Is Euthanasia the Answer for Your Credential?

Presentation for the National Organization for Competency Assurance
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The Symptoms

- Profession/occupation has evolved more rapidly than the credential
- Volumes have not lived up to expectations
- Volumes have declined or plateaued
- High or increasing churn rate
Patient Evaluation

• What internal/external factors are impacting (or will impact) the program?

• What program features are impacting our success?

• Is this *just* a marketing problem?

• Why are volumes low and/or the churn rate high?
Patient Evaluation

• Are there reasons to continue despite low volumes?

• Do the resources expended justify the number of individuals served (or the benefits)?

• What else could we do with the resources we are devoting to the credential?

• What is the worst-case scenario if we discontinue the credential? If we keep it?
Now What?
DIRECTIVE TO PHYSICIANS REGARDING ARTIFICIAL LIFE SUPPORT
Euthanasia
Euthanasia and Rebirth
Euthanasia and Organ Donation
Five Stages of Grief

• Denial
• Anger
• Bargaining
• Depression
• Acceptance
The Afterlife

- What will we do with existing certificants?
- How will candidates in the pipeline be handled?
- What assets can be repurposed? Redistributed?
- What is a reasonable timetable?
- How will we communicate the changes?
Institute for Supply Management

- **WHO IS ISM?**
  - The first (1915), the largest (40,000), international
  - Mission: To Lead Supply Management
  - Certified Purchasing Manager (C.P.M.)
    - Started-1974 with over 47,000 certified
    - Last Date to apply Dec. 31, 2013
  - Accredited Purchasing Practitioner (A.P.P.)
    - Started-1996 has over 8,800 certified
    - Last date to apply Feb. 28, 2007
WHY THE CHANGE?

- Market survey results
- Decline in new certificants
- Feedback from practitioners
- Change in profession
- What should SM BE doing- not what SM ARE doing.
OPTIONS? What options?

- Remain
- Reformat
- Rid
Program changes:
Phase in approach

- Reminder: Expanding profession
- Don’t issue any new designations after certain date
- Instituted a new program
- CPSM requirements:
  - Degree;
  - current programs do not-created backlash
Decision made - what next?

- Communicate, communicate, communicate and then communicate again!
- FAQs on Website
- Discussion forum, webseminars
- Update E-mails, e-newsletter and shows
American College of Healthcare Executives (ACHE)

The American College of Healthcare Executives is an international professional society of more than 30,000 healthcare executives who lead hospitals, healthcare systems and other healthcare organizations.
American College of Healthcare Executives (ACHE)

- Over 34,000 total members, including more than 3,300 Student Associates
- 28,800 Members and Fellows of which one-quarter are CEOs

Diagram:

- 19% Fellows
- 81% Members

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### Old Credentialing Program

<table>
<thead>
<tr>
<th>Member</th>
<th>Diplomate (CHE)</th>
<th>Fellow (FACHE)</th>
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<tbody>
<tr>
<td>- Bachelors degree</td>
<td>- Masters degree</td>
<td>- Masters degree</td>
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<td>- Interest and commitment to the field</td>
<td>- 2 yrs’ experience</td>
<td>- 3 yrs’ as a Diplomate</td>
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<td>- 2 references</td>
<td>- 3 references</td>
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<tr>
<td></td>
<td>- 12 hours CEUs</td>
<td>- 24 hours CEUs</td>
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<tr>
<td></td>
<td>- Community/civic activities</td>
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<td></td>
<td>- Credentialing Exam</td>
<td>- Fellowship Project</td>
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Reasons for Change

- Given the increasing variability in educational and experiential backgrounds of individuals entering healthcare management, a greater commitment to credentialing and continuing education is critical for our profession.

- Yet there are fewer affiliates becoming credentialed.
Market Research

- Preliminary Program Audit
- Telephone interviews of Members, Diplomates, Fellows, Executive Search Firms, non-member CEOs
- Surveys of the above groups
- Market Research Interview and Survey Reports
Research Results

- There is ambiguity regarding the specific purpose and value proposition of the CHE and FACHE credentials
- Fellow projects do not measure competency
- Change is needed to keep the program relevant
Credentialing Options-Diplomate

- Leave it as is
- Eliminate the FACHE credential and only offer the CHE
- Make the CHE credential more attractive to other healthcare management segments
Credentialing Options-Fellow

- Leave it as is
- Eliminate the CHE credential and offer only the FACHE credential
- Create a new Fellow project option based on an executive leadership program
- Move the CHE and FACHE programs further apart in terms of target audience, purpose and scope
FACHE/CHE Decision Options

Single Credential Model

- CHE Only
- FACHE Only (Or)

Management Competency

- Based upon BoG exam and current HC mgt. experience/CEU requirements
- Based upon BoG exam and additional experience/CEU requirements (Or)
Decision

- Combine the ACHE credentialing program to one credential—the FACHE credential
- Remove the Fellow project requirement and keep the exam as the basis of the credential
- Eliminate Diplomate status—those who qualify can convert to Fellow, others lose the CHE credential and are converted to Member
New Requirements

- Successful completion of the Board of Governors Examination, and:
  - A post baccalaureate degree and five years’ healthcare management experience or a bachelor’s degree and eight years’ healthcare management experience (master’s required after 1/1/2009);
- 40 hours of continuing education over the previous five years, and
- Three years tenure at the Member level or higher
- Evidence of community/civic participation
Single FACHE credential—based on multi-faceted criteria

Ongoing Professional Development

ACHE Tenure & Experience

CEUs

Academic Preparation

References & Involvement

BOG Exam

Note: Components are not sequential
How the Change was Communicated

- Discussion with the Regents at the fall district meetings, September 2006
- Discussion with the Membership Committee, September 2006
- Credentialing Task Force Summary Report sent electronically to all affiliates for a 30-day comment period, October 1, 2006
- Presentation at the Chapter’s Leadership Conference, October 2006
- Discussion and vote by the Board on November 7, 2006
- Letter and e-mails sent to all affiliates in November
- Changes implemented January 1, 2007
Comments from Affiliates

- 1,321 Responses to the Affiliate e-mail (5% of all affiliates)
- 708 in favor (mostly Diplomates)
- 472 not in favor (mostly Fellows)
- 141 neutral
Additional Modifications

• Affiliate feedback included the perception that Fellow status serves as an indicator of commitment to the field in addition to management competency

• In response the Board of Governors authorized the development of a separate process to recognize service, leadership and giving back to the profession
After the Implementation
(As of September 30, 2007)

- CEO received only 5 complaint letters
- Only Three Fellows resigned
- Some discontent from old Fellows and negative press from a trade magazine
- New Member Recruitment up 18%
- 3,797 former Diplomates converted to Fellow (1,900 still need to convert)
- Much interest from current and former members who want to pursue Fellow
American Nurses Credentialing Center

- ANCC, the largest credentialing org. in the U.S., certifies nurses in specialty practice areas
- ANCC has been certifying nurses since 1980
- 135,000+ nurses certified by ANCC
ANCC Examinations

- Approx. 12,000 nurses seek ANCC certification per year
- 40+ exams in 2002
- Currently 30 exams
- Several exams - annual candidate volume less than 50
Commission’s Approach

- ANCC’s Commission on Certification - closer scrutiny of financial and psychometric soundness of smaller exam programs
- Commission adopted set of guidelines to guide ANCC with this issue
Commission's Guidelines

- Exams with low candidate volume placed under a “watch” status for 12 months
- Inform stakeholders of watch status
- Market the exam more to increase candidate volume during watch
Commission's Guidelines

- If additional marketing results in candidate volume of 120+ per year - exam removed from watch status

- If candidate volume does not increase to 120+, exam placed under “planned abandonment”
Commission's Guidelines

- Notification of planned abandonment to stakeholders
- Exam administered only for additional 6 months
- If already certified – keep certification and may renew
Guidelines for Watch Program

- Exam was offered during past 5 years
- Average annual candidate volume for past 3 years < 120
Guidelines for Watch Program

- Exam falls within lowest 1/3 of all exams in volume for past calendar year

- Significant downward trend with renewal for the past 3 years
Marketing Exams Under Watch

- Notify specialty organization about watch status
- Specialty organization does additional promotions
- ANCC promotes exam at specialty conference
Marketing Exams Under Watch

- Sends targeted letter to certified nurses in the specialty
- Places targeted ad in specialty magazine
- Sends promotional materials to faculty
Additional Considerations

- Evaluate eligibility criteria – do they inhibit candidates?
- Is there another exam that could serve this specialty?
- Political and regulatory implications
Implementation

- In 2003-2005, five exams were placed under watch
- Stakeholders notified
- Conference call with stakeholders
- Face to face meetings
Reactions of Stakeholders

- Not well received by many of the stakeholders
- Concerns about ANCC’s self interests
- Concerns about the future of the specialty
- Concerns about renewal
How Reactions Were Handled?

- Conference calls
- Face to face meetings
- Extend the last administration of the exam
- Combine specialties
Other Options

- Recognition of specialty through portfolio
- Working on 3 specialties thru portfolio approach
End Results

- Four of the five exams under watch were retired
- One exam was combined with another specialty
- One specialty being considered for recognition through portfolio