New Findings Language: Critical Concern

Finding Level	Definition	Common Indicators
Critical Concern	The program has significant deficiencies in evidence provided to meet the standard review elements, with limited or no evidence	Weak, missing or inadequate evidence of <ul style="list-style-type: none"> • Planning • Implementation • Monitoring • Evaluation, and/or • Documentation requiring immediate and substantive attention. • Misalignment with standard intent

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New Findings Language Summary



Met

- Complete evidence provided for all standard review elements
- Evidence is strong and consistent
- Effective, sustained implementation and continuous improvement is evident
- Stakeholder feedback is sought and used effectively



Opportunity for Improvement

- Some elements are underdeveloped &/or inconsistently applied
- Limited or inconsistent evidence
- Plans exist but are not fully implemented



Critical Concern

- No formalized approach or evidence
- Missing documentation
- Misalignment with rationale
- No demonstrated impact or review process

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2026 Standards: Training

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Site Visitor Training & Development

- Pilot Program Site Visit Team (SVT) Training
- Pilot Program SVT Feedback opportunities
- Rubrics: Review Elements to improve interrater reliability
- Standardized program documents: ex. Program Improvement Cycle Tool
- Scenario-based peer reviews: Lunch & Learn, Accreditation Council
- Guidance on standardized feedback for review elements
- SVT development using post visit feedback

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Program Preparation

- **Candidacy: Essential Standards**
 - CPR Events
- **Pilot Programs**
 - Training on new standards: Webinars
 - Feedback opportunities for clarification and readability
- **Tools and Document Training**
 - PBC – Provided by CAHME

1.1	Mission, Vision, Values
1.2	Program-level Operational and Sustainment Plan
1.5	Information Transparency
1.6	Program Resources
2.1	Competency Model Development
2.2	Competency Model Effectiveness
2.3	Competency Model CQI
3.1	Curriculum Development
3.2	Curriculum Effectiveness
3.3	Graduate Level Curriculum
3.4	Curriculum Integrative Experience
3.5	Curriculum CQI
4.6	Student Preparedness
5.1	Faculty Qualifications

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Comment Period

60-day Comment Period ends on August 1, 2025

Option 1: <https://cahme.org/2026-standards/>

Option 2: Direct access from main webpage <http://cahme.org> and click “View Standards”

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Call for Comment: 2026 Draft Accreditation Standards

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**ADVANCE:
SEARCH
ACCREDITED
PROGRAMS**

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Important Reminders

- Annual Report Update: August 13, 2025
- Fall Standards training webinar on tools and rubrics
- Revised Policies and Procedures document being updated
 - check **Resources** tab on website by the end of the month to access revised document
- Annual Report Due Date: November 15, 2025
- Check CAHME website for other upcoming events and webinars: <https://cahme.org/events/>



Q & A