

**THE FINAL REPORT  
OF THE  
BLUE RIBBON TASK FORCE©**

**September 12, 2003**

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## EXECUTIVE SUMMARY

The Blue Ribbon Task Force was created by the National Center for Healthcare Leadership (NCHL) and the Accrediting Commission on Education for Health Services Administration (ACEHSA), in June 2002. The Task Force was formed in response to the need to ensure that health services education accreditation is relevant and responsive to the changing needs of the broad range of stakeholders in the healthcare industry.

The Blue Ribbon Task Force was made up of representatives of the practice and academic community, who were jointly appointed by ACEHSA and NCHL. The Task Force was charged with seven tasks:

1. Conduct an analysis regarding the definition and scope of *health services administration*.
2. Conduct and present a comprehensive literature search on accreditation.
3. Conduct and present results of a survey of accreditation best practices.
4. Conduct an analysis of relevance, application, and/or essentiality of accreditation regarding graduate programs in health services administration.
5. Define the process for incorporating educational outcomes as developed by the Council on Core Competencies into the ACEHSA accreditation criteria.
6. Develop and publish a paper on current expectations and requirements for health services administration accreditation, to serve as a guideline for the transformation of accreditation processes and criteria.
7. The Final Report will address and recommend future roles, relationships and activities.

The work of the Task Force had two focuses. The first focus was information gathering and analysis, which helped provide intelligence to the Task Force's deliberations. The second focus was the deliberations by the Task Force to formulate the conclusions and recommendations about the future directions for health services administration education accreditation.

The information gathering and analysis included commissioning three consulting studies that were designed expressly to obtain background information for the use of the Task Force. The studies included: obtaining background information on the historical and current definitions and scope of health services administration; developing an analysis of models of accreditation relevant to health services administration education; and conducting a survey of stakeholders to obtain their perceptions of accreditation.

The Blue Ribbon Task concluded that:

- Accreditation overall is considered an important factor in maintaining standards of education programs.
- The processes and criteria for accreditation are influenced by the disciplines involved, the mission of the specific program, where it is located and how close the

program is to the field of practice. These influences vary and are particularly important in education for health services administration. At the same time, commonalities among the education programs are essential for public understanding and accountability.

- Accreditation for education programs in health services administration is valued by many individuals, programs and experts. There is a consistent opinion across all groups, however, that the processes for conducting accreditation reviews and assuring standards are met can, and must, be improved.
- It is time for action to make improvements quickly especially to decrease the administrative burden of accreditation.
- Accreditation processes should promote continuous quality improvement in programs. To achieve this, there needs to be greater emphasis on performance measurement, benchmarking and public reporting.
- Some changes are beyond the scope of the Task Force and need broader discussion with the multiple stakeholders in health services administration and education.

The Task Force makes recommendations that create a renewed vision for ACEHSA, clarify the definition of health services administration, identify core competencies for graduates, increase accountability for outcomes and quality, streamline the accreditation process, and incorporate core competencies into the accreditation criteria.

The Task Force believes that ACEHSA, and related stakeholders, are at a critical crossroads, and have a unique opportunity to make changes in the field of health services administration education that will have far-reaching implications for students, graduates and the future leadership of healthcare. The Task Force believes that ACEHSA's leadership is committed to a process of change, and is poised to debate and address the kinds of strategies recommended in this Report.

NCHL has the opportunity to provide strong support to ACEHSA in developing its new directions. It is essential that the linkages developed and the spirit of collaboration achieved, partially through the work of the Task Force, be sustained and further promoted.

## INTRODUCTION

### BACKGROUND

The Blue Ribbon Task Force was created by the National Center for Healthcare Leadership (NCHL) and the Accrediting Commission on Education for Health Services Administration (ACEHSA) in June 2002. The Task Force was formed in response to the need to ensure that health services education accreditation is relevant and responsive to the changing needs of the broad range of stakeholders in the healthcare industry.

NCHL was formed in November 2001, as a result of extensive discussions between representatives from practitioner organizations and universities, offering education programs in health services administration, culminating in a Summit Conference in February 2001 on the transformation of the education of future leaders for health services administration.

NCHL is a not-for-profit organization whose mission is:

To be a catalyst for industry-wide collaboration to assure that high-quality, relevant, and accountable health management leadership is available to meet the needs of 21st century healthcare.<sup>1</sup>

Collaborating with a broad base of industrial stakeholders, including educational and professional organizations, NCHL's goal is to improve health system performance and the health status of the entire country through effective healthcare management leadership.

ACEHSA is an interdisciplinary group of educational, professional, clinical, and commercial organizations devoted to accountability and quality improvement in the education of healthcare management and administration professionals. ACEHSA was formed in 1968, and is formally recognized by the United States Department of Education (DOE) as the only organization to accredit master's level health services administration programs in the US. ACEHSA's accreditation program is designed to foster high quality professional education for *health services administration*. All programs seeking accreditation by ACEHSA, regardless of setting, such as a School of Business, Public Health or other school or department, are subject to the Criteria for Accreditation.

ACEHSA's mission is:

Serving the public good through promoting, evaluating, and improving the quality of graduate health services administration education in the United States and Canada. Through our partnership between academe and the field of practice, ACEHSA serves universities and programs in a voluntary peer review process as a means to continuously improve graduate education. In so doing, ACEHSA accreditation becomes the benchmark

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<sup>1</sup> [www.nchl.org](http://www.nchl.org).

by which students and employers determine the integrity of health services administration education and the standard of measurement for the world community.<sup>2</sup>

In addition to the important work of NCHL and ACEHSA, the Task Force recognizes the important and associated work of the Association of University Programs in Health Services Administration (AUPHA). Indeed, the missions of AUPHA, NCHL and ACEHSA are closely related. AUPHA's vision is to:

- Be the global leader in curriculum development, reflecting the changing needs of an integrated healthcare delivery system, educational reforms and technological changes.
- Be the principal advocate for research on management and the organization and delivery of health services and to be a major resource for translating health services management practice and research into teaching materials and strategies.
- Be an indispensable resource to faculty and programs in health management education and to the health management practitioner community.

AUPHA's mission is to:

- Promote graduate and undergraduate curriculum reforms and faculty development, which respond to the changing needs of the health services delivery system, so as to improve the health of communities;
- Promote the application of research findings to the educational setting and to the field of practice;
- Be a leader in transferring new pedagogical techniques and technology to health management education;
- Provide student support, including scholarships, fellowships and other support which strengthen a diverse workforce;
- Provide faculty with career enhancement activities and the skills required for effective teaching and continuing education efforts.<sup>3</sup>

## THE BLUE RIBBON TASK FORCE

The Blue Ribbon Task Force was made up of representatives of the practice and academic community, who were jointly appointed by ACEHSA and NCHL. Members are listed in Appendix A. The Task Force held its first meeting on September 27, 2002, and met five times in person and 17 times by conference call over the course of its work.

The Task Force was charged with seven tasks:

1. Conduct an analysis regarding the definition and scope of *health services administration*.<sup>4</sup>

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<sup>2</sup> [www.achesa.org](http://www.achesa.org).

<sup>3</sup> [www.aupha.org](http://www.aupha.org)

<sup>4</sup> The term *health services administration* is used throughout this Report as the single term that includes health administration, healthcare administration, health services management, hospital or other healthcare organization-specific administration and management, health planning and evaluation, health policy, and other related activities.

2. Conduct and present a comprehensive literature search on accreditation.
3. Conduct and present results of a survey of accreditation best practices.
4. Conduct an analysis of relevance, application, and/or essentiality of accreditation regarding graduate programs in health services administration education.
5. Define the process for incorporating educational outcomes as developed by NCHL's Council on Core Competencies into the ACEHSA accreditation criteria.
6. Develop and publish a paper on current expectations and requirements for health services administration accreditation, to serve as a guideline for the transformation of accreditation processes and criteria.
7. The Final Report will address and recommend future roles, relationships and activities between NCHL and ACEHSA.

The Task Force was accountable to both ACEHSA and NCHL in the fulfillment of its charge. The work of the Task Force incorporated the charge of an NCHL Council on Accreditation, which had included achievement of a set of strategies, outcomes and deliverables defined in the grant proposal to The Robert Wood Johnson Foundation (November 1, 2001). It was expected that these strategies and outcomes would be further refined through discussions of the Task Force.

Concurrent with the work of the Task Force, ACESHA has been reviewing its accreditation criteria, as defined in its bylaws and as required by DOE. The work of the Task Force was coordinated to assure that timelines were met, and that its work would inform the work of the ACESHA Criteria Review Committee. The intentional overlap of membership on the Task Force and the ACEHSA Criteria Review Committee facilitated this objective.

The Task Force also recognized that NCHL has spent the last two years carefully crafting a vision for its role in the development of health management leadership for the future. ACEHSA and AUPHA are currently conducting separate processes to strategically plan their future. The Task Force wanted to ensure that its recommendations would complement and be sensitive to these processes. It was recognized that the missions of the three organizations (and others) are closely related, and require close inter-relationships and collaborative approaches.

## **FOCUS OF THE WORK**

The work of the Task Force had two focuses. The first focus was information gathering and analysis, which helped provide intelligence to the Task Force's deliberations. The second focus was the deliberations by the Task Force to formulate the conclusions and recommendations about the future directions for health services administration education accreditation.

The information gathering and analysis conducted for this review were extensive. The Task Force commissioned three consulting studies that were designed expressly to obtain background information for its use. The final reports of these studies included the observations, conclusions and recommendations of the authors, and do not necessarily represent the views of the Task Force. The three studies in their entirety are included as appendices:

- *Definition and Scope of Health Services Administration: Background Paper for the Blue Ribbon Task Force on Accreditation.* Authors: James W. Begun, Ph.D., and Amer Kaissi, Ph.D. September 5, 2003. (See Appendix B.)

This paper analyzes the definition and scope of “health services administration.” Begun and Kaissi reviewed the literature for major definitions of health services management and scope of the field, considered scope as reflected in job market estimates and graduate program location, and raised three key questions relevant to the work of the Task Force.

- *Contemporary Models for Accreditation: Lessons for Health Services Administration Education Accreditation.* Authors: Ronald Andersen, Ph.D., Cynthia Carter Haddock, Ph.D., Eugene Schneller, Ph.D. July 8, 2003. (See Appendix C.)

This paper explores the role that accreditation plays in assuring educational quality, and identifies progressive accrediting practices in other fields that can improve health services administration education accreditation and increase the probability that graduates will meet future leadership challenges. Andersen, Haddock and Schneller reviewed the accreditation literature, conducted focus groups, interviewed experts in the field, and analyzed accrediting practices in business, medicine, public administration and public health.

- *Stakeholder Satisfaction with the Accreditation Process: A Report to the Blue Ribbon Task Force.* Authors: Sherril B. Gelmon, Dr. P.H., with Khalid Wahab and Kathi Ketcheson, Ph.D. July 2003 (final report). (See Appendix D.)

This study assesses stakeholder satisfaction with, and expectations of, accreditation of graduate and certification of undergraduate health management and policy educational programs. Gelmon, Wahab and Ketcheson obtained the opinions of multiple stakeholder groups on questions that were not being addressed by other NCHL or ACEHSA initiatives or research studies.

In addition to these three studies, the Task Force considered ACEHSA's ongoing review of its accreditation criteria for the US Department of Education.<sup>5</sup> Since 1968, ACEHSA accreditation criteria have been reviewed and revised a number of times in response to changes in the healthcare field.

In June 2002, the National Advisory Committee on Institutional Quality and Integrity recommended that ACEHSA be granted “continued recognition” for five years. This recommendation was approved by the Secretary in October 2002. The Committee further recommended that ACEHSA submit an interim report demonstrating full compliance with the Criteria for Recognition. The National Advisory Committee noted two areas that were to be addressed in the interim report:

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<sup>5</sup> Sources include: Accrediting Commission on Education for Health Services Administration. *Interim Progress Report to the Department of Education* (June 2003). Accrediting Commission on Education for Health Services Administration. *Accreditation Philosophy Embodied In Proposed Criteria for Accreditation Changes* (June 2003).

- A written policy enabling ACEHSA to initiate adverse action as circumstances warrant; and
- Revised policies to incorporate all of the requirements of section 602.21. In this instance, ACEHSA was required to document and report on the results of a full review of its criteria prior to proposing and seeking input on the changes.

Accordingly, in the Fall of 2002, ACEHSA launched a full review of the accreditation criteria for the conduct of graduate education for health services administration under the leadership of Robert Hernandez. The first step in this process was to determine the extent to which the current ACEHSA criteria signal academic quality, are relevant to the changing needs of the field, reflect the changing nature of the field of higher education and different methods of education delivery, and are in need of revision.

The ACEHSA Criteria Review Committee set about revising the criteria based on the feedback received from academic programs and the field in early 2003. Draft revised criteria were reviewed by ACEHSA at its May 2003 meeting and forwarded to the field for further review and comment, as well as presented at the AUPHA Annual Meeting in June 2003. ACEHSA has taken the suggested changes under advisement, has been finalizing the criteria over the summer of 2003, and will distribute them to the field in the early fall of 2003 for implementation in the fall of 2004.

The Blue Ribbon Task Force has been following the work of ACEHSA's Criteria Review Committee including proposed changes to the accreditation criteria and the underlying accreditation philosophy (See Appendix E.)

## **OVERVIEW OF THE TASK FORCE REPORT**

The Task Force Report is organized according to the seven tasks with which the Task Force was charged.

Part One summarizes the findings of the four tasks that focused on information gathering and analysis for the purpose of providing intelligence to the Task Force's deliberations. The Task Force's general observations on the findings of each task are also included. The tasks were:

- An analysis of the definition and scope of *health services administration*;
- A literature search on accreditation;
- A survey of accreditation effective practices; and
- An analysis of the relevance, application, and/or essentiality of accreditation regarding graduate programs in health services administration.

Part Two presents the results of extensive deliberations and the recommendations of the Task Force, which address the remaining tasks:

- Addressing current expectations and requirements for health services administration accreditation;
- Making recommendations for future roles, relationships and activities between NCHL and ACEHSA; and

- Defining a process for incorporating educational outcomes as developed by NCHL's Advisory Council on Healthcare Leadership Competencies into accreditation criteria.

## **PART ONE: INFORMATION GATHERING AND ANALYSIS**

### **AN ANALYSIS OF THE DEFINITION AND SCOPE OF HEALTH SERVICES ADMINISTRATION<sup>6</sup>**

The central focus of the field of health services administration in the mid-1900s was quite narrowly defined as hospitals. In 1975, the Commission on Education for Health Services Administration reinforced the expansion of the field well beyond this narrow definition. This national commission developed formal definitions of health services administration and health administrators, outlined the scope of the field which included organizations and services, and specified the educational content for health services administration.

Along with a broadened focus of health services administration, there has been extensive growth of healthcare systems and job opportunities. These include new and more specialized jobs for health administrators, as well as increasingly diverse opportunities in healthcare consulting and supplier organizations (e.g., medical devices, information technology and pharmaceuticals). The demand for health services administration training is currently being met by accredited and unaccredited programs located in a wide variety of departments and schools. The most common school settings are public health and business, with no consensus on the ideal setting.

Definitions of health services administration and its scope will vary depending on the needs of the definers, and the uses to which the definitions are put. Job placement professionals may define the field broadly to maximize job opportunities for graduates, but accreditors may choose to define the field more narrowly to standardize content. There has been pressure to expand the domain of health services administration as defined by accrediting organizations.

Begun and Kaissi identified three key issues regarding definition and scope that must be considered in relation to accreditation processes and the role of accreditation in health services administration education. Potential options, as defined by Begun and Kaissi, for resolving each issue are also noted:

#### ***Issue 1: Does the accreditation community need a formal definition (or an explicit working definition) of health services administration?***

*Option 1A:* Yes, a definition is needed. An explicit definition would clarify whether programs meet an initial screening criterion, would help identify which segments of the industry share the values and interests of health services administration, and would help accreditors define required content or competencies.

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<sup>6</sup> This section is an adapted summary of Begun and Kaissi, *Definition and Scope of Health Services Administration: Background Paper for the Blue Ribbon Task Force on Accreditation* (September 5, 2003). The reader is encouraged to refer to Appendix B for the complete text and references.

*Option 1B:* No, a definition is not needed. The lack of an explicit definition would enable flexible and ad hoc decision-making, would support speed of response by accreditors, and would create a more inclusive atmosphere.

***Issue 2: If a definition is needed, how broad and inclusive should it be? What segments of the field or roles of administrators should be explicitly listed?***

*Option 2A:* Develop a definition with a narrow scope. A narrow definition would create focus and help build a strong core of central competencies in graduates. It would raise quality rather than lower or widen its definition, and would speak clearly to the field and its stakeholders.

*Option 2B:* Develop a definition with a moderate scope. A definition of moderate scope would be a compromise between an exclusive focus on healthcare financing and delivery, and a broad definition that diffuses the identity of the field.

*Option 2C:* Develop a definition with a broad scope. A definition with broad scope would maximize the attractiveness of the field to new entrants (students and programs) and the mobility of current members. The field needs to grow and have powerful allies. Insurers, supplier companies, consulting firms and others are powerful allies. A definition of the field should explicitly include these segments.

***Issue 3: Do existing labels appropriately convey the identity of the field?***

Labels of professional associations, educational programs, regulatory bodies and other organizations are powerful, symbolic ways to establish identity, appeal to legitimacy, and convey change when altered. There is wide diversity among the labels of organizations and activities involved in the accreditation community. The accrediting body for the field is labelled the Accrediting Commission on Education for Health Services Administration. The accrediting body needs to reflect the domain of its work. Labels other than *health services administration* that have been suggested include: health administration, healthcare administration, health management, healthcare management, health sector management, health industry management, health services administration and policy.

### **The Blue Ribbon Task Force's Observations on the Definition and Scope of Health Services Administration**

Job opportunities for master's degree graduates with a "health services administration" concentration have become more diverse, well beyond the narrow hospital administration foundation from which the field grew in the mid-1900s. Concurrent with this expansion in job market diversity has been pressure to expand the domain of health services administration as defined by the accrediting organization. For example, some business schools have sought to accredit health services administration programs that prepare students for the broader "health sector" or "health industry." Some schools of public health have sought to accredit health services administration programs that prepare students for health policy staff and leadership positions. In such cases, accreditors are challenged to justify content and competency requirements that apply most directly to students preparing for jobs in healthcare delivery organizations (as opposed, for

example, to jobs in the broader “health sector” or in health policy agencies). Accreditors are pushed to broaden standards, based on the different job market targets of the programs.

- The definition and scope of health services administration needs to be clarified.
- The Task Force recognised the variety of terms and labels used for the profession to be defined, but has chosen to use the term *health services administration* throughout its Report.
- As the field of practice changes in response to the changing needs of health systems, it is essential that the domain of health services administration be defined.
- The unique characteristics that set health services administration apart from other types of administration should be clarified, so that appropriate competencies can be defined and curriculum standards developed appropriately.
- The Task Force discussed the extent to which the scope of health services administration should be defined with a “moderate” and/or “broad” scope, and concluded that this issue should be debated by multiple stakeholders.
- Health services administration education accreditors are increasingly being challenged to justify content and competency requirements, as well as demonstrate what value accreditation processes add.
- As the domain is clarified, there may be a need to re-title the name of the field from *health services administration* to another name. A change in name would have implications for the name of ACEHSA.

## A LITERATURE SEARCH ON ACCREDITATION<sup>7</sup>

During the process of gathering background information through consulting reports and discussions with experts, published and unpublished literature was reviewed to guide the deliberations of the Task Force. Much of the general literature was incorporated into the Anderson et al. paper, a summary of which is provided below.

Accreditation is a process of self and peer review that requires institutions or programs to meet certain defined standards or criteria for structure, process and outcome of the educational endeavor. Since the 1980s, accreditation has increasingly sought to promote continuing improvement of quality in colleges, universities and educational programs.

In the United States, accreditation has the following specific purposes:

- Fostering excellence through the development of criteria and guidelines for assessing effectiveness;
- Encouraging improvement through on-going self-study and planning;
- Ensuring external constituencies that an educational endeavor has clearly defined goals and appropriate objectives, maintaining faculty and facilities to attain them, and demonstrating it is accomplishing them and has the prospect for continuing to do so;

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<sup>7</sup> This section is an adapted summary of Andersen, Haddock and Schneller, *Contemporary Models for Accreditation: Lessons for Health Administration Education Accreditation* (July 8, 2003). The reader is encouraged to refer to Appendix C for the complete text and references.

- Providing advice and counsel to new and established programs in the accrediting process; and
- Ensuring that programs receive sufficient support and are free from external influence that may impede their effectiveness and their freedom of inquiry.

Accreditation serves a variety of constituencies by providing information about an educational institution or program. Accreditation serves to notify:

- Prospective students that an institution or program has met minimum standards of educational quality;
- Academic administrators, deans, and faculty members of an institution's or program's strengths and areas for improvement;
- Potential employers that an institution's or program's graduates are prepared for a job and/or professional practice; and
- Taxpayers and the public that taxes and contributions are well spent, and that graduates are prepared to use their education in a way that serves the public good.

Accrediting bodies face a number of challenges today. Anderson et al. noted the following challenges in their consultations with experts in the accreditation field:

- There are pressures for educational accountability (particularly in light of the impending re-authorization of the Higher Education Act).
- There is a need to demonstrate cost-effectiveness and “value-added” (in response to criticism from academic administrators).
- There are calls for a move from an input-driven to an educational outcomes or education effectiveness approach to accreditation.
- There is tension between the rapidly changing “practitioner world” and the more slowly moving world of higher education and accreditation.
- There is a need for specialized accrediting bodies to deal with increasingly sub-specialized or “niche” programs.

Anderson et al. conducted a focus group of leaders from several accrediting agencies. The leaders included representatives from the Accrediting Board for Engineering and Technology Education, Accreditation and State Division Liaison, US Department of Education, the Commission on Collegiate Nursing Education, The National League for Nursing Accrediting Commission, the Teacher Education Accreditation Council, a Commission on Health Education Accreditation board member, and ACEHSA. The focus group identified several key points about current accreditation practices:

- ***Movement to general criteria:*** Outcomes are the principal focus of change in accreditation. There is a very strong focus on “general criteria” and a “blurring” of disciplinary lines. What a graduate should be able to do is of importance. Consequently, accreditation boards have spent a good deal of time visioning about the workplace and the nature of the field. Fields that are fairly technical in nature have begun to move away from a “micro” listing of criteria to more global single criteria related to training a competent practitioner. Such fields

give strong billing to criteria and competencies that may lead to success in practice beyond field technique.

- ***Entry into practice:*** Focus group members agreed the role of accreditation is to prepare graduates for entry into practice. Depending on the selection of students, different programs within a field may face different problems as students seek employment.
- ***Focus on outcomes:*** Many accrediting agencies regard the measurement of outcomes as a very difficult task.
- ***Easing the bureaucratic burden:*** There is a movement to ease the bureaucratic burden of the accreditation process (e.g., surveys have become substantially shorter). At the same time, there appears to be consensus to move away from a universalistic set of standards and criteria, to ones that are linked to the program having carefully crafted its own mission, goals and objectives in concert with the practice world.
- ***Changing the role of faculty:*** The new accrediting environment is placing more demands on faculty. Faculty members must be engaged at every step of the process, shape their courses in response to lessons gained from practice community, and have a broader understanding of the entire curriculum and how the curriculum builds graduate competencies. Continuous quality improvement activities require faculty to participate in evaluation and change between accreditation visits.
- ***Responding to accrediting review bodies:*** Tensions appear to exist between accrediting agency strategy and new Department of Education requirements that all deficiencies be corrected in a two-year period. This will lead to accrediting agencies being “guarded” in their language regarding program deficiencies and expected progress.
- ***The contested terrain of accreditation:*** Some fields, such as nursing, are experiencing competition between accreditation agencies. It is not clear how this will affect accreditation.

Health services administration education programs have a variety of school and department “homes” within universities including business, medicine, public administration and public health, among others. Anderson et al. explored accreditation processes and recent developments for accrediting bodies in these areas, and identified observations to consider for health services administration education accreditation. Briefly:

#### ***Authors' Observations From Business Accreditation for Health Services Administration***<sup>8</sup>

- There is a focus on mission that is reflected in programs, characterized by very different career destinations for graduates in very diverse university settings.
- An emphasis on benchmarking will potentially shift accreditation far along the continuum from an “audit” model of program criteria toward a model characterized on quality improvement. Programs will be required to be explicit about what they do and to collaborate in the metrics that provide evidence for progress.
- Benchmarking information on graduates is reviewed, and there is an emphasis on preparing leaders and change agents. However, issues pertaining to accreditation of colleges of business are not linked to mid or later-career development.
- Schools are encouraged to innovate, they choose among a variety of accreditation criteria, and there is an emphasis on the “iterative” nature of accreditation (e.g., teams work closely with schools under scrutiny, with site visits when improvement or elaboration is necessary).

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<sup>8</sup> The Association to Advance Collegiate Schools of Business (AACSB) is the accrediting body for business.

***Authors' Observations From Medicine Accreditation for Health Services Administration<sup>9</sup>***

- General education outcomes/competencies, shared across specialties and programs, are used in competency-based accreditation.
- The Accreditation Council for Graduate Medical Education's accreditation effort will be implemented over several years. It has included cross-specialty cooperation and development of standards, processes, and assessment tools.
- Generally, accreditation processes continue to include structure and process measures, even in light of the focus on outcomes.
- The Liaison Committee on Medical Education has made efforts to streamline its processes, reducing costs and the administrative burden on accredited schools of medicine.
- Medicine has and continues to attempt to engage the full field – undergraduate medical education, graduate medical education and continuing medical education – in thinking about accreditation, and how common themes and competencies can run across these different career stages, while maintaining each level of accreditation in its appropriate role.

***Authors' Observations From Public Administration Accreditation for Health Services Administration<sup>10</sup>***

- Accreditation uses a mission-based competency approach, where each program develops a set of graduate competencies in light of its own mission.
- The accreditation process does not have guidelines or standards for sub-specialties or concentrations within accredited programs. However, the number of sub-specialties and concentrations is growing, and consideration is being given to developing guidelines by the accrediting body.

***Authors' Observations From Public Health Accreditation for Health Services Administration<sup>11</sup>***

- Accreditation is increasingly emphasizing leadership, and is moving toward competency-based criteria for accreditation. There continues to be ambivalence as to how far the Council on Education for Public Health (CEPH) has moved and what the criteria should be. For example, the Association of Schools of Public Health believes that standards should be changed even more to emphasize competencies of graduates.
- While there is general support for movement toward competency-based criteria, there is also support for a continued role for structure and process measures in the accreditation process.
- The role of CEPH is being debated: should the role be limited to enforcing standards or should it include setting standards?

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<sup>9</sup> The Accreditation Council for Graduate Medical Education (ACGME) is the accrediting body for medical residency (graduate medical education). The Liaison Committee on Medical Education (LCME) determines the accreditation status of educational programs leading to the MD degree.

<sup>10</sup> The National Association of Schools of Public Affairs and Administration (NASPAA) is the accrediting body for masters programs in public affairs.

<sup>11</sup> The Council on Education for Public Health (CEPH) accredits schools of public health, as well as community health education and community health/preventive medicine programs located in other college and university settings. The accreditation practices of CEPH are especially relevant to health services administration accreditation, since the CEPH provides more general institutional accreditation for a major proportion of the ACEHSA accredited programs.

- There seems to be general agreement about the value of having the membership organization that provides services to its members (e.g., schools or programs) be independent from the one that accredits them.
- There is strong support for making the accreditation process less onerous.
- The CEPH site visit teams contact the school before the visit.

### **The Blue Ribbon Task Force's Observations on the Literature Search on Accreditation**

- The processes and criteria for accreditation vary depending on the accrediting body. School level accreditation varies in processes and criteria by type of program (i.e., public health, medicine, public administration, business).
- There are few common approaches between the criteria and processes used to accredit schools of business, public health, medicine or public administration.
- There is an increasing trend in all the schools to be mission-driven, and to use competencies and outcomes as a basis for accreditation.
- There is increasing emphasis on measuring performance, and documenting and publicizing performance achievements.
- As accreditation processes focus more on competencies, the role of faculty members changes to greater involvement with the curriculum as a whole and greater coordination across courses.
- Where graduation from an accredited school is a requirement for license to practice (at an entry level), accreditation is ascribed a higher value.
- Some accrediting bodies are accountable for more than one program including for example, undergraduate and graduate programs.
- Residency programs in Medicine (post-graduate programs) are accredited by ACGME according to 26 programmatic areas.
- Accreditation status may be awarded according to different types – initial or provisional or full.
- Having both school and program-specific (specialized) accreditation adds a burden to the extent that many programs question the added value of specialized accreditation.
- A recurrent theme is mechanisms must be developed to reduce the administrative burden and/or coordinate the two levels.
- Some accrediting bodies have moved to a problem-based or quality improvement type of process.
- An accrediting body is typically organized and managed as a separate entity to a professional membership organization.
- Accrediting organizations work in close collaboration with the professional organizations and the field of practice.

## A SURVEY OF ACCREDITATION EFFECTIVE PRACTICES<sup>12</sup>

While some of the effective practices for accreditation were described in the Anderson et al. paper, important information on perceptions of the value of accreditation processes was obtained through a survey of stakeholders.

Gelmon et al. conducted a survey to assess and monitor changes in stakeholder satisfaction with, and expectations of, accreditation of graduate and certification of undergraduate health management and policy educational programs. All stakeholders were asked three broad, overarching questions about accreditation in general:

- What is the value-added/benefit of accreditation/certification?
- Is the "product" (i.e., the graduate) prepared and competent for the work environment?
- How could systems of accreditation/certification of health management and policy educational programs be improved to better serve the needs of stakeholders?

The key stakeholder groups that were surveyed included:

- Faculty and program directors from ACEHSA-accredited programs and others affiliated with AUPHA (graduate and undergraduate);
- Program directors of comparable programs offering an emphasis in health services administration and accredited through public health, business and public administration;
- A sample of current students and recent alumni from ACEHSA-accredited programs;
- Key informants from major stakeholder organizations (professional associations, trade associations, membership groups); and
- Employers and other stakeholders in positions that influence the hiring of health services administration graduates.

A series of surveys, customized for each stakeholder group, included common questions as well as specific questions addressing each stakeholder group's interests in health management education. The Task Force gave final approval of the surveys at the end of February 2003. The surveys were administered via the Web.

Limitations and assumptions of the survey included a short time frame for survey completion, resource limitations, no advance notice to potential respondents, self-identification leading to potential bias, presumed knowledge of health services administration education, and exclusive Web-based survey administration. All feasible actions to account for these limitations were incorporated into the study methodology and interpretation of the findings.

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<sup>12</sup> This section is an adapted summary of Gelmon, Wahab and Ketcheson, *Stakeholder Satisfaction with the Accreditation Process: A Report to the Blue Ribbon Task Force* ( July 2003 final report). The reader is encouraged to refer to Appendix D for the complete text and references.

### ***Profile of Respondents***

There were 534 completed surveys, for an overall response rate of 42%. Response rates for each major category of respondents were 34% alumni, 56% students, 56% faculty and 28% employers. The varying response rates for each group presented some limitations to the generalizability of findings from the survey. In particular, the number of respondents from undergraduate programs was so small that their responses could not be included in the analysis. As well, the employer response rate was low (n=104). Because the sample of employers may have been subject to selection bias, it was not considered to be representative of the population. Consequently, the survey results for employers should be interpreted with caution.

### ***What is the Value-Added/Benefit of Accreditation/Certification?***

The survey findings suggest that accreditation of health services administration programs is valued by many constituencies – faculty and program directors, students, alumni, employers, and other key stakeholder groups. There is a widespread perception that accreditation benefits the field, with support across most constituencies. Accreditation is perceived to advance and enhance the profession of health services administration and is a mechanism that confirms program quality to multiple stakeholders. For the individual student or graduate of an accredited program, accreditation gives recognition from the field at large, and supports individual access to the profession. It is also seen to aid in student recruitment and career progression over time. However, as has been demonstrated in other surveys by ACEHSA and other accreditors over the past few decades, the interpretation of the value of accreditation varies among different “publics” suggesting a need for more information and public education.

The survey results offer an endorsement of the benefits of programmatic accreditation. In particular, these benefits include stimulating routine and ongoing program review and improvement, clarifying program mission and goals, and fostering ongoing planning. There is also agreement with the core principles of the Association of Specialized and Professional Accreditors “Code of Good Practice,” particularly the principles that accreditation offers a trustworthy external peer review, promotes integrity and professionalism, and respects institutional autonomy.

Students and alumni indicated that the accredited status of a program was important in their decision to apply to programs. Over 90% of students and 85% of alumni indicated that accreditation had an impact on the quality of the education they received. Students and alumni felt that the accredited status of their program helped them in searching for field experiences and internships, and in their job search upon completion of their academic program.

### ***Is the "Product" (i.e., the Graduate) Prepared and Competent for the Work Environment?***

Fifty six percent (n=58) of the employers indicated they have a preference for hiring graduates of an accredited program. Employers indicated preferences for certain settings and certain kinds of expertise related to the nature of the degree held by the potential employee. Employers are concerned about the degree and the institution from which the potential employee received that

degree; faculty perceive that employers hire based on traditions of hiring practice and alumni affiliation.

Respondents were asked to rank graduates according to their perceptions about the extent to which graduates met the draft competencies (March 2003) of NCHL (learning and performance improvement, professionalism, personal and community health systems, leadership, collaboration and communication, and management practice). The highest overall rankings by employers on the draft competencies were for professionalism and collaboration/communication, whereas the lowest overall rankings were for personal and community health systems, and management practice. Students and alumni ranked themselves more highly prepared than the assessments made about their preparedness by faculty or employers.

Faculty ranked graduates highest on the competency of management practice and lowest on leadership. Employers ranked graduates highest on professionalism and lowest on leadership. Alumni and students ranked themselves highest on professionalism and lowest on management practice. Thus there are considerable differences between the perceptions of the various stakeholders about the competencies of graduates.

### ***How Could Systems of Accreditation/Certification of Health Management and Policy Educational Programs be Improved to Better Serve the Needs of Stakeholders?***

There was consensus among faculty respondents on the role of accreditation as a mechanism to assure quality and accountability, promote program improvement and identify important issues.

When asked to rate the level of influence of a number of trends in higher education on the future directions of accreditation of health services administration education programs, employers gave the highest rankings to the expanding use of the Internet/computer technology and increasing demands for accountability, whereas faculty gave the highest rankings to dwindling financial resources followed by the expanding use of the Internet/computer technology and increasing demands for accountability. Faculty saw accreditation as being influenced more by increasing competition for students, whereas employers saw attention to the quality of teaching and learning as the influence. Faculty in ACEHSA-accredited programs emphasized the influence of dwindling financial resources and increasing demands for accountability. Changing methods of paying for higher education and the increase in numbers of accredited programs in a geographic region were seen as having the least influence on accreditation.

### **The Blue Ribbon Task Force's Observations on the Survey of Accreditation Effective Practices**

- Most respondents from each stakeholder group appear to value accreditation because it can increase the recognition of the field and advance the profession.
- Most respondent groups appear to endorse programmatic accreditation.
- There is a variation in perception of competencies of graduates between employers and faculty and students. Competencies where programs are perceived to be most successful are related to professionalism, collaboration and communication, but less success is evident with specific management practices.

- The results of the survey should be interpreted with caution because of the limitations in sample size and selection processes. Further discussion and interpretation of the results of the survey are needed.

### **AN ANALYSIS OF THE RELEVANCE, APPLICATION, AND/OR ESSENTIALITY OF ACCREDITATION REGARDING GRADUATE PROGRAMS IN HEALTH SERVICES ADMINISTRATION<sup>13</sup>**

There is a need for individuals with health services administration skills who can lead and manage:

- Large, complex, multi-institutional organizations that have resulted from mergers and other forms of consolidation;
- Health service organizations with a specialized focus; and
- The growing number of non-delivery health organizations that support the health services delivery system (e.g., consulting, insurance and managed care, biotechnology, pharmaceuticals).

Accreditation in health services administration must function as a process that:

- Establishes and assures minimal levels of program quality;
- Is responsive to the diversity of existing and emergent program missions;
- Successfully meets the needs of the field of practice for employers in program targeted settings;
- Provides students with competencies that will promote mobility across and within sectors for career advancement and progression;
- Assures that those engaged in the educational enterprise continue to develop the intellectual capital associated with health management education and practice and import into academia the intellectual capital that is produced outside of the academy;
- Is sufficiently flexible to meet the managerial needs for a wide range of health-related organizations and aspirants for entry at various career stages; and
- Is not burdensome beyond what is necessary to achieve the above goals.

Accreditation cannot completely assure that all stakeholders' needs are adequately met. For example, accreditation cannot assure that the pool of individuals aspiring to be health sector leaders will grow larger and more diverse, or that universities will value and invest more in health services administration education over others in periods of constrained resources. However, accreditation is relevant and essential, particularly to assure quality and public accountability in post-secondary educational institutions and programs.

As of November 2002, there were 68 accredited graduate health services administration programs in the United States and Canada. These programs are located in a variety of

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<sup>13</sup> This section is an adapted summary from Andersen, Haddock and Schneller, *Contemporary Models for Accreditation: Lessons for Health Administration Education Accreditation* (July 8, 2003). The reader is encouraged to refer to Appendix C for the complete text and references.

institutional homes including schools of business, public health, allied health and medicine, with most accredited programs in schools of business and public health.

Anderson et al. postulate a model that includes four potential forces driving the criteria used for health services administration accreditation and four types of accreditation criteria. The relative importance of the four potential forces or influences on accreditation criteria varies at any point in time and changes over time.

The four potential forces driving the criteria used for health services administration accreditation are:

- **Discipline:** This force leads to criteria stressing the importance of basic disciplines such as economics, management science, information science, political science or sociology.
- **Mission of Program:** ACEHSA has traditionally relied upon a program's statement of its mission which has meant that the mission, goals and objectives of individual programs serve as a basis upon which the criteria are applied.
- **Location:** The type of school or program can influence accreditation criteria, the general accreditation requirements for that type of school, and type of degree program.
- **Connection With the World of Practice:** This is the link between health services administration education and the field of practice.

The four types of accreditation criteria postulated by Anderson et al. are:

- **Inputs:** These include the characteristics of students entering programs, the bases upon which they are admitted, the characteristics of schools and universities in which programs are located, and program links to the surrounding community and healthcare industry.
- **Structure:** These include the traditional criteria for accreditation including characteristics of faculty, curriculum, facilities, finances and ties to practice.
- **Process:** These include characteristics that define the way education and learning take place in the program.
- **Outcomes:** Outcomes can be short-term (e.g., does the graduate possess the competencies, skills, knowledge, and abilities deemed necessary for career success, and does the graduate obtain a suitable entry level job?) or long-term (e.g., does the graduate achieve career advancement and become a leader in the field?).

### **The Blue Ribbon Task Force's Observations on the Relevance, Application, and/or Essentiality of Accreditation Regarding Graduate Programs in Health Services Administration**

- Accreditation overall is relevant and considered an important factor in maintaining standards of education programs.
- The processes and criteria for accreditation will be influenced by the disciplines involved, the mission of the specific program, where it is located and how close the program is to the field of practice. These influences are varied and hence particularly important in education for health services administration.

- Accreditation for education programs in health services administration is valued by many individuals, programs and experts, but opinion was consistent across all groups that the processes for conducting accreditation reviews and assuring standards are met can and must be improved.
- Accreditation should include a set of core health services administration competencies that all program graduates are expected to master. Examples include the important ongoing work of the NCHL's Advisory Council on Healthcare Leadership Competencies and the related work being done by other professional societies and organizations such as the five core competencies for all health professions providing direct care identified in a 2003 Institute of Medicine report. These may be applicable for health services administration: providing patient-centered care, working in interdisciplinary teams, employing evidence-based practice, applying quality improvement, and utilizing informatics.
- Accreditation processes should promote continuous improvement. To achieve this, there needs to be greater emphasis on performance measurement, benchmarking and public reporting.
- It is time for action to make improvements quickly especially to decrease the administrative burden of accreditation.
- Some changes need broader discussion with multiple stakeholders.
- Greater collaboration and partnerships are needed between education and practice communities.

## **PART TWO: DELIBERATIONS OF THE TASK FORCE**

Part Two of the report outlines the conclusions and recommendations emerging from the deliberations of the Task Force. It includes the Task Force's recommendations regarding:

- Addressing current expectations and requirements for health services administration accreditation;
- Making recommendations for future roles, relationships and activities; and
- Defining a process for incorporating educational outcomes as developed by NCHL's Advisory Council on Healthcare Leadership Competencies into accreditation criteria.

### **CURRENT EXPECTATIONS AND REQUIREMENTS FOR HEALTH SERVICES ADMINISTRATION ACCREDITATION**

The Blue Ribbon Task Force carefully considered the background information and analysis in its deliberations about the expectations and requirements for health services administration education accreditation. Based on these studies, the Task Force came to two major conclusions:

- Health services administration education accreditation is valued.
- In the spirit of continuous quality improvement, there is an ideal opportunity for some new directions to improve and strengthen accreditation and to make it more relevant and responsive to the changing needs of the broad range of stakeholders in the healthcare industry.

The Task Force has identified a number of new directions supported by action-oriented recommendations. It is recognized that some changes will occur more quickly whereas others will require broader discussion with multiple stakeholders. Success will be assured if there is greater collaboration and strengthened partnerships between the education and practice communities.

As a critical first step, the Task Force believes that this is the time to frame a new vision for the future of ACEHSA. This section begins by proposing some key elements for a new ACEHSA vision statement, followed by new directions that will move ACEHSA toward that vision. These directions include the definition of health services administration, core competencies and values, accountabilities for outcomes and quality improvement, streamlined accreditation processes, and policy considerations.

### **SOME ELEMENTS FOR A NEW ACEHSA VISION STATEMENT**

The Task Force believes that a new vision should be developed for the future of ACEHSA. This will build upon the strategic planning currently underway at ACEHSA, and complement the planning taking place at AUPHA and the current vision for NCHL.

As a starting point, the Task Force believes this vision might be:

***“ACEHSA will be recognized and respected as a premier accreditation agency in the field of higher education.”***

The vision also needs to incorporate the following elements:

- The educational programs that ACEHSA accredits, the universities in which these programs are located, and the practitioner community will view the ACEHSA accreditation process as highly efficient, effective, and valuable.
- The priorities of ACEHSA and the educational programs that it accredits will demonstrate a strong commitment to improving the health of individuals, communities and population through improving the organization, management, financing, and delivery of healthcare services and products.
- There will be tangible evidence to show that ACEHSA is contributing more significantly than in the past to improving the quality of health management leadership in North America, with measurable benchmarks against which progress can be assessed and performance improved.
- ACEHSA will be known as an innovator and actively promote quality innovations in learning, such as distance and experiential learning and other pedagogical developments.
- Through a combination of accreditation fees, grants, philanthropic gifts and sponsorship support, ACEHSA will have a solid financial foundation and sound financial operations.

It is vital to build on stakeholder support for the new vision. ACEHSA's strategic and operational plans should focus on the vision with clear benchmarks to assess progress.

The Task Force recommends that:

- R1 ACEHSA craft and frame a new vision that incorporates elements identified in the Report, and that will enable ACEHSA to implement the Report's recommendations.

## **DEFINITION OF HEALTH SERVICES ADMINISTRATION**

Currently, a wide array of terms is used to refer to *health services administration* including health services administration, health administration, healthcare administration, health management and healthcare management, to name a few. This plethora of terms has resulted in a lack of clarity, unity and understanding within the field and in the minds of the public.

The Task Force believes that it is important for the accrediting body for health services administration to clarify the definition and scope of the field to assure effective accreditation. The goal in defining health services administration is to identify those characteristics that are unique to this field, specifically the unique contributions to be made to the health of individuals and communities.

The Task Force concluded that the scope of health services administration should be defined more broadly than narrowly, while recognizing a unique and foundational core in the management and leadership of healthcare delivery organizations. Such a definition would recognize the realities of the changing job market (i.e., new organizational settings and new health industry sectors), and the response of academic programs to the changing job market for graduates. As previously noted the term *health services administration* is the term that the Task Force has chosen to use for consistency throughout this Report.

The Task Force recommends that:

- R2 A broader definition of *health services administration* be developed that incorporates the application of specialized management knowledge, skills and attitudes to the improvement of individual and community health, and healthcare delivery.

The Task Force recognized that health services administration knowledge, skills and attitudes are valuable in a wide range of organizational settings, and that the roles for graduates of health services administration programs span a wide range of opportunities. Organizational settings include those involved in the direct delivery of healthcare services (e.g., hospitals, health systems, physician organizations, public health departments, nursing homes and home health agencies), health insurance organizations, health planning organizations, healthcare regulatory bodies, healthcare supply organizations (e.g., pharmaceutical, medical device, and biotechnology companies) and healthcare consulting organizations. The wide range of roles for graduates of health services administration programs include policy analysts, consultants, and staff and management roles in units, departments, divisions and organizations including specialized departments/divisions such as information technology, human resources, marketing, quality improvement and finance. Each of these roles emphasizes a narrower set of competencies. The implication of using a broad overarching definition, with perhaps explicit sub-categories, is that it assists in identifying and separating core competencies that are needed by anyone working in the broad health sector while, at the same time, recognizing "customization" of competencies for those pursuing careers in a specific sub-category.

Since ACEHSA is the official and only accrediting agency for graduate programs in health services administration education, changes in the definition of *health services administration* may require using an alternative label for the field and changing the name of the accrediting body. Possible alternative terms for *health services administration* that have been suggested include healthcare administration, health management, health administration, health sector management and health industry management.

The Task Force recommends that:

- R3 ACEHSA consider the value of changing its own name should all stakeholders reach a consensus about the name of the domain other than *health services administration*.

## CORE COMPETENCIES AND VALUES

The Task Force believes that ACEHSA needs to adopt accreditation criteria that:

- Incorporate a set of core health services administration competencies that all program graduates are expected to master while, at the same time, respect diversity among the programs in terms of their educational mission, target markets and priorities: and
- Expect all programs to systematically examine societal, organizational and personal values in their curricula, and encourage students to clarify their own values in the process.

Core health services administration competencies should be reviewed and revised on an ongoing basis as experience is gained with the use of competencies and new evidence becomes available. When adopting and refining the core competencies, ACEHSA should give careful consideration to the ongoing work of the NCHL Advisory Council on Healthcare Leadership Competencies, related work being done by other professional societies and organizations, as well as the five core competencies for all health professions who are direct care givers (2003 IOM) – providing patient-centered care, working in interdisciplinary teams, employing evidence-based practice, applying quality improvement, and utilizing informatics.

Once core competencies have been defined, a more detailed approach may be necessary for programs to describe competencies tailored to the roles identified in their mission.

As reflected earlier in this Report, the use of competencies changes the roles and expectations for faculty members in how they communicate, educate and evaluate learners and graduates' behavior. Attention must be given to educating faculty members to facilitate their transition to the new expectations.

The Task Force recommends that:

- R4 ACEHSA adopt accreditation criteria that incorporate a set of core health services administration competencies that all program graduates are expected to master.
- R5 ACEHSA work with other stakeholders, such as AUPHA, to develop strategies for facilitating faculty members' adaptation to competency and outcome-based learning.

## **ACCOUNTABILITIES FOR OUTCOMES AND QUALITY IMPROVEMENT**

The Task Force deliberated the importance of accreditation in increasing accountability of programs to a broad range of stakeholders. The Task Force concluded that there are two primary areas where increased accountabilities could be achieved: 1) a commitment to ongoing evaluation of educational outcomes; and 2) an enhanced commitment to continuous quality improvement.

### **Commitment To Ongoing Evaluation Of Educational Outcomes**

The Task Force believes that the leadership of ACEHSA, AUPHA, participating programs, and practitioner organizations need to collaborate in developing workable and valid methods for assessing student learning in relation to the core health management competencies. This includes defining consistent evaluation criteria and methods to assess students' learning across all program settings, and defining outcome measures that can be used to evaluate the performance of graduates. In addition, each graduate program should adopt methods to assess their students' learning in relation to the core health services administration competencies and to the competencies that are unique or specialized to their particular mission and curriculum. Objective assessment of student learning and post-graduate performance should include ongoing efforts to obtain the input and advice of preceptors and employers.

Demonstration programs should be encouraged, where multiple programs collaborate to identify common outcome measures that assess student learning and performance. Sharing best practices openly and widely will enhance overall progress in the field.

The Task Force recommends that:

- R6 ACEHSA, AUPHA, participating programs, and practitioner organizations develop reliable and valid methods for assessing student learning in relation to the core health management competencies, including criteria and methods to assess students' learning across all program settings in specialized areas.
- R7 ACEHSA, AUPHA, participating programs, and practitioner organizations develop reliable and valid methods to define outcome measures for evaluating the performance of graduates.

### **An Enhanced Commitment to Continuous Quality Improvement**

The Task Force believes that accreditation criteria need to be adopted that expect programs to demonstrate a commitment to ongoing evaluation and continuous improvement in all facets of their activities. This commitment must be supported with objective measures of progress in relation to established goals. Examples include sharing performance information with other programs and sharing selected indicators with the practitioner community and the public-at-large as part of a unified effort to enhance public accountability. There would be advantages to the development of a "report card" approach, where a relatively short and precise set of indicators of a program's performance was available and used, perhaps, in annual reports (the Task Force recognizes that some of this type of reporting is already in place). Comparative analysis of programs' achievements and public reporting would promote performance improvement among programs, and would clearly demonstrate ACEHSA's commitment to the value of openness in communications.

New understanding and approaches to higher education and, consequently, to health services administration education are evolving. Indeed, many programs have moved to "executive" models, are experimenting with new technologies for distance education and are using problem-based learning techniques. ACEHSA has a unique opportunity to observe these developments in programs during site visits and regular program communications. ACEHSA, along with other

stakeholders such as AUPHA, should actively promote this type of innovation and develop a more aggressive approach to sharing these types of experiences, to enhance excellence in education methodology.

The Task Force recommends that:

- R8 ACEHSA adopt accreditation criteria that require programs to demonstrate a commitment to ongoing evaluation and continuous improvement in all facets of their activities that impact on outcomes. Program information must be made available for benchmarking purposes and to be shared, with the goal of improving both the education process and outcomes.
- R9 ACEHSA actively and aggressively promote and communicate new and innovative approaches in executive and distance learning methodologies to enhance best practices.

### **STREAMLINED ACCREDITATION PROCESSES**

The Task Force believes that, in the short term, ACEHSA needs to take a fresh and innovative look at current accreditation processes and efforts, with the goal of simplifying and streamlining the accreditation process. The Task Force recognises that considerable effort has been made in the past, but concluded that this effort must be revisited and redoubled to stimulate new thinking and approaches. There are a number of positive changes that can be made quickly with little or no cost, whereas others will take more time and effort. The Task Force identified a number of areas where improvements should be made.

#### **Improve the Efficiency and Reduce the Administrative Burden of Accreditation Processes**

Paperwork requirements can and should be reduced dramatically. Paper copies of documents should be reduced to a minimum. Processes could be streamlined if electronic tools were used to regularly report and communicate between ACEHSA and the programs. Electronic communications should be used for programs to report a key set of indicators annually to ACEHSA. In terms of site visits, these could be simplified and more effective if, for example, key materials were on display at a site visit rather than incorporating them into the written self-study reports. The expectation should be to conduct “paperless” site visits. The process could also be streamlined if key “problem areas” were identified and provided in advance to the program before a site visit. The site visit would then focus on exploring input, process and/or structural causes of why a program was not achieving its established outcome objectives, goals and standards.

The Task Force recommends that:

- R10 ACEHSA examine operating strategies with the goal of streamlining to reduce or eliminate paperwork and other administrative costs to programs. For example, ACEHSA should:
- Develop a template of information/indicators that would be reported upon electronically by programs on a regular basis;

- Develop a “problem-based” approach to site visits where areas for further exploration are identified and communicated in advance, so that site visits can focus on clarification and advice in these areas; and
- Assess the quantity and quality of material that is needed for the self-study reports to identify information that is redundant or could be available at the time of a site visit.

### **Examine, Identify and Adopt Effective Ways to Coordinate ACEHSA Accreditation Processes with School-Level Accrediting Agencies (e.g., CEPH and AACSB)**

ACEHSA needs to identify ways to reduce duplication of time, effort and costs. For example, the Task Force observed that present ACEHSA procedures request significant amounts of information from programs that is already required by school-level accrediting agencies. One approach is to launch demonstration projects to test out mechanisms to improve coordination and reduce duplication between school and program levels of accreditation. While it is recognised that similar efforts have been tried in the past, strategies must be found to prevent programs from experiencing accreditation “burnout.”

The Task Force recommends that:

- R11 ACEHSA examine, identify and adopt effective ways to coordinate its accreditation processes with school-level accreditation. For example, identify baseline data and information facts about the university and school that would be acceptable for both school and program accreditation processes.
- R12 ACEHSA develop a proposal with one or more school-level accrediting agencies for a demonstration project that can test out a simplified set of accreditation documentation and site visit requirements.

### **Recognise the Broad Range and Stages of Development of Programs Seeking ACEHSA Accreditation**

The programs that seek ACEHSA accreditation represent a continuum of programs that vary greatly in their missions, populations being served, scope of activities, organizational location, and in many other ways. For example, ACEHSA serves organizations that range from comprehensive entities actively engaged in education, research and public service, to smaller programs that focus primarily on teaching a single curriculum.

The Task Force believes that the effectiveness of ACEHSA could be maximized if it recognized the different types and levels of accredited organizations and developed approaches appropriate to each type or level. There is precedence for this elsewhere. For example, the Carnegie methodology categorizes universities according to their scope. In a similar manner, ACEHSA could have one set of criteria for more comprehensive programs with deep engagement in research, and another set for those whose mission focuses primarily on teaching. To be accredited, all programs would need to assure that core health services administration competencies were addressed.

Mechanisms are in place for programs to receive provisional accreditation through ACEHSA. It is possible that this model could be extended and refined to accommodate programs, at different or more advanced stages, that might receive a different type of accreditation process.

The Task Force recommends that:

- R13 ACEHSA recognize the different levels and types of accredited programs and consider developing accreditation approaches for each level and type.

## **POLICY CONSIDERATIONS**

The Task Force identified a number of policy considerations in the areas of scope of accreditation activities, sponsorship, and a new federal grant program to support health services administration education.

### **Scope of Accreditation Activities**

The Task Force believes that ACEHSA needs to examine the scope of its present and future activities. ACEHSA currently accredits master's level programs that vary widely from programs offering different degrees, to programs aimed at entry-level graduates, to programs aimed at individuals in "executive-type" programs. Some programs may grant the same degree to both entry level and executive graduates.

In examining the scope of ACEHSA, the following questions need to be explored:

- What types of educational programs should be eligible for accreditation in the future?
- Should ACEHSA continue to focus only on masters-level programs?
- Should ACEHSA assume responsibility for the certification of undergraduate programs, a responsibility currently held by AUPHA?
- Should ACEHSA narrow or expand its present focus and, if so, in what way(s) and why?

These questions need to be answered in partnership with the practitioner community.

The Task Force recommends that:

- R14 ACEHSA examine the scope of programs that it is responsible for accrediting, and develop a rationale for maintaining the status quo or for expanding its scope.

### **Sponsorship**

The Task Force believes there is an opportunity to strengthen ACEHSA's relationship with its sponsorship base. For example, current sponsorship arrangements could be improved by clearly defining the roles and duties of sponsors in relation to the Board of Commissioners. Greater clarity in roles and functions would simplify communications and enhance effectiveness. In

addition, the ACEHSA Board of Commissioners and staff should regularly provide the sponsors, and other key stakeholders, with evidence-based reports that document the contributions that its accreditation activities are making to improving the quality of health services administration education and practice. Communicating and clarifying output would help demonstrate ACEHSA's value to the field it serves and could further strengthen its sponsorship base.

The Task Force also believes there is an opportunity to expand ACEHSA's sponsorship base. There has been expansion in the number and types of ACEHSA's sponsors in recent years, resulting in invaluable input into accreditation processes. Further expansion may be warranted as the definition and scope of health services administration expands to include new groups of stakeholders. For example, having NCHL as an ACEHSA sponsor would further strengthen the collaborative relationship between NCHL and ACEHSA. There may be other health-related organizations and associations that might be considered to further strengthen ACEHSA's sponsorship base.

The Task Force recommends that:

- R15 ACEHSA, as part of its ongoing strategic planning process, examine its patterns and methods of communicating with current sponsors to improve its effectiveness.
- R16 ACEHSA invite NCHL to be a sponsor of ACEHSA, so as to enhance further collaboration and communication between the two organizations.

### **A New Federal Grant Program to Support Health Services Administration Education**

The Task Force believes that effective management and leadership are essential to achieving organizational effectiveness. Given national and international pressures for critical improvements in the health industry, this would be an ideal time to make the case for a new federal grant program to support health services administration education. Funds should be provided for carefully targeted purposes such as defining competencies, improving curriculum content, developing new pedagogy, and evaluating outcomes in areas such as informational technology, developing clinical and organizational performance measurement, and promoting clinical improvements through evidence-based healthcare.

The Task Force believes that there are Congressional leaders who would be willing to explore such a grant program. If this initiative were linked closely to the core health management competencies that are recommended earlier in this Report, it would be possible to focus the grants on accredited programs. In governmental terms, relatively small amounts of money could make a big difference in health services administration education programs. A new grant program could simultaneously strengthen education for health services administration as well as create an additional incentive for programs to seek accreditation.

The Task Force recommends that:

- R17 AUPHA with ACEHSA, NCHL and other stakeholders develop a proposal for a federal grants program that would provide funding for an innovative program of educational research and development for health services administration education.

## **FUTURE ROLES, RELATIONSHIPS AND ACTIVITIES**

As one of its mandates, the Task Force examined the future roles and potential interrelationships between ACEHSA and NCHL, with a view to maximizing the strengths of each organization and identifying areas of synergy. While AUPHA was not specified as part of the mandate of this work, the Task Force included AUPHA in its analysis of relationships because of AUPHA's historic and central role in health services administration education.

### **ROLE OF NCHL IN ACCREDITATION**

The role of NCHL in accreditation should be to promote the improvement of accreditation processes to strengthen the field of health services administration and health services administration education. NCHL has a very important role to play enhancing and supporting ACEHSA's accreditation process for master's programs, by advocating for the types of changes in health services administration education and accreditation recommended in this Report. To this end, NCHL should be supportive of ACEHSA, and its mission and goals for master's level training for health services administration. NCHL can demonstrate its active support by participating in efforts to obtain funding for, and conduct, research that will contribute to improving the effectiveness of accreditation processes and outcomes. Examples of this type of support include the initiatives recently conducted for this Task Force, namely the background paper on models of accreditation, the survey of stakeholders, and the paper on the definition of health services administration.

The Task Force believes that NCHL should build upon its ongoing work with practitioners and assist in the inter-linkages between universities and practitioners. NCHL has demonstrated its ability to convene forums that bring together health services administrators and academics to debate important strategic issues for health services administration education. NCHL has demonstrated a philosophy of engagement with AUPHA and ACEHSA and of sharing information that should be maintained. Currently, the President, Board Chair and several commissioners of ACEHSA are board members of NCHL. Such inter-relationships should continue. Further communication and collaboration would be enhanced with NCHL as a sponsor of ACEHSA.

The Task Force recommends that:

- R18 NCHL assume an active role in supporting the work of ACEHSA in refining its approaches to accreditation. The experience of this Task Force has shown that NCHL and ACEHSA can work collaboratively and productively. Other stakeholder organizations

might build upon this experience of collaboration to ensure that processes are in place to enhance collaboration and undertake joint projects in the future.

Recognizing that a stimulus for the creation of this Task Force was NCHL's initial proposal for an NCHL Council on Accreditation, the Task Force deliberated the benefits and limitations of forming a Council at this time. The Task Force concluded that the collaborative relationship that now exists between ACEHSA and NCHL makes the formation of an NCHL Council redundant. The current and proposed structural arrangements – with key ACEHSA leaders as board members of NCHL and with NCHL as a sponsor of ACEHSA – create ample opportunities for sharing and debating accreditation issues of common interest. Further, the Task Force believes that future education and accreditation issues for NCHL can be directed to, and incorporated into, the role and functions of the existing NCHL's Advisory Council on Healthcare Competencies and NCHL's Advisory Council on Research and Continuous Improvement.

The Task Force recommends that:

R19 NCHL not form a Council on Accreditation, and that education and accreditation issues be incorporated in the roles and functions of existing NCHL Advisory Councils on Healthcare Leadership Competencies, and Research and Continuous Improvement.

## **ACEHSA ROLES AND RELATIONSHIPS**

A key element of ACEHSA's success will be to demonstrate its impact on improving the level of competencies in health services administration, with the ultimate outcome of improving the health of individuals and communities. To this end, ACEHSA should move towards a more precise, outcome-driven, mission-sensitive and improvement-oriented focus.

Currently, ACEHSA focuses on master's level education that includes learners from a variety of backgrounds, who are at different stages of their careers. The Task Force believes that ACEHSA needs to continue to recognize this diversity while, at the same time, adopting reliable and valid competencies that incorporate core competencies and encourage programs to define additional competencies tailored to their missions.

The recommendations in this Report identify an enhanced vision and a strong and vital role for ACEHSA. Recognizing the ongoing strategic planning process underway, the Task Force encourages ACEHSA to move forward aggressively with this new agenda.

The Task Force recommends that:

R20 ACEHSA move quickly to debate and act upon the recommendations outlined in this Report concerning its future role and relationships.

## **AUPHA RELATIONSHIPS**

Historically, due to a variety of factors especially financial constraints, AUPHA and ACEHSA have been obliged to share physical and administrative resources as the organizations have evolved. The end result, not surprisingly, has been considerable confusion by organizational members, programs, practitioners and other stakeholders about the unique roles and responsibilities of each organization.

It is important that AUPHA and ACEHSA maintain both the appearance and reality of the arms-length relationship between a professional association and an accrediting agency. Through their respective planning processes, the Task Force has anticipated that AUPHA and ACEHSA will take these factors into consideration. Clearly a close working relationship is necessary. ACEHSA needs to be supportive of AUPHA's developing role in relation to designing and testing new curriculum and pedagogy.

The Task Force recommends that:

- R21 During its strategic planning process, ACEHSA explore its relationship with AUPHA and clarify for all stakeholders their different roles and responsibilities.

## **PROCESS FOR INCORPORATING COMPETENCIES INTO ACEHSA CRITERIA**

ACEHSA has excellent formal and informal approaches to regularly consider and review changes in the criteria for accreditation (e.g., identification of key competencies). Given the unique and specific responsibilities that ACEHSA has for master's level education, the Task Force believes that ACEHSA should become the repository for core and specialized competencies for master's level preparation for health services administration education as they are developed. The pioneer work on core competencies, currently being developed through NCHL's Advisory Council on Healthcare Leadership Competencies, is one major starting point.

ACEHSA's repository should also be the recipient of competencies developed, validated and perceived to be of relevance by other groups including other professional organizations. Recognizing the excellent work done by many organizations in the health field – including the Institute of Medicine 2003 report on the health professions – the repository could include a variety of competencies for core roles in health services administration as well as competencies developed by individual programs.

ACEHSA has an important role to play in supporting the work of other organizations that are in the process of developing and validating competencies. ACEHSA, with AUPHA and NCHL and other interested organizations, could support pilot projects for a program or clusters of programs that are experimenting with developing and testing competencies (e.g., AUPHA is currently proposing to conduct background research in relation to pedagogy). ACEHSA should collaborate with other organizations to help secure funding and play an active part when the content of projects have implications for accreditation.

ACEHSA should establish a review process for the receipt and evaluation of competencies on a regular basis, which will make recommendations to ACEHSA about incorporating new or revised competencies into the accreditation criteria. Similar processes would be necessary should ACEHSA decide to expand the scope of accreditation responsibilities to other health services administration education programs beyond master's preparation.

During site visits for accreditation and regular progress reports, ACEHSA has the unique opportunity to see first hand the progress that is being made by individual programs in developing and validating competencies. These experiences can be summarized by ACEHSA and distributed broadly for individual programs to use as benchmarks.

The Task Force recommends that:

- R22 ACEHSA establish a repository for review, critique and communication of core competencies for the graduates of master's degree programs in health services administration.
- R23 ACEHSA promote the development, innovation and testing of core competencies for health services administration among education programs and other stakeholders.

## **FINAL OBSERVATIONS**

Throughout the Task Force's process of information gathering and deliberations, it became clear that accreditation processes are valued, and have the potential to improve education processes and, ultimately, the health of individuals and communities in North America. We are not there yet, even though the Task Force heard commitment from a wide array of organizations and individuals to improving both processes and outcomes of accreditation.

ACEHSA and related stakeholders are at a critical crossroads, and have a unique opportunity to make changes in the field of health services administration education that will have far-reaching implications for students, graduates and the future leadership of healthcare. The Task Force believes that ACEHSA's leadership is committed to a process of change and is poised to debate and address the kinds of strategies recommended in this Report.

NCHL has the opportunity to provide strong support to ACEHSA in developing its new directions. It is essential that the linkages developed and the spirit of collaboration achieved, partially through the work of the Task Force, be sustained and further promoted.

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## **SUMMARY OF RECOMMENDATIONS**

### **CURRENT EXPECTATIONS AND REQUIREMENTS FOR HEALTH SERVICES ADMINISTRATION ACCREDITATION**

#### **Some Elements For a New ACEHSA Vision Statement**

The Task Force recommends that:

- R1 ACEHSA craft and frame a new vision that incorporates elements identified in the Report, and that will enable ACEHSA to implement the Report's recommendations.

#### **Definition of Health Services Administration**

The Task Force recommends that:

- R2 A broader definition of *health services administration* be developed that incorporates the application of specialized management knowledge, skills and attitudes to the improvement of individual and community health, and healthcare delivery.
- R3 ACEHSA consider the value of changing its own name should a consensus be reached about the name of the domain other than *health services administration*.

#### **Core Competencies and Values**

The Task Force recommends that:

- R4 ACEHSA adopt accreditation criteria that incorporate a set of core health services administration competencies that all program graduates are expected to master.
- R5 ACEHSA work with other stakeholders, such as AUPHA, to develop strategies for facilitating faculty members' adaptation to competency and outcome-based learning.

### **ACCOUNTABILITIES FOR OUTCOMES AND QUALITY IMPROVEMENT**

#### **Commitment To Ongoing Evaluation Of Educational Outcomes**

The Task Force recommends that:

- R6 ACEHSA, AUPHA, participating programs, and practitioner organizations develop reliable and valid methods for assessing student learning in relation to the core health management competencies, including criteria and methods to assess students' learning across all program settings in specialized areas.

- R7 ACEHSA, AUPHA, participating programs, and practitioner organizations develop reliable and valid methods to define outcome measures for evaluating the performance of graduates.

### **An Enhanced Commitment to Continuous Quality Improvement**

The Task Force recommends that:

- R8 ACEHSA adopt accreditation criteria that require programs to demonstrate a commitment to ongoing evaluation and continuous improvement in all facets of their activities that impact on outcomes. Program information must be made available for benchmarking purposes and to be shared, with the goal of improving both the education process and outcomes.
- R9 ACEHSA actively and aggressively promote and communicate new and innovative approaches in executive and distance learning methodologies to enhance best practices.

### **STREAMLINED ACCREDITATION PROCESSES**

#### **Improve the Efficiency and Reduce the Administrative Burden of Accreditation Processes**

The Task Force recommends that:

- R10 ACEHSA examine operating strategies with the goal of streamlining to reduce or eliminate paperwork and other administrative costs to programs. For example, ACEHSA should:
- Develop a template of information/indicators that would be reported upon electronically by programs on a regular basis;
  - Develop a "problem-based" approach to site visits where areas for further exploration are identified and communicated in advance, so that site visits can focus on clarification and advice in these areas; and
  - Assess the quantity and quality of material that is needed for the self-study reports to identify information that is redundant or could be available at the time of a site visit.

#### **Examine, Identify and Adopt Effective Ways to Coordinate ACEHSA Accreditation Processes with School-Level Accrediting Agencies (e.g., CEPH and AACSB)**

The Task Force recommends that:

- R11 ACEHSA examine, identify and adopt effective ways to coordinate its accreditation processes with school-level accreditation. For example, identify baseline data and information facts about the university and school that would be acceptable for both school and program accreditation processes.

- R12 ACEHSA develop a proposal with one or more school-level accrediting agencies for a demonstration project that can test out a simplified set of accreditation documentation and site visit requirements.

### **Recognise the Broad Range and Stages of Development of Programs Seeking ACEHSA Accreditation**

The Task Force recommends that:

- R13 ACEHSA recognize the different levels and types of accredited programs, and consider developing accreditation approaches for each level and type.

## **POLICY CONSIDERATIONS**

### **Scope of Accreditation Activities**

The Task Force recommends that:

- R14 ACEHSA examine the scope of programs that it is responsible for accrediting, and develop a rationale for maintaining the status quo or for expanding its scope.

### **Sponsorship**

The Task Force recommends that:

- R15 ACEHSA, as part of its ongoing strategic planning process, examine its patterns and methods of communicating with current sponsors to improve its effectiveness.
- R16 ACEHSA invite NCHL to be a sponsor of ACEHSA, so as to enhance further collaboration and communication between the two organizations.

### **A New Federal Grant Program to Support Health Services Administration Education**

The Task Force recommends that:

- R17 AUPHA with ACEHSA, NCHL and other stakeholders develop a proposal for a federal grants program that would provide funding for an innovative program of educational research and development for health services administration education.

## **FUTURE ROLES, RELATIONSHIPS AND ACTIVITIES**

### **Role of NCHL in Accreditation**

The Task Force recommends that:

R18 NCHL assume an active role in supporting the work of ACEHSA in refining its approaches to accreditation. The experience of this Task Force has shown that NCHL and ACEHSA can work collaboratively and productively. Other stakeholder organizations might build upon this experience of collaboration to ensure that processes are in place to enhance collaboration and undertake joint projects in the future.

R19 NCHL not form a Council on Accreditation, and that education and accreditation issues be incorporated in the roles and functions of existing NCHL Advisory Councils on Healthcare Leadership Competencies, and Research and Continuous Improvement.

### **ACEHSA Roles and Relationships**

The Task Force recommends that:

R20 ACEHSA move quickly to debate and act upon the recommendations outlined in this Report concerning its future role and relationships.

### **AUPHA Relationships**

The Task Force recommends that:

R21 During its strategic planning process, ACEHSA explore its relationship with AUPHA and clarify for all stakeholders their different roles and responsibilities.

### **PROCESS FOR INCORPORATING COMPETENCIES INTO ACEHSA CRITERIA**

The Task Force recommends that:

R22 ACEHSA establish a repository for review, critique and communication of core competencies for the graduates of master's degree programs in health services administration.

R23 ACEHSA promote the development, innovation and testing of core competencies for health services administration among education programs and other stakeholders.

# **APPENDIX A**

## **MEMBERS OF THE BLUE RIBBON TASK FORCE**

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Professor and Chair  
Department of Health Policy and Administration  
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