

CAHME Chronicle

2010 Annual Report

Message from the Chair

Greetings,

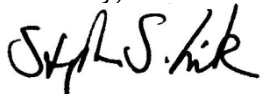
This annual report comes midway through my term as Chair of the CAHME Board of Directors. In November 2010, the CAHME board met at the School of Public Health at the University of Michigan at the invitation of Dean Smith, PhD, a member of the CAHME Board. We took the occasion to hold our meeting and help the faculty, alumni and students celebrate the career of legendary Professor John Griffith who is retiring after 50 years of service at the University of Michigan.

One of the important items of business at the CAHME Board meeting was endorsing the idea of sponsoring a symposium with a theme “Developing Future Healthcare Leaders for 2020 and Beyond.” There will be more information coming soon about the event. We will be highlighting the accomplishments since the 2001 National Summit on the Future of Education and Practice in Health Management and Policy. But more importantly we will look critically at how education and practice must grow more interdependent. This conference will only be possible with financial support from healthcare business and sponsors.

The financial strength of CAHME is beginning to be challenged by the current economic conditions. We have seen our support from the corporate community diminish by more than 25% over the last few years. The board is working hard to develop funding alternatives that will allow CAHME to continue to meet its current obligations and even to grow. Our staff is managing grants from ARAMARK Charitable Fund on the prospect of accreditation of programs outside the United States and Canada. And, with the help of AUPHA, CAHME is working on a model curriculum in the Health Information Technology area, with the support of HIMSS. Each grant provides some support to help CAHME carry out its main mission of accreditation of the 81 CAHME accredited programs, ten candidate programs and the multiple inquiries from programs considering accreditation.

There will be needed changes in three areas: 1) the CAHME candidacy process, 2) proposed changes in CAHME Criteria for Accreditation to take effect in 2012-2013, and 3) the new computerized eAccreditation system. We are examining the roles of CAHME staff in light of our limited resources. These issues and others will be discussed immediately following the AUPHA Leadership Conference held during ACHE and during the CAHME sessions at the AUPHA annual meeting in Charleston, SC. As always I welcome your comments (ssmick@vcu.edu).

Sincerely,



Steve Mick
Board of Directors,
PhD, FACHE



Stephen S. Mick, Ph.D,
FACHE, Chair,
CAHME Board of Directors

Message from the CEO

I look forward to this issue of the CAHME Chronicle because we can look back at our accomplishments with pride, share projects that will lead to improvement, and recognize our volunteers. For the CAHME Board and staff the year began with a Strategic Planning Retreat to review the accomplishments of the last plan completed in 2008 and start a new plan to take us through to 2012. I am proud to say that with our program directors support and the excellent work of the Accreditation Council and staff we have had greater success with the transition to competency based education. We have also seen progress at competency assessment, which will be the next area of focus for CAHME.

In November 2010, the board of directors approved the development of an electronic accreditation system called eAccreditation provided by Liaison International. The first phase of the new installation is already in use collecting program annual report information. There are several more features of the product that will be developed in 2011 -2012, with the ultimate aim to make the accreditation process more efficient. We have made a financial commitment with eAccreditation and will need to develop a separate funding scheme. Based on our research of other organizations using eAccreditation, we know that our program leaders will find the system better than the current submission process and hope that you will work closely with us through development and implementation.

The Standards Council completed its review of the CAHME Criteria for Accreditation this month. The proposed revisions will be vetted in the field from January to March 2011. These changes are not as dramatic as they were four years ago, and were developed using combined feedback from programs directors and site visitors. The resulting revisions are aimed at eliminating redundancies across the Criteria and enhancing program flexibility in aligning curriculum design with program mission and setting.

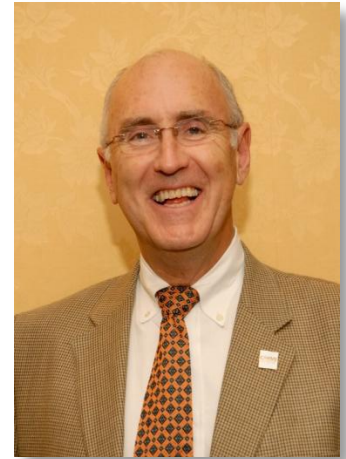
We are enthusiastic to be working with AUPHA on a grant from HIMSS and other organizations to develop undergraduate and graduate curriculum in health information systems and technology. As this work progresses, AUPHA faculty will be asked to submit proposals to develop the most advanced teaching and learning material in this rapidly changing field.

As Dr. Mick related in his column we are planning a symposium in early 2012 to examine the needs for healthcare leadership up to 2020. More information will be released about this symposium in upcoming months. While all this activity is exciting, it is also alarming in light of the loss of some our corporate support. We are working to identify new revenue sources to support these initiatives that improve the quality of healthcare management education.

Happy Holidays,



John S. Lloyd,
President/CEO



John S. Lloyd, MBA, MPH,
FACHE, President/CEO



CAHME

Commission on Accreditation of
Healthcare Management Education

*Serving the public interest by advancing the
quality of healthcare management education.*

CAHME's focus is on providing the field with the best-prepared graduates possible—individuals who can quickly add value to an organization and grow into future leaders.

CAHME achieves its mission through three core strategies:

- Fostering a practitioner-academician dialogue to ensure that programs in health administration are highly relevant to the needs of healthcare organizations
- Ensuring that curriculum is based on well-defined competencies, so that graduates have the skills they need to succeed
- Using an external peer review process to stimulate innovation and a focus on continuous improvement in academic programs in healthcare management

CAHME would like to thank these organizations for their support in FY 2010:

AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES
AMERICAN HOSPITAL ASSOCIATION
ASCENSION HEALTH
ASSOCIATION OF UNIVERSITY PROGRAMS IN
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2009-2010 CAHME Audited Financial Summary

	<i>FY 2008-2009 Actuals¹</i>	<i>FY 2009-2010 Budget</i>	<i>FY 2009-2010 Actuals</i>	<i>Variance Better / (Worse)</i>
Revenues				
<i>Corporate Member Dues</i>	\$ 515,000	\$ 460,000	\$ 425,000	\$ (35,000)
<i>Annual Program Fees</i>	154,350	163,900	159,500	(4,400)
<i>Site Visit Fees</i>	69,500	121,300	113,350	(7,950)
<i>Contributions²</i>	57,400	147,800	171,750	23,950
<i>Interest/Dividend Income</i>	18,154	10,000	9,453	(547)
<i>Other fees</i>	39,680	36,675	71,538	34,863
Total Revenue	\$ 854,084	\$ 939,675	\$ 950,591	\$ 10,916
Expenses				
<i>Administrative Services</i>	\$ 14,616	\$ 5,780	\$ 4,448	\$ 1,332
<i>Management Consulting</i>	29,467	32,095	19,305	12,790
<i>Depreciation</i>	14,023	14,150	10,546	3,604
<i>Insurance - business</i>	12,013	10,500	11,453	(953)
<i>Dues and subscriptions</i>	5,250	6,000	11,699	(5,699)
<i>Training</i>	12,847	27,500	35,714	(8,214)
<i>Board Meetings</i>	8,993	36,000	39,431	(3,431)
<i>Accreditation Council</i>	49,760	55,000	51,451	3,549
<i>Standards Council</i>	5,104	7,500	5,123	2,377
<i>Professional Meetings</i>	11,880	10,000	17,314	(7,314)
<i>Office Expense</i>	24,039	52,870	43,598	9,272
<i>Miscellaneous Expense</i>	25,944	15,800	11,404	4,396
<i>Professional Fees</i>	13,114	16,500	15,721	779
<i>Rent</i>	39,269	51,341	55,564	(4,223)
<i>Salaries/related expense</i>	373,118	409,647	397,954	11,693
<i>Site Visit Expenses</i>	43,818	75,750	75,478	272
<i>Travel/Lodging</i>	28,717	41,500	24,748	16,752
<i>In-Kind Accreditation Expense³</i>	55,400	147,800	121,750	26,050
Total Expense	\$ 767,372	\$ 1,015,733	\$ 952,701	\$ 63,033
Net Income	\$ 86,712	\$ (76,058)	\$ (2,110)	\$ 73,949

¹ Audited Figures for the Year Ending June 30, 2009 and June 30, 2010

² Contributions in 2009-10 includes grant from Aramark and the value of volunteer site visitor contribution

³ To recognize the value of volunteer site visitor contribution

2009-2010 Best Practices in Accredited Programs

In this year's visits, site visit teams were impressed with practices at two programs in the Spring. Best practices by CAHME's definition are activities or processes deployed in a program that have been demonstrated to be (in the opinion of the site visit team) an effective method for addressing any aspect the program, must be replicable in most program settings or might require simple modifications to be replicable, and are tied to the Criteria for Accreditation.

At *Baylor University*, the program has been successful in its competency measurement plan implementation.

CRITERION II.A.3 REQUIRES:

The Program will have a process that regularly evaluates the extent to which students attain the competencies that form the basis for the program's curriculum.

What was impressive at Baylor MBA Healthcare Program is that the measurement of student attainment of competencies is comprehensive and is fully documented for student development and program improvement. The measurement plan includes a combination of course and Program level evaluation tools to monitor student progress toward the competencies with complete documentation of each assessment tool. Student dossiers incorporate semester-by-semester competency assessment, pre- and post-program test results, and written assessment of student performance on the required oral examination.

For more information about the Baylor competency assessment plan, contact the Administrative Director Scott Garner, FACHE at Scott_H_Garner@baylor.edu or (254) 710-3072.

At *The Ohio State University*, the MHA Program has been very effective in its involvement of stakeholders in program decision making and evaluation, and the exposure students receive to other health professionals.

CRITERION II.A.5 REQUIRES:

The Program will involve students, alumni, and practitioners in appropriate areas of Program decision-making and evaluation.

At this program, there is deliberate and systematic involvement of students, alumni, and practitioners in Program decision-making and evaluation. Among the many ways these stakeholders were involved in the program, the most exceptional were the use of annual alumni led focus groups to gather MHA students' feedback on the program, and a highly active and involved MHA Alumni Society and MHA Advisory group.

CRITERION III.A.5 REQUIRES:

The Program will provide opportunities at appropriate points in the curriculum for students to gain an understanding of and to interact with professionals across the broad range of health professions.

There were several different opportunities for students to gain this understanding at The Ohio State MHA Program.

The most notable was the unique opportunity for students to interact with professionals across the broad range of health professions through the required Clinical Rotations course. This course provides students direct contact with health professionals, particularly physicians, and their work. For one month, students spend two days per week as part of a clinical team in a particular specialty with an aim to put students "into the shoes of a physician" during clinical rounds and clinical practice.

For more information about these practices, please contact the Program Director Sharon Schweikhart at sschweikhart@cph.osu.edu or (614)292-6814.

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Proposed Fall 2012 Criteria for Accreditation

CAHME's Standard Council is completing work on the revised *Criteria for Accreditation* and will invite public comments from January 5 - March 28, 2011

The Council took the opportunity in this revision to:

- Streamline the programs' data collection process.
- Eliminate redundancies across the Criteria.
- Reduce duplication of effort for dually accredited programs.
- Enhance the program's flexibility in aligning their curriculum design with their program's unique mission and vision, as well as feedback from their stakeholders.

Watch your mailbox for your opportunity to review the Criteria for Accreditation and for other forums to give your feedback:

Email Blast - January 5, 2011

CAHME Chronicle Special Issue - January 31, 2011

Webinars - February and March, 2011 (dates TBD)

ACHE Congress/AUPHA Leaders Conference Presentation and Q&A - March 22, 2011

Accreditation Actions

At the November 2010 meeting of the CAHME Board of Directors, the following accreditation actions were approved:

Tulane University

[Master of Health Administration Program](#)

Reaccreditation: 6 years

University of North Carolina at Charlotte

[Master of Health Administration Program](#)

Reaccreditation: 6 years

California State University - Long Beach

[Master of Science in Health Care Administration Program](#)

[Master of Science in Health Care Administration -](#)

[Accelerated Program](#)

Reaccreditation: 6 years

Pennsylvania State University

[Master of Health Administration Program](#)

Reaccreditation: 3 years

University of California - Los Angeles

(Executive Program)

[Executive MPH in Healthcare Management & Policy](#)

Reaccreditation: 6 years

Contact Us

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