

CAHME Chronicle

Summer 2010, Volume 3, Issue 4

Message from the Chair

Hello to Everyone:

As I take the mantle of leadership as CAHME Chair, we are facing some hard financial challenges. Over the past several years we have lost some support from our corporate sponsors at the same time that CAHME's value reported by faculty and students has risen. CAHME staff and volunteers have worked very hard to improve the level of professionalism and efficiency in the accreditation process. We are committed to introduce an electronic submission process, but this objective has been delayed because of the weakening financial picture. Let me be clear: CAHME is in much better financial health than it was in the early 2000s. However, the improvements that CAHME has made over the last five years have involved increased costs; hence, to maintain what we have achieved, we absolutely must find ways to increase CAHME's financial strength.

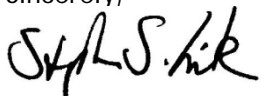
During the recent AUPHA Annual Meeting in Portland, I took the opportunity to speak to a number of CAHME program directors about the desirability of programs to assist CAHME in identifying and developing new corporate members. What I ask is that each program selects an alumnus/alumna or active member of your advisory group who would be willing to hear the CAHME story, which I firmly believe is a success story. For example, we know from a recent student survey of over 1,000 students and graduates that their decision to select one graduate school over another was strongly influenced by the program's CAHME Accreditation. Program faculties have worked very hard to implement competencies in their curricula. CAHME accreditation site visits have found fewer and fewer "partially met" and "not met" criteria because of the attention faculties have paid to learning outcomes. I call your attention to an article in this issue entitled "Lessons Learned from 2008-2010 Site Visits," which provides more information of interest.

Even with our financial challenges, CAHME is on the move. With the support of ARAMARK Charitable Foundation, we have commissioned the University of Scranton to investigate where health care management education is headed outside the United States and Canada. We are answering the question of whether CAHME should reach beyond North American borders to assure high quality health care management education. We are working with AACSB to find a better way to accredit healthcare management programs in business schools. Finally, AUPHA and CAHME are working with HIMSS to improve curriculum in health information and health technology training and teaching.

At the AUPHA annual meeting, I challenged the programs to think of ways to make themselves more transparent. We will be surveying program directors in the near future asking what items they would be willing to put on a "dashboard" that is available to prospective students and employers. Our world wants transparency, and we must find a way to be more forthcoming with our results.

Until the fall, which will be upon us sooner than we know...

Sincerely,



Steve Mick
Board of Directors



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

Message from the CEO

Summertime at CAHME is our period for reflection. We have moment to take a deep breath and look backward to see what has been accomplished. We also use this time to review our operations and make preparations for the new academic year.

First, I want to clarify statements that were made during the AUPHA annual meeting in Portland that caused some concern. CAHME policy directs the Standards Council and the Board of Directors to do a comprehensive review of the "Criteria for Accreditation" every four years. However, this review does not mean that there must be a radical change as a result. In the simplest terms, it only means that we review the feedback we have from our site visitors, our program directors and employers ask ourselves the questions: *Do the Criteria for Accreditation assure that quality graduate healthcare management education is being delivered? Is each Criterion contributing effectively to this goal?*

To this end, The Standards Council will meet twice this Fall to look closely at the Criteria and suggest any revisions. There will be a period for public comment in the Winter of 2011 before a final review by the Standards Council, who will then consider the public comments and make their final recommendations to the Board for approval. The Board will review the recommendations and vote on the revised criteria in May 2011 which will then be effective Fall 2012 and beyond (i.e. programs entering their self-study year in July 2011).

CAHME Chair, Dr. Steve Mick, mentioned in his column on the first page that one of CAHME accomplishments last year was to secure a grant from the ARAMARK Charitable Foundation to study international healthcare management education. We look forward to working with Daniel J. West PhD, the principal investigator from the University of Scranton. One of the objectives of the grant is to develop a database of US and Canadian program faculty members who already have relationships at universities around the world. CAHME will ask our program faculty to assist in this part of the project. Please look for and respond to a questionnaire from the research team to gather this data. This information will be made available to all faculty who are members of the AUPHA network and will be valuable in many different ways.

We continue to be encouraged by the faculty response to our post site visit surveys. Our program directors report improved consistency among the CAHME site visit teams and increasing relevance of CAHME. In the article entitled "The New CAHME Site Visit Experience" you will learn more about the new site visit and resources available to help you prepare for your next site visit.

Finally, in recent study conducted by Andrew Garman, PsyD, MS, Associate Professor and Associate Chair, Rush University Health Systems Management, et al, found that alumni of ACEHSA/CAHME accredited programs represent 49% of the leadership of 2007 *U.S. News & World Report* Best Hospitals¹. CAHME will continue to work with our programs to ensure there is added value for CAHME accreditation, such that this trend continues. As always, we welcome comments on CAHME's performance to jlloyd@cahme.org.

John S. Lloyd,
President/CEO



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

¹ (See the Article in Vol. 27, No. 2 of the Journal of Health Administration Education at www.aupha.org)

Lessons Learned from 2008-2010 Site Visits

Carla J. Sampson MBA, Daniel Gentry PhD, MHA

Since the launch of the Fall 2008 Criteria for Accreditation, 24 site visits have been conducted. Twenty two of these site visit teams have included a CAHME staff member as an observer to identify program best practices, opportunities for improvement of CAHME processes, future training needs for programs and site visitors, and to assure consistency in site visit team recommendations. We thank these 22 programs for hosting an expanded site visit team and their very valuable contribution to CAHME's efforts at quality improvement.

Some of the frequently asked questions from program directors after a visit are: How well did we do? How do our results compare to results from other programs or from how we did at our last site visit? Does this result mean that we will be reaccredited? These are all questions that the site visit team cannot answer during the exit interview when the preliminary results and recommendations for improvement are presented to the program, since "exit interview" is really a misnomer; it is more accurately titled "exit monologue" delivered by the site visit chair.

The table below is a summary of findings where criteria were either "Partially Met" or "Not Met" from the visits that occurred between Fall 2008 and Spring 2010.

	Minimum	Average
AY 2008-2009: 10 programs visited		
# Partially Met	5	9
# Not Met	0	0
AY 2009-2010: 14 programs visited		
# Partially Met	1	6
# Not Met	0	0

Since the number of criteria increased in the Fall 2008 revision by roughly 20%, a direct criterion-to-criterion comparison to visits conducted using the 2004 Criteria is not meaningful.

In Academic Year (AY) 2010 programs had better outcomes, on average, than in AY 2009. It is likely that having an additional year following implementation of competency based criteria made a positive difference for the AY 2010 programs. Also note that a "Not Met" finding is a relatively rare occurrence, but is significant (i.e. denotes a complete lack of evidence to support the criterion) when the team comes to that conclusion.

Despite better outcomes in AY 2010, we have observed some common pitfalls, in terms of criteria that are often either Partially Met, across the programs visited during the past two years.

Next page:

COMMON PITFALLS:

- ✓ Inadequate mission, vision, values
- ✓ Program does not approach planning and assessment proactively or systematically
- ✓ Meaningful measurement of progress towards attainment of the competencies
- ✓ Mapping the competencies to the curriculum and other degree requirements

COMMON PITFALLS

Inadequate mission, vision, values

Criterion I.A.1 is more important than ever since the mission, vision and values statements for the program drive the program's goals and objectives and the remainder of the self-study document. These statements are also the basis of evaluation for the Fall 2008 criteria, and allow the program to set the parameters of the healthcare management program under review. Thus, these statements establish the program's "brand" that should be apparent in the program and the curriculum's design; the program's emphasis and scope; the characteristics of students served; and the jobs for which students are being prepared. These statements determine the site visit team's expectations for the program, guide the team's questioning of the program director, faculty, students and other stakeholders, and allow the team to effectively consult with the program using a collegial and collaborative quality improvement approach, over the three day visit.

Without careful attention to Criterion I.A.1, it becomes difficult for the team to assess the remaining criteria, particularly the criteria concerned with student admissions, graduate achievement, competencies and curriculum content.

Consider this outsized imaginary example:

Program ABC claims in its mission statement that "it strives to prepare its alumni for senior executive positions within five years of graduation..." However, the program does not require any healthcare (or work) experience for admission and also does not include a required experiential component while students are in the program; the curriculum does not include "real world" projects; the curriculum does not include coverage of strategy implementation, financial management or leadership; and its students are not assigned to work in teams or required to give presentations.

Can you see the concerns that the site visit team might have? There is a clear lack of parsimony between the mission statement and the elements of this fictitious academic program. The most important elements of the program—market served, competencies and the curriculum, experiential learning requirements, and success of graduates—should be directly aligned with the program's mission, vision and values.

Program does not approach planning and assessment proactively or systematically

While the most difficult section of the Criteria for Accreditation is Criterion I, this difficulty is increased substantially if the program has not embraced program planning, assessment and monitoring. When the program approaches the requirements for meeting CAHME accreditation criteria as a burden and only during the self-study year and before the site visit is the program really concerned about documenting program strengths and needs for improvement, it is evident throughout the self-study document.

The Criteria rely heavily on the systematic, multi-year evidence requested to support the narrative and summary data presented in the self-study document. The Criteria for Accreditation should be viewed as a framework for continuous quality improvement in the program, not just during the self-study year and site visit, but throughout the term of the accreditation.

The most successful programs consider themselves an enterprise, deliberately seek input from their stakeholders, conduct regular periodic evaluations of all aspects of the program (not only course evaluations), set benchmarks as indicators of successful results, compare their actual results to the stipulated benchmarks, and then take steps to bridge the performance gaps. Most important of all, these programs pay careful attention to documentation, creating an audit trail not only for the site visit team, but to inform and determine their own efforts focused on continuous quality improvement.

Meaningful measurement of progress towards attainment of the competencies

Most programs have had **Criterion II.A.3** assessed as “Partially Met.” In most cases, this is simply because programs have laid out a good plan in the self-study year for competency assessment but lack the necessary data to determine progress on students’ attainment of the competencies. In other instances, programs have a few measures in place but the measures are not part of a comprehensive and cohesive plan to measure progress towards attainment of the competencies.

One example is the use of a course grade to indicate that the student has obtained the designated level of the competency or competencies from the course. However, the course assignments have not been specifically designed to assess the attainment of competencies and so the grade for course completion may not be meaningful an indicator.

Still another example occurs when there are a large number of competencies in the program’s set. While there is no minimum or maximum requirement for the number of competencies, the number of competencies increases the complexity of the assessment strategy and requires careful management so that the data derived from the measurements are useful to faculty and students.

Here are some pointers that should guide competency selection and measurement:

1. The competencies should be action-verb based; if these are stated clearly it makes measurement easier.
2. The scaling should be apparent, and reflect what you expect the student to do at graduation, consistent with your market, and with what you claim students should be able to do upon graduation from the program.
3. The link to the curriculum should be transparent and complete for the full set.

Across the curriculum, from beginning to end, there must be a strategy for measuring competency attainment. Will you measure the full set of competencies? Or will you measure a subset? (For example, for the NCHL model, this might be the 10 distinguishing out of the full set of 26). Most programs are opting to use a combination of approaches to measure competency attainment. Some examples of competency assessment tools include: pre and post testing or self assessments; a 360 evaluation; a comprehensive assessment at the end of the program; portfolios; minimum performance in each required course (course assignments and assessments are tied to the competency or competencies); competency based preceptor evaluations for required experiential component.

Mapping the competencies to the curriculum and other degree requirements

Criterion III.A.1 requires the completion of Figure 11, a matrix of the program’s competencies to each course in the curriculum. However, this is much more than an exercise of “mark the box” that corresponds to the intersecting cell.

After careful examination of the course learning objectives to see which of them contribute to the development of the selected competencies, Figure 11 is a depiction and summary of that detailed course-by-course work and serves as the main tool for the site visit team to understand how the competencies are achieved by the design of the curriculum. Too often teams see completed Figure 11’s that bear no relation to what is presented in the program’s course syllabi and other program documents. This makes discussion about the competencies and curriculum potentially confusing and time-consuming since the focus becomes discovering and understanding the link between the competencies and the courses, and this leaves little or no time to focus on particular areas for improvement or recognition of best practices.

Successful programs use Figure 11 as a framework to competency deployment and development. They ensure that the courses in the curriculum support the competencies as depicted in the matrix, and return to this synopsis of the competencies in the curriculum to examine gaps, map adjustments and curriculum changes, ensure proper course sequencing, and review the required competency teaching and assessment methods.

Structure the curriculum to levels appropriate for graduate education

Criterion III.A.2 requires that the program structure the curriculum so that students achieve levels of competency appropriate for graduate education. However, the most instructive part of meeting this criterion lies in the interpretation of the criterion in the Self-Study Handbook:

Evidence will be sought regarding teaching and assessment methods that incorporate higher order cognitive skills where applicable, beyond knowledge and comprehension capabilities only. For example, Bloom's Taxonomy, which outlines the levels for both cognitive and affective learning, and evaluation objectives, or another widely recognized educational outcome classification system, may serve as a reference for ongoing assessment of teaching and evaluation practices in the Program...The curriculum will reflect academic rigor expected of graduate education.

Although the requirements for meeting this criterion call for matrices that outline how the courses are sequenced and develop the expected curriculum content and competencies from program entry to graduation, Self-Study Handbook Requirement 4 goes deeper:

III.A.2. Requirement 4: Describe the mechanisms used to evaluate student achievement of the appropriate levels of the program's selected competencies throughout the program. (Programs may use bulleted lists or tables as appropriate).

Too often teams have seen situations where high levels of competency attainment are expected as stated in the language or leveling of the selected competencies, but this is not supported by the language of the course learning objectives or the teaching and assessment methods listed in the relevant syllabi. A successful switch to competency based education requires that programs pay greater attention to how course learning objectives/outcomes are written; to the teaching/learning methods used in courses and across the curriculum; and the assessment methods (assignments, feedback and grading rubrics) in use. Your site visit team will examine course syllabi to compare the level of learning implied in the language of the course learning objectives (Bloom's Taxonomy illustrative verbs) to the teaching and assessment methods in use, so that they are able to consult with you how the levels of competencies are developed and assessed.

Recognizing Complexity

Recognizing the complexity of the switch to competency based education; CAHME conducted 4 offerings of Competency Boot Camp to give faculty the knowledge, skills and abilities to address the pitfalls we have highlighted above and more. Another series of Boot Camps are planned, tentatively titled "Competency Boot Camp 2.0", but these will not repeat the content of the first series. We invite you to volunteer to participate in a focus group as we develop the new content.

For more details on the *lessons learned*, Boot Camp 2.0 focus groups or for general questions, contact Carla Sampson at csampson@cahme.org.

CAHME Board of Directors

2010 - 2011 CAHME Board of Directors

<p>Stephen S. Mick, Ph.D., FACHE <i>Chair</i> Director: Doctoral Program in Health Services Organization & Research Department of Health Administration Virginia Commonwealth University Richmond, VA 23298-0203 Term: 2007-2010; 2010-2013</p>	<p>David J. Fine, MHA, FACHE <i>Chair-Elect</i> President and CEO St. Luke's Episcopal Health System Houston, TX 77030 Term: 2006-2009; 2009-2012</p>	<p>Frankie L. Perry, FACHE <i>Secretary Treasurer</i> Albuquerque, New Mexico 87122 Term: 2005-2008; 2008-2011</p>
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<p>Dean G. Smith, Ph.D. <i>Member</i> Senior Associate Dean for Administration Professor of Health Management and Policy School of Public Health University of Michigan Ann Arbor, MI 48109 Term: 2006-2009; 2009-2012</p>	<p>Mary E. Stefl, Ph.D. <i>Member</i> Chair & Professor Trinity University Department of Health Care Administration San Antonio, TX 78212 Term: 2005-2008; 2008-2011</p>	<p>Revised 06/09/2010</p>

New Appointments to CAHME Board of Directors

WILLIAM D. PETASNICK, FACHE

William D. Petasnick, FACHE, is President and CEO of the Froedtert & Community Health System, and Froedtert Hospital in Milwaukee, WI. Prior to joining Froedtert, he was deputy director and chief operating officer, University of Iowa Hospitals and Clinics; director of operations/chief operating officer, University of North Carolina Hospital; and senior associate director, University of Wisconsin Hospitals and Clinics. He served as Chair of the American Hospital Association (AHA) Board of Trustees in 2008; in 2003, he was the Chair of the Council of Teaching Hospitals (COTH), and has also chaired the board of the Wisconsin Hospital Association (WHA). In 2005 he received the WHA's Distinguished Service Award. He is currently a member of the Governing Board of the University HealthSystem Consortium, and also serves on the Board of Directors of The Health Forum, the Foundation for the Malcolm Baldrige National Quality Award, the Greater Milwaukee Committee, Metropolitan Milwaukee Association of Commerce, the Blood Center of Southeastern Wisconsin, and the Milwaukee Health Care Partnership. In the Spring of 2007, he was given an honorary doctorate in Health Management from the University of Wisconsin - Milwaukee in recognition of his national leadership role in health services administration, and was the first such individual to receive this honor from the UW system. Mr. Petasnick is an adjunct associate professor of health management at the University of Iowa. He earned a BA from the University of Wisconsin-Madison and an MHA from the University of Minnesota. Mr. Petasnick is a Fellow of the American College of Healthcare Executives.



Bill Petasnick
President & CEO,
Froedtert Memorial
Lutheran Hospital

CARLA SMITH, MA, NCMN, FHIMSS

Ms. Smith has been involved in the health information and management systems industry for 19 years. Ms. Smith serves as a member of the HIMSS Executive Management Team. In her role as Executive Vice President, Ms. Smith leads the effort to effectively equip healthcare stakeholders with the policy, tools, professional development and resources necessary to improve the quality, safety, cost-effectiveness and access to care through the best use of IT and management systems.

Ms. Smith holds a master's degree, is a certified in non-profit management, and is a Fellow of HIMSS. She serves in several advisory positions across the nation, is a member of the Board of Directors of the Southeastern Michigan HIE, and a member of the Board of Directors of the Commission on Accreditation of Health Management Education.



Carla Smith
Executive Vice President,
HIMSS

2010 Spring Actions

At the May 2010 meeting of the CAHME Board of Directors the following accreditation actions were taken:

ACCREDITATION/REACCREDITATION GRANTED

Baylor University Master of Business Administration, Healthcare Administration Specialization (MBA)	Initial Accreditation: 3 years
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University of Arkansas for Medical Sciences Master of Health Services Administration (MHSA)	Reaccredited for: 6 years
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University of Florida Master of Health Administration (MHA)	Reaccredited for: 6 years
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University of North Carolina at Chapel Hill Master of Health Administration (MHA)	Reaccredited for: 6 years
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The Ohio State University Master of Health Administration (MHA)	Reaccredited for: 6 years
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Widener University Master of Business Administration - concentration in Healthcare Management (MBA-HCM)	Reaccredited for: 6 years
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Xavier University Master of Health Services Administration (MHSA)	Reaccredited for: 6 years
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ACCREDITATION WITHDRAWN

King's College Graduate Program in Health Care Administration	
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The New CAHME Site Visit Experience

At the end of your last site visit, did you “do a merry dance” when the site visit team left that Friday and checked to make sure that the team was really on their way to the airport? If yes, more than likely you did not have a site visit under the Fall 2008 Criteria for Accreditation. More recently, CAHME site visit teams are receiving high marks from our program directors for their professionalism, consistency and the consultative nature of the site visits.

One program director wrote in his site visit evaluation:

“The team conducted a thorough review that was both insightful and enjoyable. They not only offered great suggestions during the review but also made themselves available for future questions from Program faculty, an offer that we will take them up on! They did a great job of explaining the process and its value to our various stakeholders. A very professional team indeed... Thank you”

To obtain the most value out of the two main activities involved in accreditation, preparation of the self-study document and the site visit it is imperative that programs be well prepared.

Key points to remember:

1. Use the self-study year to critically examine program operations, identify gaps or areas for improvement and deploy strategies to address these areas of concern.
2. Write a self-study document that is clear and logical, and have the evidence to support your statements.
3. List the improvement strategies you have adopted in response to the self-study to address the shortcomings identified during the self-study year.
4. Critically review and edit the final version of the self-study document using an outsider perspective.
5. Remember the team is there to help you; an open dialogue about your program is the best approach to engage the team in meaningful discussions.

To help you prepare for your site visit, here are some resources that are available:

- The Program Review Worksheet (*Use it! Your site visit team certainly will!*):
 - ✓ This is the same document that the site visit team will use as it conducts the review. It lists the questions for which the team will seek answers in your self-study document to determine your performance against the criteria. This worksheet is available [here](#):
- Review self-study documents from other accredited programs:
 - ✓ A library of self-study documents is available for review in the CAHME office.
- Ask to be an observer on a site visit:
 - ✓ A limited number of spots are available for program directors and others interested in the process to join a site visit team, and see the process from the perspective of a site visit team member. Program directors who take advantage of this opportunity must cover their own travel expenses.
- Become a CAHME Fellow:
 - ✓ CAHME Fellows, who work alongside the highly regarded practitioners in the health care industry and academicians from leading healthcare education programs who serve as CAHME Commissioners, are able to delve deeper into the accreditation processes. Fellows participate in all Commission activities, which offer them the opportunity to learn about the process, achievements, and challenges of evaluating professional education programs across varied academic settings.

For more information email us at: info@cahme.org

Fall 2010 Progress Reports

FIRST YEAR:

George Mason University
Dept. of Health Administration and Policy
College of Health and Human Services

Armstrong Atlantic State University
Health Services Administration Program

San Diego State University
Graduate School of Public Health

Texas Woman's University - Houston
Program in Health Care Administration

University of Alabama at Birmingham
School of Health Related Professions

SECOND YEAR:

University of Michigan
Masters Program in Health Management and Policy
School of Public Health

University of Minnesota
Program in Healthcare Administration
Division of Health Services Research and Policy
School of Public Health

Johns Hopkins University
MHS Program in Health Finance and Management
Department of Health Policy and Management
School of Hygiene and Public Health

University of Houston - Clear Lake
Healthcare Administration Program
School of Business and Public Administration

Marymount University
Graduate Program in Healthcare Management
School of Business Administration

Columbia University
Dept. of Health Policy and Management
Mailman School of Public Health

SPECIAL REPORT:

University of Memphis
Masters Program in Health Administration Program
Division of Health Administration

Fall 2010 Site Visits

Programs	Dates
Georgetown University School of Nursing and Health Studies Department of Health Systems Administration	October 27-29, 2010
Boston University School of Management Health Sector Management Program	November 10-12, 2010
University of Southern California School of Policy, Planning and Development, Health Services Administration	November 10-12, 2010
Texas A&M University School of Rural Public Health Department of Health Policy and Management	November 17-19, 2010
University of Pittsburgh Department of Health Policy & Management	November 17-19, 2010

Comments about these programs may be addressed, in writing, to the President/CEO of CAHME not later than fifteen (15) days in advance of these site visits.

Contact Us

CAHME Chronicle

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