

## **Accreditation of Fully Online Graduate Programs in Healthcare Management: Ensuring Quality Education**

### **Authors:**

Margaret Schulte, DBA, FACHE, President/CEO, CAHME

Frank Coyne, PhD, Chair, CAHME Board of Directors

Andrew N. Garman, PsyD, Chair, CAHME Standards Council

Daniel West, PhD, FACHE, Chair-elect, CAHME Board of Directors

### The value of CAHME accreditation

CAHME has accredited graduate healthcare management programs in the United States and Canada for over 45 years. CAHME currently accredits 84 graduate programs nationally, with over 40 programs in the pipeline for possible future accreditation. Each year, graduates from CAHME accredited programs typically move into leadership positions in provider systems, payer organizations, consulting firms and in other emerging health sector organizations.

CAHME accreditation ensures that students completing their graduate programs are proficient in those key healthcare competencies required to compete and lead in the extremely dynamic healthcare environment that we currently face in this country. CAHME's corporate members, its Board, and CAHME's accreditation approach constantly shape the CAHME competency-based accreditation model to reflect the ongoing needs of national employers, practitioners, academics and other stakeholders in healthcare. This tight connection to ongoing market requirements helps ground CAHME requirements in the most current healthcare developments nationally.

As healthcare continues to evolve in this country, reflecting changing national policy, technological capabilities, consumer needs, financial impacts, and social requirements; CAHME continues to develop its accreditation criteria, approach, and capabilities. Recent changes include increased research into

changing requirements for success in the healthcare market, increased emphasis on assessing outcomes in each graduate program against market requirements, and a renewed focus on new development opportunities for CAHME accreditation, as more students move from traditional into online and other hybrid programs.

Remaining in sync with rapidly changing healthcare market needs is critical for the continued success and growth of CAHME accreditation. CAHME accreditation must also develop to accommodate and help foster rapidly changing educational delivery approaches in this country. Rising costs and levels of graduate student debt, needs for part-time and continuing education within the health care workforce, and a changing student population are driving the growth of online and other educational models as avenues to graduate healthcare education.

CAHME must embrace these trends and help shape solutions for our students, employers, practitioners, and academic partners. At present, CAHME accredited graduate programs represent 9 of the 10 top business programs for physician executives listed by *Modern Healthcare*, and 20 of the top 25 programs overall. CAHME will continue to provide the national quality benchmark for graduate healthcare education with innovative, market-facing standards and educational delivery approaches.

### Market Considerations

The percentage of students studying online continues to grow, the types of online programs keeps expanding, and technology improves. Recent studies by Learning House and Aslanian Market Research (2014) offer insight into patterns and preferences of online students for graduate and undergraduate education. Key findings suggest that a large percentage of students are pursuing online degrees and certificates to improve employment and that university reputation and price continues to influence consumer selection. Business and health related professions remain strong selections as fields of study in online programs. The same survey research examined the primary motivation for enrolling in an online graduate program. For graduate level education, seeking a promotion or new position, satisfaction of completing an education, and wanting a new career field are the

primary motivators. Interestingly, the most appealing market message crucial to selecting an online program was “90 percent job placement.” The traditional two year residential programs or executive programs will face increased competition from online health management programs. CAHME is committed through its accreditation process to ensuring quality graduate education in all educational venues of study.

#### Decision to offer accreditation to online programs

CAHME’s perspective related to graduate healthcare management programs that are fully online has changed over the past several years. This change has embraced online education, and has done so with a clear purpose, as stated above: to ensure that, in the rapid growth of online offerings, colleges and universities are offering high quality healthcare management education and that students and employers can identify programs that are recognized by an objective, peer-review body as meeting national standards.

The use of technology in education is not new. What is new is the proliferation of offerings that are designed to provide real-time, anywhere access to graduate education. Technological capabilities have advanced significantly in the last 5 to 10 years, moving online education to a tipping point at which it has disrupted the educational environment and continues to do so. The use of these technologies in education has become a part of our society’s educational infrastructure and will likely become even more embedded and widespread.

#### CAHME’s approach to accreditation: Standards and Criteria

Before considering CAHME’s decision to open accreditation eligibility to fully online programs, it is helpful to first understand the core purposes of accreditation. The U.S. Department of Education (2015) lists nine key functions that accreditation is intended to serve. Of these, three were particularly relevant to CAHME’s discussions of online programs: (1) Assisting prospective students in identifying acceptable programs for their needs; (2) Protecting institutions against harmful internal and external pressure; and (3) Stimulating a general raising of standards

among all educational institutions. Each are considered below in the context of how the field has changed since the last time CAHME conducted an in-depth analysis of the role of fully online programs, which was in 2008.

Assisting students in identifying acceptable programs for their needs.

Although traditional in-person educational programs are meeting the needs of some students, in recent years it has become increasingly clear that this modality is not ideal for many adult learners. Indeed, it is becoming increasingly apparent that if CAHME is going to be able to fully serve the diversity and inclusion goals of the healthcare management profession, we are going to need to be more inclusive in terms of our work with educational platforms that are more accessible to the full complement of healthcare management professionals who can benefit from continuing their formal education. For example, the need to travel to a centralized location for education poses a substantial barrier to learners who live and work in rural areas, as well as students who do not have full discretionary control over their work and family schedules. Similarly, the skyrocketing cost of higher education has made part-time program degree completion more of a necessity for many students. There is also evidence to suggest that these challenges disproportionately affect women and minorities (Johnson, Van Ostern, & White, 2012), and thus represent another critical barrier to improving diversity among the healthcare executive ranks.

Protecting institutions against harmful pressure.

Some for-profit providers, who were among the early pioneers of online education, have drawn high-visibility criticism for not acting in their students' best interest – through aggressive recruiting tactics, provision of substandard educational programs, or both (Blumenstyk, 2010). Efforts have been launched in more recent years to improve the sectors' accountability as well as its reputation (Blumenstyk, 2011). Although initially these types of stories caused serious concerns about considering extending

accreditation eligibility to online programs, CAHME also recognized that the availability of accreditation could provide a much-needed safeguard against such abuses, to the good of the universities – and, more importantly, to the students and employers they serve.

#### Stimulating higher standards for all.

In the years since CAHME’s last in-depth investigation of fully online programs, substantial advances in both technology and research had been made (Allen & Seaman, 2014; Hill, 2012). In terms of technology, high-speed internet connections had become far more accessible, enabling the more mainstream use of telemediated education platforms. The spread of video sharing services and Massive Open Online Courses (MOOCs) were also expanding access to field experts and higher-fidelity case materials. Lastly, the increasing availability and decreasing cost of team-based information sharing and productivity tools were not only enhancing the capabilities of online educational programs, but also changing the work of healthcare management professionals themselves.

#### CAHME’s Process

CAHME’s analysis of the role of fully online programs was completed in conjunction with its regularly scheduled review of all standards, which takes place every 4 years. A Task Force was recruited with a balance of members who were familiar with the CAHME accreditation process and with fully online programs. The first order of business of this Task Force was to revisit CAHME’s position that a program needed to provide a minimum of 120 hours of face-to-face learning in order to be eligible to participate in the accreditation process (also known as “Requirement F”), in light of CAHME’s mission to serve the public interest by advancing the quality of healthcare management education. As noted in the prior section, it was clear that fully online programs were playing an increasingly important role in overcoming access barriers many working healthcare managers face in continuing their education, and barring these programs from participation in

accreditation was, by extension, excluding a growing proportion of the higher education community from benefiting from the collaborative learning and continuous quality improvement that accreditation can provide. Viewed through this lens, the group concluded that CAHME's mission was clearly better served by finding ways to serve the online program community than by continuing to prevent their participation.

Next came the question of whether online programs could, at least in theory, meet the other eligibility criteria as currently written. If the answer was "yes," then the recommendation from the task force could be as simple as changing the Requirement F eligibility criterion. Although the task force recognized that some criteria would be more difficult for online programs to meet, ultimately they were not able to identify any criteria that they felt could not be met by a fully online program.

With this conclusion in hand, the task force communicated to the Standards Council the recommendation of a change to Requirement F, eliminating the specification that the 120 contact hours had to be face-to-face and requiring, instead, that the 120 hours of direct instructor to student interaction could be accomplished online or in a non-University setting, as long as students are synchronously learning course material under the supervision of and in learning sessions that are facilitated directly by program faculty. The Standards Council approved the recommendation, which was then sent to the CAHME board, where it was approved unanimously.

### Applying the same criteria for all programs

Opening accreditation eligibility to online programs is not an end, but really a beginning. Accreditation still depends on a program's ability to demonstrate that it meets all of the other criteria. Below are some particularly salient questions programs interested in accreditation will need to address – and, as we note, are often concerns for face-to-face as well as online programs.

Among them is the question of how competency attainment will be assessed.

While competency-based assessment is recognized as a growth need for face-to-face as well as online programs, the online context poses some important additional challenges. In an in-person classroom, it is possible for faculty to directly observe a students' effectiveness with interpersonal communications, team problem-solving, and other domains requiring synchronous interaction. Absent these opportunities, online programs need to find alternative means for ensuring competency attainment (e.g. observations from field preceptors), and ensure quality control on these observers.

### Expected quality outcomes

The Chronicle of Higher Education published "The Trends Report" on March 13, 2015. In the Executive Summary of that report the editors state:

"There's no doubt higher education is under attack on many fronts these days. Public scrutiny is growing as politicians, parents, employers, and students question the value and relevance of a college degree. Budgets are tight and enrollments uncertain. Shifting demographics mean more poor and first-generation students, who need additional academic and financial support, are attending college. And a growing number of new technologies and players in the academic marketplace are prompting changes in the classroom – which increasingly, may exist online – and providing competition."

CAHME is well positioned to respond to the market-based model of higher education, and to the "knowledge economy" focused on intensifying competition and producing competent healthcare leaders. The CAHME Board of Directors have given critical thought to concerns voiced by various stakeholders in both the public and private sectors about the need for increased online education, employers wanting well trained and competent graduates, the public demanding stabilization of increasing costs of higher education, and students expecting immediate employment upon matriculation.

Providing value through the use of technology and online education is revolutionizing higher education. For health management education, this means universities will continue to expand graduate programs to meet market demand and address growth in the healthcare sector of the economy. CAHME uses e-Accreditation, which is CAHME's electronic portal for accreditation processes, and offers a mission-driven, competency-based model of accreditation which is built on a strong academic-practitioner foundation. The current CAHME model uses assessment and outcome evaluation to continuously improve processes in the program of study and the content relevancy of the curriculum. Adopting a competency-based market driven model requires a process of accreditation that drives new knowledge, change, and accommodation.

CAHME uses a process of accreditation that encourages the use of technology, generates new methods of teaching, increases application and integration of applied knowledge, and produces graduates who will contribute to the professional field. Expanding online education is a market reality, but the real issue is one of assuring quality. This is difficult to achieve in a completely online format. The real challenge is how to assure the professional and practice community, as well as existing accredited graduate programs, that online graduate education in health services administration will provide a meaningful graduate experience that is quality driven.

The need for this assurance arises from several key questions. Given the unique challenges of online education, can the current CAHME self-study process, standards and criteria insure the development of a critical learning environment and culture that is essential to a quality educational experience? Developing critical thinking, communication skills, interpersonal relationship skills and analytic skills requires significant interactions with faculty, staff, fellow students and professionals. The challenge for CAHME is quite clear: How do we assure the "various publics" that online graduate education will be meaningful and a rigorous academic experience that produces competent, thoughtful and servant focused healthcare leaders? Can online education develop the critical and necessary skills



employers want and the skills needed to drive change through disruptive innovation in the healthcare industry?

### Learning Environment

As noted previously CAHME will be applying the same accreditation standards and criteria to online programs that it currently uses for executive management and residential programs. To meet the accreditation criteria, online programs must have a clear vision and mission with goals and objectives that support a competency-based model of continuous quality improvement. Online programs must provide evidence that these standards and criteria are being met, and demonstrate that assessment and evaluation is used to improve the quality of the program and the curriculum. The 2013 CAHME Accreditation Criteria clearly emphasize the need for a learning environment that enhances student formation.

In 2008, the Council for Higher Education Accreditation (CHEA) and the Association of American Colleges and Universities (AACU) published a joint statement of principles and commitment to action titled “New Leadership for Student Learning and Accountability.” In the call for leadership the preface states:

“...we in higher education must constantly monitor the quality of student learning and development, and use the results to improve achievement and to demonstrate the value of our work to the public. We must not settle for anything less.” (p.1)

CAHME is concerned about student formation, student-focused outcomes, and student engagement. The accreditation criteria clearly speak to the learning environment, outcome assessment, and evaluation of the competency-based model. Online programs must demonstrate that the curriculum and program develops the necessary skills, knowledge and competencies. Providing the evidence is critical in e-accreditation and being a CAHME accredited online program.

CAHME expects online programs, as it does with residential and executive programs, to create a positive learning environment for students with support resources to sustain graduate studies. This learning environment includes

monitoring student progress, cultivating professional behaviors, supporting mental health, disability accommodations when indicated, assessing deficiencies, engaging the professor, career counseling, academic advising, etc. The optimal learning environment addresses issues of emotional support for students and having core faculty who create and facilitate the highest quality learning environment. Program faculty and staff engage students and enable a learning process that generates a sense of respect, collegiality, kindness and cooperation. Finally, professional identification and adult socialization occur when health management education is planned, organized and structured. The learning environment encourages role modeling in the academic and applied setting. Online education programs will be challenged to create a learning environment that develops teaching methods, teaching activities, teamwork, and key leadership competencies needed to function successfully in an applied professional setting.

It is the human side of the teaching/learning experience that is of critical importance. In high quality education, the student is motivated to learn and graduates from that learning environment ready for a future of life-long learning. The graduate understands that the degree they have earned is about more than information; it's about how they turned that information into synthesized knowledge and competence, how they have honed their interpersonal, critical thinking and communication skills, how they problem solved, and how they have developed as leaders with a moral compass. In these competencies, particularly, the technology will enable learning only if the teacher is motivated and engaged with the students.

Yet, this is not easy, and in online education the teacher's work is intense and constant. Students, accustomed to live-messaging and texting, expect rapid response when they have questions – the teacher must manage these expectations. Full use of online technologies means that the teacher uses the computer to upload learning content, responses to questions, discussion participation, and other content that might be more quickly delivered verbally. It takes time to “type” out instructions, explanations, and other communications, when verbal delivery can be done more quickly in the face-to-face environment. It also takes time and careful

thought to ensure clarity when interacting with students in the online environment. While the face-to-face work of the traditional classroom requires clarity and thoughtfulness, doing this in the online world can be more time consuming and work intensive.

This is where CAHME accreditation is important to students and to the future of the profession as online programs proliferate. Accreditation offers the opportunity for assessment of the learning environment, and of all elements of the environment including the quality of the curriculum and teaching, and for ensuring that learning outcomes (the competencies that students gain) are measured and defined at a level at which the graduate has a competitive opportunity for appropriate employment in this growing healthcare management field. CAHME has an accreditation system in place to insure quality graduate education in programs that are CAHME accredited.

### Conclusion

CAHME addressed the need for extending accreditation service to fully online programs because students and programs were demanding it. Students want to be sure that they can reach their educational goals, and programs want to distinguish themselves for high quality and competitive advantage in a competitive world. For students and employers, accreditation signals the quality that follows a time-tested quality improvement process, and CAHME, with a long history dating back to the mid-20<sup>th</sup> century, has extended its accreditation service to provide accreditation of fully online programs.

We believe the openness CAHME's community of accredited programs has shown to including online programs reflects its continuing orientation toward forward progress. We also recognize that both online and face-to-face programs will need to continue to evolve in ways that meet the changing needs of the healthcare management profession. Our goal is for CAHME to continue to evolve as well, in support of the mission we share in common with our accredited programs: to serve the public interest by advancing the quality of healthcare management education for all.

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