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The Honorable J. Dennis Hastert
Speaker of the House of Representatives
Washington, DC 20515

Dear Mr. Speaker:

The enclosed report responds to the requirements contained in Section 760 of the Floyd D. Spence National Defense Authorization Act for Fiscal Year 2001. The Department has expanded the scope of training in healthcare management and administration to include commanders, deputy commanders, TRICARE lead agents, a senior staff member of each lead agent office and military treatment facility managed care coordinators. The report addresses Joint Medical Executive Skills Program activities including a survey of professional civilian certifications, a description of continuing education required, and a description of the prominence of such credentials among senior civilian healthcare executives.

The Department continues to aggressively promote a comprehensive Joint Medical Executive Skills Program.

Thank you for your continued interest in the Military Health System.

Sincerely,

Enclosure:
As stated





Virtual Military Health Institute

**Promoting Excellence in Executive Skills
for the Military Health System**

**2002 Congressional Report
as a requirement to the**

**Floyd D. Spence National Defense Authorization Act
for fiscal year 2001, Section 760: Training in Healthcare
Management and Administration**

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I. EXECUTIVE SUMMARY

In 1992, 1996, and 2001, Congress issued specific directions to the Department of Defense (DoD) concerning the preparation of officers to command a military medical treatment facility (MTF), including their deputies, managed care coordinators, TRICARE lead agents and senior members of lead agent staffs. This report explains the comprehensive program DoD initiated in 1991 and continues today via the Joint Medical Executive Skills Program (JMESP) to meet obligations to prepare those officers for their duties.

The Secretary of each military department must certify to the Secretary of Defense that individuals are prepared to serve as a commander, deputy commander, managed care coordinator of an MTF, TRICARE lead agent, or senior staff member of a TRICARE lead agent office. This is done by evaluating each person's education and training, military healthcare experience, professional organization certification status, officer evaluation system results, and service command screening processes. The JMESP continues to facilitate this endeavor by delivering executive skills training to over 500 military healthcare leaders annually. The JMESP also collaborated with prominent civilian professional organizations to survey the degree to which military members demonstrate certifications and credentials commensurate with civilian healthcare executives and identified requirements for recertification and continuing education.

The Virtual Military Health Institute (VMHI) has contracted with a health industry education firm to create distance-learning modules in the core healthcare management competencies as a means of supplementing existing courses and training programs in healthcare management and administration. Ten distance-learning modules encompassing five competencies are currently being created - future modules may be created if funding permits. Each of the services contributed to the identification of not only the competencies and their respective behavioral statements, but also the matrixing of such competencies to military healthcare training courses, professional certifications, and work experiences. These matrixes have been used by the Navy to implement a self-reported database inventorying senior executives' achievement of the core competencies. The Army and Air Force are evaluating the adoption of similar databases.

The future may find fewer gaps in knowledge by healthcare executives. The *application* of that knowledge in performing skills, and especially in the context of complex, competing and conflicting priorities among programs, funding, personnel, and legal demands is an increasingly important issue. Each Service has rigorous pipeline training and specific command screening criteria to assure commander competency. Also, the JMESP will research the feasibility of implementing a virtual practicum as a professional education program in which healthcare executives can demonstrate proficiency in a simulated environment of the core competencies.

II. ACTIVITIES SUMMARIZED IN THE SEPTEMBER 1998 REPORT

To summarize the early stages of the JMESP, a brief listing of activities from the September 1998 report will serve to establish program context. DoD completed the following milestones to achieve major improvements in its understanding of the educational needs of commanders and TRICARE lead agents, and to implement critical actions that restructured approaches for qualifying medical department officers for these key positions:

- In 1992, a DoD study group took the initial step in responding to the Congressional guidance. The group identified 34 competencies as the essential set of skills necessary to administer (i.e., command) an MTF.
- In 1993, the Office of the Assistant Secretary of Defense, Health Affairs (OASD(HA)), asked the DoD Inspector General (IG) to evaluate medical education courses using the 34 competencies as its yardstick. In response, the IG stated that no program covered all competencies or required demonstration of competencies as a prerequisite for MTF command. The IG report also recommended that the Army serve as Executive Agent for DoD to lead the development of a comprehensive program for prospective commanders. The Army, in turn, tasked the Army Medical Department Center and School (AMEDDC&S) with the development and coordination of an executive skills training program.
- In 1994, the AMEDDC&S established the Joint Medical Executive Skills Working Group (JMESWG) consisting of military medical providers and administrators, medical training experts, and a supporting contractor. The JMESWG received its guidance from the Joint Medical Executive Skills Development Group, a tri-Service group of senior medical officers.
- The JMESWG produced a comprehensive curriculum development plan and began its implementation. Their first task was to validate the competency assessments in the IG report and gather additional information on training programs. As a second task, they conducted three Delphi surveys of healthcare professionals – senior military medical officers, chief executive officers managing other government and civilian healthcare organizations, and incumbent MTF commanders – to collect judgments on the importance of the competencies for job performance and to gain support for the executive skills program. Survey participants confirmed the importance of the competencies, suggested additions that increased the total to 40, and described their most effective experience and education for attaining the competencies.
- In 1995 and 1996, the JMESWG produced a catalog of programs and courses that teach the competencies, and an interactive database for distribution to all military medical activities. These products enabled individual officers to learn more about the competencies and to query the database for programs that best met their personal educational needs.

- Also, in 1996, the JMESWG conducted several focus group sessions in which they defined the set of behaviors that should be identified with each competency. This work, answering the question “What behavior(s) by a military treatment facility commander, lead agent, or key staff member would you accept as evidence of demonstrated competency?” now defines the executive skills core curriculum. The core curriculum is being used by the medical departments’ schools to revise programs and courses giving them the necessary executive skills perspectives.
- Additionally, in 1995 and 1996, the JMESWG and the Services implemented a series of other program initiatives that were separately documented in the July 1996 report.

Designed and constructed (retrofitted) the Army Medical Department Executive Skills Technology Center (AESTC) at the AMEDDC&S.

Developed and revised additional curriculum and courses to incorporate all 40 competencies into the Army-Baylor University Graduate Program in Healthcare Administration.

Contracted with the American College of Physician Executives for the conduct of several iterations of the Physicians In Management (PIM) courses.

Established an AMEDDC&S distance learning fellowship with a Navy Lieutenant Commander as the initial fellow.

Prepared and taught an Executive Management Education program by the Naval Postgraduate School, Monterey.

Taught a week-long Navy “Course for Providers in Managed Care” that covered TRICARE and general managed care principles. This program had a target of reaching 80% of MTF staff members by July 1996 and 100% by December 1996.

Developed an Air Force senior executive training symposium that provided instruction to the commanders of all Air Force MTFs.

Established teleconference capabilities in TRICARE Regions XI and VI. The Region XI project was used for teletraining in managed care and other administrative skills subjects and the Region VI effort, called the Executive Skills Training Network, used video teleconference to provide management training.

Developed and presented the Uniformed Services University Health Sciences (USUHS) Medical Executive Training Course.

- In 1997 and 1998 the JMESWG undertook several other initiatives that moved the program from the earlier developmental phase into its operational phase. The following are notable accomplishments.

Selected the AMEDDC&S Knowledge Management Network as the original host Web site for the JMESP (kmn.army.mil).

Conducted a baseline survey of Army, Navy, and Air Force MTF commanders to determine the extent to which they possessed the 40 competencies based on their participation in the courses contained in the program catalog.

Updated and re-published the catalog of courses and interactive database to incorporate changes in course content and availability. These items are available on the current program Web site (www.vmhi.org).

Determined that multiple pathways (education, experience, and civilian certification) were suitable means of attaining executive skills. Charged the Services to determine which pathways would be used within each Service.

Obtained approval of Service programs for implementing multiple pathways by each Service Surgeon General.

Continued the distance learning fellow initiative with the assignment of an Army officer as the 1997/98 fellow.

Reviewed the First Edition Core Curriculum and published an updated Second Edition in June 1998. The revised document capitalized on experience gained with TRICARE implementation and was made available to all medical department officers via the program Web site. A "level of knowledge" dimension was added to the curriculum in this second edition.

Initiated plans for the development and evaluation of executive skills distance learning (DL) modules.

Published a program marketing plan outlining steps to promote the attainment of executive skills by officers of the medical departments.

Approved a small operations and maintenance activity, the Virtual Military Health Institute (VMHI), to continue implementation of the JMESP efforts. This activity, hosted by the AMEDDC&S at Fort Sam Houston, Texas, began operation on August 1, 1998. Directed alternately by an Air Force or Navy officer, the office is also staffed with two Army civilians. Military positions are rotated, and VMHI retains a Tri-Service advisory group similar to the earlier JMESWG.

Developed the MHS Executive Skills Capstone Course that was presented in its initial format in early 1998. As its first official act, the VMHI facilitated the second presentation August 3-7, 1998, two days after its formation. Each course capitalizes on the understanding of policy-making DoD officials and civilian healthcare managers to deliver to senior O-6/O-7s who serve as lead agents, MTF commanders, and key staff members the latest strategies and lessons in the healthcare industry. Each course features a presentation by Congressional staffers and the Service Surgeons General. Ten courses have been presented by March 2002.

The OASD(HA) and the Services remain committed to a comprehensive program that employs continuous quality improvement, is based on sound educational principles, and uses a clear understanding of the needs of military department officers who will fill the positions of lead agent, lead agent key staff, and MTF commander. The program blends the best mix of experience and formal education that will cost-effectively prepare officers of the Army, Navy, and Air Force to succeed at the various levels of MTF command, and as TRICARE lead agents or key members of TRICARE staffs.

III. ONGOING INITIATIVES OF THE JOINT MEDICAL EXECUTIVE SKILLS PROGRAM

The OASD(HA) and the Service Surgeons General have continued their efforts to improve the preparation of commanders, lead agents, and staffs. This section summarizes activities undertaken since OASD(HA) supplied the Congress a program update in September 1998.

The Services are appreciative of the financial assistance provided by the Congress and confirm its continuing need. The executive skills program also relies on the application of mission funding to maintain the comprehensive improvements discussed above and to attain the joint initiatives described below and in the Service input provided in Section IV.

Between 1999 and 2001 the JMESWG undertook several initiatives that continued to enhance the operational phase of the executive skills program. Among them are the following notable accomplishments.

- Revised the Second Edition Core Curriculum and published an updated Third Edition in February 2000. The Third Edition introduces a refined cognitive taxonomy for establishing knowledge levels and experience into the Core Curriculum. The taxonomy of the Second Edition dealt only with cognitive knowledge; while it helped call attention to different levels of knowledge

required, it did not incorporate the role of experience. The current revision expands the knowledge levels after Benjamin Bloom's *Taxonomy of Educational Objectives: Handbook I, The Cognitive Domain* (1956), a widely regarded definitive work. The Executive Skills Core Curriculum specifies performance behaviors beyond possessing knowledge. The revised cognitive taxonomy incorporates knowledge and its application in performance of executive level skills expected of the MTF commander, lead agents and senior staff.

- VMHI evaluated the American College of Healthcare Executives' (ACHE) Board of Governors examination for 2000-2001. The examination's seven-question structured interview and 245-question multiple-choice examination were included in the evaluation. The evaluation found the Certified Healthcare Executive exam to address 28 of the 40 DoD executive skills competencies, an increase of seven competencies from a previous evaluation. Input from VMHI is utilized by ACHE during examination question revisions to better accommodate coverage of the 40 DoD competencies - a collaborative effort of benefit to the DoD and civilian healthcare executives.

Improved the MHS Capstone Course that began in 1998. The course provides senior O-6/O-7s the opportunity to discuss strategy and policy initiatives with DoD officials and civilian healthcare leaders

- VMHI developed and deployed a Service-neutral Web site in October 2001 (www.vmhi.org).
- Established a review cycle for the Core Curriculum as approaches (e.g. DL, virtual practicum, etc.) are devised to address gaps in the forty competencies, increasing vigilance in evaluating the validity of the competencies themselves has been identified as necessary. Ongoing feedback with healthcare professionals, both civilian and military, continues to ensure the competencies meet the needs of not only today's, but also of tomorrow's Military Health System. The Core Curriculum and associated behavior statements are under a 3-year review/revision schedule with the next one due in 2003. USUHS has developed a centralized, web-enabled electronic bulletin board for secured access by working group members to post comments and suggestions. Comments and suggestions are being collated and analyzed to initiate revision and updating of the next edition.

VMHI contracted to develop a web-based self-assessment instrument. Once final validation is completed, the tool will enable officers to self-evaluate and gauge their progress in attaining the administrative skills necessary to properly perform the critical duties of lead agent, key staff, or MTF command. Demographic data will be collected and reported in the aggregate to guide Service participation and gauge effectiveness.

VMHI initiated plans for the development and evaluation of executive skills distance learning (DL) modules in late 1998. Exhaustive efforts were undertaken

in 1999 and 2000 to ascertain DL capabilities in the civilian sector from which JMESP could build their own. A solution for the acquisition of DL modules was contracted for in Fall 2001. The first ten modules will include content development in five competencies (2 modules each): outcomes measurement, labor relations, external accreditation, facilities management, and public law. The modules, due to be completed April 2002, will meet the educational taxonomy objectives of each respective competency as specified in the Third Edition of the Core Curriculum. At present, no DL modules have been identified that have the necessary rigor to meet those requirements.

VMHI is coordinating the process of updating and re-publishing the catalog of courses to incorporate changes in course content and availability. The updated catalog is projected to be available on the VMHI website in mid-2002.

- VMHI proposed the establishment of a virtual practicum to the JMESWG in May 2001. The virtual practicum would incorporate virtual executive settings, created for the purpose of simulating the executive military medical milieu in which making decisions using the 40 competencies can be practiced, demonstrated, and evaluated. If approved for implementation, this mode of executive skills training will evaluate behaviors at the taxonomy levels required by the Core Curriculum. Planning for the virtual practicum is initiated with a tool potentially ready for deployment in 2004.

IV. SECTION 760 REPORT REQUIREMENTS

Pursuant to the requirements of Public Law 104-106, 110 Stat 375; 10 U.S.C. 1073, Section 760 of the FY 2001 National Defense Authorization Act has two fundamental requirements - show progress in meeting the requirements of that law and report on specific professional civilian certification and credentialing organization tenets. The following subsections respond to these requirements.

Progress in Meeting Requirements of Section 715

Section 715 states that no person may be assigned as the commander, deputy commander, or managed care coordinator of a military medical treatment facility or as a TRICARE lead agent or senior member of the staff of a TRICARE lead agent office until the Secretary of the military department concerned certifies to the Secretary of Defense that such person has completed a professional educational program to provide appropriate training in healthcare management and administration. The Services were to begin such certification processes by October 1, 2001.

The Navy took the lead in this endeavor and developed/implemented a self-reported database to track and identify the attainment of core competencies by those individuals specified in Section 715. The Director, JMESP, Naval School of Health Sciences, Bethesda, Maryland,

manages the database of competencies that is compiled by examining the courses, professional experiences, certifications, and education information that officers self-report via a web-based program. The database incorporates a set of matrices that show what competencies are attained for specific education, certification, professional experience, and educational course titles. Once the data are entered into these matrices the database automatically tracks competency information for each officer.

Adoption of this database by the Air Force and Army has been delayed due to previous expectations for the deployment of the Defense Medical Human Resources System (DMHRS). JMESP requirements planned for DMHRS would have provided a formalized method of evaluating officers' attainment of requisite skills when selection boards are meeting for both promotion and MTF commander selection. However, due to reduced budgetary levels, those previous plans for the deployment of DMHRS were suspended. Due to uncertainty regarding the future of DMHRS, the Air Force and Army are now pursuing a modality of executive skills tracking similar to that being used by the Navy. However, each Service has a very rigorous pipeline training and command screening board process that ensures competent officers are selected for senior healthcare leadership positions.

ARMY MEDICAL DEPARTMENT

In addition to overall support of the above program events, the Army Medical Department (AMEDD) accomplished other critical improvements including establishment of AMEDD specific experience and educational matrices, revision of the Command selection policy, inclusion of MTF Commanders in the AMEDD Pre-Command course, establishment of a formalized AMEDD Executive Skills Program within the Center for Healthcare Education and Studies (CHES), Army Medical Department Center and School (AMEDDC&S), and development of a database to track competency attainment.

Experience and Educational Matrices

Following a comprehensive review by the AMEDDC&S and the Army Personnel Proponency Directorate (APPD), the AMEDD designed a competency attainment program that takes advantage of formal military education and selected job experiences. Award of competencies for military education courses is based on the JMESDP catalog of courses mentioned previously. The APPD convened groups of professionals from all AMEDD Corps to determine typical duty positions that should be considered for executive skills credit and to determine which competencies were appropriately embodied in those duty assignments. A proposal and review cycle led to the approval of the resulting experience matrices by the Commander, AMEDDC&S, and subsequently by the Surgeon General in December 1997.

Command Selection Policy

In 1997, the Army revised its policies for selecting officers to command MTFs by implementing a corps-immaterial command policy with opportunities for non-Medical Corps officers that were previously non-existent. Corps-immaterial boards for the colonel and lieutenant colonel selections required a number of procedural changes in the command-selection process. Army Regulations 40-1, Composition, Mission, and Function of the Army Medical Department, and 600-20, Army Command Policy, were changed as needed to reflect the new policy. The APPD also revised DA Pamphlet 600-4, AMEDD Officer Development and Career Management, that is given to command selection boards and available to all Army personnel. The success of these changes has already been evidenced by the selection of Nurse Corps, Medical Service Corps, and Specialist Corps officers in addition to Medical Corps Officers to command MTFs beginning in 1998.

The U.S. Army-Baylor University Graduate Program in Healthcare Administration

The U.S. Army-Baylor University Graduate Program in Healthcare Administration conducted a comprehensive review of its curriculum to ensure all students are competent at the application proficiency level with all 40 competencies upon graduation. Course modifications included placing greater emphasis on subjects such as epidemiology, medical ethics, information systems management, and military readiness. The faculty is also supporting the AMEDD Executive Skills e-Learning program.

AMEDD Pre-Command Course

The AMEDD Pre-Command Course, 7M-F10, is designed to meet the needs of those AMEDD officers who have been selected for command positions as mandated by the Department of the Army. It is an eight-day branch-specific course held in conjunction with the multifaceted Pre-Command program conducted by the School for Command Preparation at Ft. Leavenworth, KS. Previously offered to commanders of field medical units, the AMEDD Pre-Command course was extended to include O-5/O-6 level command-selectees across all branches of the AMEDD in both fixed and field units. The number of participants ranges from 40 - 60 in any given year. It is conducted once annually at Fort Sam Houston, Texas. An assessment by the Army representative to the VMHI found that competency in 32 Executive skills is awarded upon completion of this course.

AMEDD Executive Skills Program

The responsibility for administering the AMEDD Executive Skills Program was assigned to the Leadership and Instructional Innovations Branch, Center for Healthcare Education and Studies, AMEDDC&S. Components of the program include the AMEDD Executive Skills

Course, e-Learning Modules covering specific skills, Communities of Practice, and an AMEDD database for tracking competency attainment.

The AMEDD Executive Skills Program is developing an AMEDD learning architecture to identify the learning continuum for AMEDD officers. The intent is to ensure educational outcomes focused on developing officers who have knowledge and skills aligned with the learning requirements of the JMESP and to ensure training is available for AMEDD officers to become competent in all 40 skills. The learning architecture will include a curriculum of resident training; relevant e-learning courses offered by other institutions; e-learning courses developed specifically for the AMEDD Executive Skills Program; and communities of practice (CoP).

The AMEDD Executive Skills Course, 6A-F4, is offered once a year to all newly selected Deputy Commanders for Administration, Clinical Services, and Nursing. This course is designed to cover the most critical executive skills needed by a new AMEDD Deputy Commander. Course content is revised annually based on results of course critiques and a gap analysis. Fifty officers attended the FY 2001 course that included clinical management, financial management, strategic planning, human resources management, leadership and change management skills and education. The course also offered functional area breakouts, providing the opportunity for students to interact with subject matter experts relevant to their functional area. The AMEDDC&S has previously utilized the American College of Physician Executives to present their Physician in Management (PIM) course to selected current and potential MTF Commanders and Deputy Commanders in lieu of the AMEDD Executive Skills Course. Medical department officers indicated in course critiques that, while effective, PIM courses were too generic for competency development.

As a foundation of the e-learning initiative, the Executive Skills program contracted for a comprehensive search for relevant existing e-learning courses that could potentially be included in the curriculum. The acquisition of existing courses will avoid duplication of effort and maximize the use of funds to develop courses targeted for the AMEDD.

The first e-learning module created was the Pharmacy Benefit Management course. Developed in concert with subject matter experts from the DoD Pharmaco-Economic Center, the course was designed to provide education to Deputy Commanders on the most efficient and effective way to manage an MTF's pharmacy budget. The AMEDD Executive Skills Program has identified Health Resources Allocation and Management as an education focus area. Currently, e-learning courses are in development for AMEDD financial management. Future plans include courses in such areas as resource management, ethics, patient safety, the Balanced Scorecard, and preparation for Joint Commission on the Accreditation of Healthcare Organization surveys.

The AMEDD Executive Skills Program is partnering with the CHES Knowledge Services Section and the American Productivity and Quality Center (APQC) to develop the Deputy Commander for Administration Community of Practice (DCA CoP). This CoP will provide a collaborative forum for the Healthcare Administration Consultant to the Army Surgeon General, practicing Deputy Commanders for Administration, and the U.S. Army-Baylor University Graduate Program in Healthcare Administration faculty to solve problems and share best practices. The ultimate goal of the DCA CoP is to change the organizational culture toward a knowledge-based business approach in the new economy, consistent with the Chief of Staff and Secretary of the Army's directive to "transform itself into a network-centric, knowledge-based force" (Army Knowledge Management Guidance Memorandum Number 1, dated 8 August 2001). The DCA CoP, in concert with the resident and e-learning executive skills courses will provide senior executives a practice-based, comprehensive, dynamic environment for learning and growth. Future plans include the establishment of CoPs in other executive communities.

An AMEDD-specific database is being created to help track officer competencies. The template for this database is similar to the databases created by the Navy, which will facilitate tracking of competencies across all three Services. This database will be used to identify skill deficiencies in newly selected and existing AMEDD executives and to design training packages that will ensure these executives are competent in all 40 skills.

Summary

The AMEDD has established a multifaceted program designed to ensure AMEDD Senior Executives are competent in the skills necessary to lead their healthcare organizations. AMEDD officers can gain competency through resident and non-resident education and from on the job experience. In addition, the AMEDD is providing senior executives with tools such as communities of practice that are designed to facilitate the exchange of information and knowledge between executives.

NAVY MEDICAL DEPARTMENT

The JMESP consists of a jointly approved core curriculum designed to assist in the development of executive skills needed by DoD MTF Commanding Officers, Executive Officers, TRICARE Lead Agents and their senior staff members, and managed care coordinators. The program addresses 40 executive skill competencies with associated behavior objectives. A database is accessible through the NSHS Bethesda Web site for Navy Medical Department Officers to create and update their JMESP profile to evaluate which competencies each officer has already mastered.

The Congress and DoD have recognized that directing an MTF requires an effective commander to possess a mix of highly specific skills, domain-unique knowledge, and a variety of healthcare experiences. This mix produces competencies that synthesize the education and life experiences of the individual. The need for specific competencies is particularly evident for MTF commanders, lead agents and their senior staff, and managed care coordinators who must acquire general management skills as well as gaining a thorough understanding of the healthcare delivery process. Commanders are further challenged by the complex organizations that exist in the Department of Defense healthcare environment.

The DoD Appropriations Act of 1992, Section 8096 that stated "None of the funds appropriated in this Act may be used to fill commander's position at any military treatment facility with a healthcare professional unless the prospective candidate can demonstrate professional administrative skills" emphasized the needs of MTF commanders. Similarly, the 1996 Defense Authorization Act (Public Law 104-106, Title VII, Subtitle B) states: a professional educational program to provide appropriate training in healthcare management and administration will apply to each commander who is selected to serve as a lead agent to coordinate the delivery of healthcare, and those appropriate members of the support staff of the treatment facility who will be responsible for daily operations of the TRICARE program. The FY 2001 National Defense Authorization Act expanded requirements for executive skill certification to deputy commanders and managed care coordinators. It further mandated that beginning 1 October 2001, the Services must certify to SECDEF that personnel assigned as MTF Commanders (COs), Deputy Commanders (XOs), and Managed Care Coordinators, and TRICARE Lead Agents/Senior Staff Members have completed the training. The Navy has developed/implemented a plan to track and certify officers and complied with this FY 01 NDAA requirement before the 1 October 2001 deadline by database tracking of competency attainment and assigning appropriate designators to reflect qualification. As of October 2001, there are approximately 600 officers in the JMESP database. The database grew by 100 percent in the preceding 8 months.

The Navy Medical Department FY01 and FY02 CO and XO Screening Boards reviewed both an officer's clinical proficiency and skill as a health professional and, to at least as great an extent, the officer's administrative and management skills. The officer's levels of achievement in the 40 competencies developed in response to the Defense Appropriations Act of 1992 were used for additional information to aid in the screening process. These competencies emphasized the need for prospective candidates to demonstrate professional qualifications to assume positions as COs and XOs in the Military Health Services. An individual's level of achievement in the competencies is not intended to be used as the sole basis for selection. However, they are utilized as a general guideline when considering each candidate's qualifications. In determining qualifications, both knowledge and the application of knowledge in real-life experiences as demonstrated in a variety of assignments, education, training, and professional qualification achievements are considered.

AIR FORCE MEDICAL SERVICES

The Air Force Medical Service (AFMS) firmly supports the executive skills program and the aforementioned program events. In our dynamic military healthcare environment, it is essential that our medical commanders be well prepared to meet the challenges of the new millennium. The success of our commanders is the result of career-long officer development. Therefore, the Deputy Surgeon General issued a policy letter in June 1998 describing the three-pronged approach to executive skills competency attainment: a) formal course completion, b) progressive job experience, and c) external civilian certification.

Completion of formal courses and successive levels of job experience forms the cornerstone of our executive skills training program by exposing officers to the 40 core competencies, mainly the knowledge and application levels. We are now fully reviewing our formal courses for needed changes and to reflect the level to which the competency is taught: knowledge, application, or expert level. Competency attainment based on progressive job experience is taking what has been learned from formal courses and applying those executive skills concepts to the daily healthcare operations environment. The Air Staff is reviewing AFMS job experience matrices and scoring each to reflect knowledge, application, or expert level competency to jobs that span an officer's entire career. External civilian certification helps to balance the officer's understanding of the military and civilian healthcare systems.

The Air Force is developing a database to include these three types of matrices, using the prototype Navy database as a template, which will serve as an invaluable tool for officers to track attainment of the 40 competencies throughout their careers. One tool currently in use by the AF Surgeon General to monitor senior medical leadership is the AFMS Leadership Database. The foundation of this database is formed by the four levels of senior AFMS job categories, with the top category composed of general officer positions. The Leadership Database is used to assure officers are appropriately trained and have the necessary experience to successfully and progressively move to more senior positions, culminating in general officer.

Although a medical officer may attain all 40 competencies to the appropriate level of expertise, it does not automatically ensure selection for medical command. The Air Force Central Command Screening Board, conducted by the Air Force Personnel Center (AFPC), is charged to select the best-qualified officers for medical command. Any officer interested in medical command must provide a statement of intent and be nominated by the senior rater to meet the selection board, which is composed of three colonels from each of the five medical corps with a general officer presiding. Key elements of selection include the officer's leadership ability and proven, sustained job performance. The Air Force Surgeon General approves the final command selection list. Officers selected by the command screening board process must then be hired by gaining commanders through a one-on-one interview process. The number of

candidates on the final list intentionally exceeds the available number of commander billets; thus, not all candidates will be hired. This process is essential to ensure that only the top officers are selected for medical command responsibilities.

One of the Air Force's biggest successes in executive skills training has been the development of the Intermediate Executive Skills (IES) course targeted to first-time healthcare executive team members. The course is intended to bridge the gap at the intermediate career level between the initial management training provided at the element/flight command level and advanced leadership training received prior to medical group command. This intense two-week course presented at Sheppard Air Force Base is built on a curriculum addressing both military and civilian healthcare concepts, as well as corps-specific breakout sessions and small group scenario-based application level exercises. Since the first course in Sep 00, 350 officers have attended IES with another 260 scheduled for training in FY02.

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

Since 1995, the Uniformed Services University of the Health Sciences (USUHS) has delivered advanced-level medical executive training to over 600 military and federal health system personnel. The USUHS Executive Skills Course: "Integrating Clinical and Managerial Decisions to Improve Population Health" is delivered at various locations (CONUS and OCONUS) four times a year by a diverse faculty of recognized experts and leaders from the Military Health System, Veterans Affairs, Agency for Healthcare Research and Quality, and the private sector. Continuing education credit for physicians, nurses and healthcare executives is awarded.

The focus of the course is to equip healthcare professionals with the knowledge and tools needed to integrate clinical and business decisions to improve healthcare delivery and population health. The course is delivered using a combination of distance-learning, traditional lectures, discussions, case study method and computer laboratory exercises, and covers the following core competencies as prescribed by the Joint Medical Executive Skills Group: Clinical Performance Improvement; Decision Making; Productivity/Outcome Measures; Quality Management; Epidemiologic Methods; Clinical Investigation; Quantitative Analysis and Healthcare Delivery Systems.

"Integrating Clinical and Managerial Decisions to Improve Population Health" is an MHS-relevant, actively managed course with a continuously updated curriculum. The course regularly updates material such as current year National Defense Authorization Act language, funding levels, regulatory changes, and the results of ongoing management pilot programs. The USU Executive Skills Course exclusively reserves an entire day for hands-on experience with automated tools such as TOC, PHOTO, Composite Health Care System II, and E-Health.

An online presence (<http://medxellence.usuhs.mil>) is used to register students, obtain a pre-test knowledge assessment, present information (several distance-learning modules and information links are offered), and provide continuing education credit for successful completion of the distance learning sessions. At the conclusion of each course a post-test is administered

and results compared to pre-test answers to determine degree of learning and to inform instructors about the efficacy of their modules. The USU Executive Skills Training Course plans to incorporate students from the Veterans Administration and other Federal agencies in future iterations.

Survey of Professional Civilian Certifications

Military Health System

As described in previous sections, the Services currently engage rigorous, though varied, processes in the assessment of an individual's preparedness for assignment to senior healthcare executive positions. Ultimately, each Service's Surgeon General assigns MTF commanders, lead agent executives, and senior managed care coordinators on a "best qualified" basis through a series of promotion, selection, and commander screening board processes. "Best qualified" is based on progressive career accomplishments, formal civilian education requirements, professional military education prerequisites, and broad leadership capabilities, the same criteria used by professional civilian credentialing entities.

Professional Civilian Certifications

Certification and credentialing which demonstrates achievement of the requirements of Section 760 are provided by numerous professional civilian organizations. The Services have surveyed their respective healthcare executives to ascertain with which organizations military personnel have affiliations. This list of organizations is vast and dynamic. The extent to which such organizations demonstrate achievement of training military healthcare executives is illustrated at Appendix 1: Professional Organizations Certifying Military Health Systems Officers. A brief summary of each organization's purpose/mission is provided along with a description of continuing education requirements in the next section. As a general condition, professional civilian certifying organizations do not have a need for DoD's competencies that address military readiness and the unique aspects of national defense. Therefore, it is inappropriate to expect that they will ever address all of the essential DoD competencies.

A multitude of other certifying organizations exist within the healthcare industry in addition to those addressed in this report. As evidenced by Appendix 1, the ten summarized herein have been applied against the 40 core competencies. The collaborative effort between DoD and professional civilian certifications will continue as additional organizations are analyzed for their alignment with the DoD's core competencies.

Certification Agency Continuing Education Activities

Initial certification by each of the professional civilian organizations occurs subsequent to the passing of an examination, the eligibility for which requires a combination of specified academic preparation, time of service in a respective profession, community service, and references. The report does not address initial certification in detail due to the emphasis in the NDAA on recertification. Each organization requires certified members to participate in various continuing education (CE) activities to recertify/maintain initial certification. The purpose of a continuing education program is to offer the public a form of assurance that individuals practicing a profession maintain competence once certified in that profession. In the health professions, maintaining competence is especially critical due to rapid growth in technology, changes in social policies, and expanding roles of health professionals in all areas of healthcare. The extent of each organization's respective continuing education requirements are summarized herein as required by Section 760 of the NDAA.

American College of Healthcare Executives

Perhaps the best known certification organization for healthcare executives is the American College of Healthcare Executives (ACHE). ACHE is an international professional society of nearly 30,000 healthcare executives that is known for its credentialing and educational programs. The organization strives to be the premier professional membership society for healthcare executives, serving its members' professional, education, and leadership needs. ACHE promotes high ethical standards and conduct. It also seeks to advance healthcare leadership and management excellence that is affirmed by award of the Certified Healthcare Executive (CHE) certification.

ACHE requires continuing education for both of its advancement certifications, Diplomate and Fellow. Certification fulfills twenty-eight of the 40 competencies - the most of any healthcare certification organization surveyed to date.

The following requirements exist for those individuals recertifying Diplomate status:

1. Must have six years' tenure as a Diplomate (eligible to apply after five years' tenure).
2. Evidence of participation and leadership in healthcare and community/civic affairs.

Fulfillment of one of the following requirements:

- Documentation of 25 hours of Category I (ACHE education) credit plus 25 hours of either Category I or Category II (non-ACHE education) credit since the last advancement or recertification -OR-
- Successful completion of the Board of Governors Examination in Healthcare Management.

The following requirements exist for those individuals recertifying Fellow status:

Must have ten years' tenure as a Fellow (eligible to apply after nine years' tenure).

2. Evidence of participation and leadership in healthcare and community/civic affairs.
3. Fulfillment of one of the following requirements:
 - Documentation of 45 hours of Category I (ACHE education) credit plus 45 hours of either Category I or Category II (non-ACHE education) credit since the last advancement or recertification **-OR-**
 - Successful completion of the Board of Governors Examination in Healthcare Management.

American Academy of Medical Administrators

An emerging association for military healthcare leaders is the American Academy of Medical Administrators (AAMA). This association, similar to ACHE, exists to enhance the healthcare leader profession and promote community health. AAMA serves healthcare management at all levels, within all types of healthcare organizations by:

- Developing and refining effective leadership, management concepts, and practices in the field of healthcare administration;
- Establishing a Code of Ethics to guide healthcare leaders in the practice of medical administration;
- Promoting the advancement of members' knowledge, professional development, credentialing and personal achievements through continuing education and research in healthcare management; and
- Providing specialty groups that focus on specific areas of healthcare administration.

The AAMA provides the Credentialed American Academy of Medical Administrators (CAAMA) certification.

Continuing professional development activities are essential to enable healthcare executives to stay current with the rapidly changing healthcare environment. Recredentialing illustrates initiative and ongoing commitment to the profession of healthcare administration. To continue using the credentialed designation, American Academy of Medical Administrators (CAAMA), evidence must be provided of continuing involvement in professional development activities. The CAAMA credential fulfills sixteen of the 40 competencies.

To retain CAAMA designation, members must:

1. Accumulate 30 *Professional Points* every three years
2. Maintain AAMA membership
3. Submit a completed CAAMA Recredentialing Report Form

Professional Points may be earned in any of the following areas: education, service, achievement, and/or experience.

American College of Physician Executives

The American College of Physician Executives (ACPE) strives to integrate the knowledge, skills, ethics and values of medicine with the knowledge, skills, ethics and values of leadership and management. Practitioners who integrate both skill sets are physician executives. ACPE seeks to give medical managers the tools needed to meet the challenges of medical practice today and for the future. ACPE accomplishes this by facilitating connections with physician executive colleagues, offering career development opportunities to help progression in medical management professional and personally, by providing various recognition programs, and conducting numerous education programs to enhance members' knowledge and skills in medical management. The ACPE provides the Certified Physician Executive certification.

ACPE has rigorous requirements to first obtain status as a Certified Physician Executive (CPE). CPE status is awarded based on a candidate's stature as a physician, educational achievements, medical management experience and completion of a four-day skill building tutorial administered by the Certifying Commission in Medical Management. CPE certification indicates that a physician has reached a level of excellence within the medical management profession, with management education, knowledge and demonstrated skills, to effectively lead an organization. Thirty-two hours of continuing education hours are required annually to maintain CPE status. CPE status provides compliance with sixteen of the 40 competencies.

American Dental Association

The American Dental Association (ADA) is the professional association of dentists committed to the public's oral health, ethics, science and professional advancement; leading a unified profession through initiatives in advocacy, education, research and the development of standards. The ADA furthers the profession of dentistry with the following five goals serving as the organization's foundation: advocacy - influence public policy; image, ethics and professionalism - communicate dentistry's message to the public and ADA's value to dentists; information - process, synthesize and disseminate information on oral healthcare; membership and support services - achieve the highest possible membership market-share and optimal operations to do so; and practice support - enhance the effectiveness of dentists and their staff. The ADA is an advocacy group for dentists – it has neither a certification process nor a role in the state-domain of licensure boards to practice as a dentist. In addition, 100% of DoD dentists are licensed (not to be confused with 'certification').

Until the early 1900s, dental education was not standardized and there were "dentists" with and without formal training delivering care to patients. Licensure was initiated by states to protect the public from those practitioners without adequate education. Many changes have occurred since the early 1900s in dental education, accreditation and licensure. For example, currently all states require graduation from a dental school accredited by the ADA Commission on Dental Accreditation, successful completion of a written national board examination, and a state or regional clinical examination in order to be eligible for licensure. Once licensed, continuing education requirements to maintain licensure vary from state to state. Included below

is a brief sampling of states' licensed dentist's continuing education requirements. Licensed dentists, via the licensure process, are granted compliance with four of the 40 competencies.

Table 1. State-Specific Examples of ADA Continuing Education Requirements

State	Required Credit Hours	Cycle Length	How Credit is Monitored
Alabama	20	1 year	Random audit
Arizona	72	3 years	Affidavit of compliance; random audit
California	50	2 years	Listed on license renewal form
D.C.	25	2 years	Listed on license renewal form
Florida	30	2 years	Affidavit of compliance
Ohio	40	2 years	Affidavit of compliance
Texas	12	1 year	Random audit

American Health Information Management Association

The American Health Information Management Association (AHIMA) is the dynamic professional association that represents more than 40,000 specially educated health information management professionals who work throughout the healthcare industry. Health information management professionals serve the healthcare industry and the public by managing, analyzing, and utilizing data vital for patient care, making it accessible to healthcare providers when it is needed most. As the membership organization of health information management professionals, AHIMA fosters the professional development of its members through education, certification, and lifelong learning, thereby promoting quality information to benefit the public, the healthcare consumer, providers, and other users of clinical data. The AHIMA provides both the Registered Health Information Administrator (RHIA) and Registered Health Information Technician (RHIT) certifications.

All credentialed health information professionals (RHIAs and RHITs), including active, inactive, and student members of AHIMA, and nonmembers, maintain their credentials by:

1. Completion of acceptable CE credits during a two-year period (cycle). RHIAs must earn 30 CE clock hours/credits; RHITs must complete 20 CE clock hours/credits. To receive credit, activities must be completed within the assigned cycle period. All cycles begin on January 1 and end on December 31 the following year.

Payment of CE assessment fees. AHIMA members are charged a CE assessment with annual membership dues. Nonmembers pay a CE fee, set by the AHIMA Board of Directors, at the end of each CE cycle.

- 3 Validation of CE Report. Participants must submit their CE Report Forms to AHIMA by January 31, following the end of the CE cycle. (It is suggested that participants keep a photocopy of the CE Report Form.) Participants who are not audited will receive a CE Validation Certificate to retain as evidence of meeting CE requirements. Participants selected for audit do not meet requirements until they have complied with the audit

procedures. A CE Validation Certificate will be forwarded to audited participants after documentation has been received and approved.

American Nurses Credentialing Center

The American Nurses Credentialing Center (ANCC) is a subsidiary of the American Nurses Association. Since its inception in 1991, ANCC has certified more than 150,000 nurses throughout the U.S. and its territories in more than 30 specialty and advanced practice areas of nursing. While the role for nursing has evolved over the years, ANCC has responded positively by the re-conceptualization of certification and the Open Door 2000 Program, a program that enables all qualified registered nurses, regardless of their educational preparation to become certified in any of five specialty areas: gerontology, medical-surgical, pediatrics, perinatal and psychiatric and mental health nursing. The ANCC provides the aforementioned five specialty certifications, as well as the Nurse Administrator credential.

To recertify as a Nurse Administrator, candidates must hold a middle management or higher administrative position or have provided consultative services for a minimum of 1,500 hours or have been engaged in education and supervision of students in this nursing specialty area for the equivalent of 12 months full-time within the past 5 years. To recertify as an Advanced Nurse Administrator, candidates must hold an administrative position at the nurse executive level, have provided consultative services, or have been engaged in education and supervision of students at the nurse executive level for a minimum of 1,500 hours within the past 5 years.

American Society for Quality

The American Society for Quality (ASQ) is a leading quality improvement organization in the United States. For more than 50 years, ASQ and its members have initiated many of the quality methods used throughout the world, including statistical process control, quality cost measurement and control, total quality management, failure analysis, and zero defects. ASQ has more than 117,000 individual and 1,100 corporate sustaining members worldwide. ASQ was incorporated as the American Society for Quality Control in 1946 as the result of the merger of several local quality societies that had formed after wartime statistical quality control classes. The classes were held to improve and maintain the quality of defense materials during World War II. To meet the needs of a changing marketplace, the organization changed its name to the American Society for Quality in 1997. The ASQ offers a litany of certifications, including: Quality Engineer certification, Quality Auditor certification, Reliability Engineer certification, Quality Technician certification, and the Quality Manager certification.

ASQ certification is a mark of career excellence that affirms commitment to quality and demonstrates expertise and knowledge of the state of the quality practice. To maintain the integrity of certification, ASQ requires that recertification every three years, either by recertification units or by testing. The purpose of recertifying is to ensure that as an ASQ-certified quality professional one maintains the same level of knowledge originally demonstrated when the initial written examination was passed.

Recertification by RU credits is a process of obtaining a minimum of 18 recertification units (RUs) within a three-year certification period. Refresher courses for initial certification exams may not be counted towards the respective recertification period, but may be applied towards another recertification if it lies within that certification body of knowledge or is job enhancing. If recertification by RU credits, a recertification exam may be taken every three years. Only the Certified Quality Auditor, Certified Quality Engineer, Certified Reliability Engineer, and Certified Quality Manager require recertification (the Certified Quality Technician does not require recertification).

Healthcare Financial Management Association

The Healthcare Financial Management Association (HFMA) is the nation's leading personal membership organization for healthcare financial management professionals. HFMA brings perspective and clarity to the industry's complex issues for the purpose of preparing its members to succeed and to be successful. Through its programs, publications and partnerships, HFMA enhances the capabilities that strengthen not only individual careers, but also the organizations from which its members come. HFMA is comprised of about 32,000 members employed by hospitals, integrated delivery systems, long-term and ambulatory care facilities, managed care organizations, medical group practices, public accounting and consulting firms, insurance companies, government agencies and other healthcare organizations. The HFMA provides the Certified Healthcare Financial Profession certification.

The success of a healthcare executive is often measured against financial goals of the organization. Keen financial and business acumen is an ever-important skill to facilitate the efficient and effective operation of a healthcare facility regardless of size or segment of the industry. The criticality of financial skills drives the recertification requirements for a Certified Healthcare Financial Professional (CHFP). Maintaining certification as a CHFP requires thirty hours of continuing education every three years.

National Committee on Certification of Physician Assistants

The National Commission on Certification of Physician Assistants (NCCPA) assures the public and others that NCCPA – credentialed physician assistants meet established standards of knowledge and clinical skills upon entry into practice and throughout their careers. NCCPA, through innovation and development, is a recognized leader and serves as a primary resource in the assessment and credentialing of physician assistants. The NCCPA provides the Physician Assistant - Certified (PA-C) certification. Dissimilar from the other certifications, which largely reflect voluntary participation, PA-C status is required to serve as a DoD physician assistant.

Graduates from physician assistant programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessors are eligible to seek NCCPA certification by taking the Physician Assistant National Certifying Examination (PANCE). The multiple-choice test comprises 360 questions that assess basic medical and surgical knowledge. Pre-registration is required, but candidates may choose from among over 300 testing sites during one of the examination periods.

After passing PANCE, physician assistants are issued an NCCPA certificate, entitling them to use of the PA-C designation until the expiration date printed on the certificate (approximately two years).

The initial certification marks the beginning of a six-year certification maintenance cycle. To maintain PA-C certification and retain the right to use the designation beyond the date of certificate expiration, physician assistants must follow a two-pronged process, involving submission of certification maintenance materials including documentation of continuing medical education (CME) and successful completion of a recertification exam.

The six-year certificate maintenance cycle is divided into three two-year periods. During every two-year period, PA-C designees must complete a minimum of 100 hours of CME and submit evidence of completion of that CME along with certification maintenance materials to NCCPA during the year of certificate expiration. Also, to avoid additional fees, the CME hours required for each two-year cycle must have been earned during the cycle to which they are being applied, with the date of completion no later than June 30 of the calendar year in which the certificate expires.

Finally, by the end of the sixth year of the certification maintenance cycle, PA-C designees must have also passed a recertification exam (PANRE or Pathway II). Offered at testing centers throughout the U.S., the Physician Assistant National Recertifying Exam (PANRE) comprises multiple-choice questions designed to assess general medical and surgical knowledge.

In response to the needs of PA-C designees who specialize in a particular medical field, NCCPA also offers an alternative to the traditional PANRE – Pathway II, a take-home examination. Physician assistants electing to take this "open book" exam are encouraged to use reference materials as needed to complete it. However, to be eligible for the take-home exam, PA-C designees must meet an additional requirement – the accumulation of 100 points through completion of activities within nine categories of education and experiential activities. Activities claimed to satisfy this secondary 100-point requirement may not also be used to meet the primary 100-hour CME requirement, but the Pathway II points may be earned throughout the six years prior to recertification.

PAs who fail to maintain their certification must take and pass PANCE, PANRE or Pathway II, to regain it. (Other eligibility requirements will apply.) Following the completion of the sixth year requirements, the certification maintenance process begins anew.

National Association for Healthcare Quality

The National Association for Healthcare Quality (NAHQ) is dedicated to improving the quality of healthcare and to supporting the development of professionals in healthcare quality. NAHQ is a global leader and premier source of expertise in healthcare quality. The organization is committed to leading with creativity, imagination, passion and courage. NAHQ leads by supporting and mentoring others. NAHQ continuously strives to improve processes and services to meet and exceed the expectations of internal and external customers. The organization values the enhancement of professionals in healthcare quality through education, certification, research and advocacy. NAHQ provides the Certified Professional in Healthcare Quality (CPHQ) certification.

Following successful completion of the certification examination, each CPHQ is required to maintain certification by meeting continuing education requirements consisting of thirty CE hours every two years. The goal of recertification is to assure as much as possible the continuing competence of each CPHQ and maintain the professional standard of those engaged in healthcare quality management.

Each recertification cycle is two years in length beginning on January 1 of the year following initial successful completion of the certification examination. The cycle ends on December 31 of the second year. Thirty applicable continuing education hours are required during each recertification cycle in order to maintain certified status. Each CPHQ is responsible for maintaining his/her own continuing education records during the two-year recertification cycle. Upon completion of the cycle, each CPHQ is further responsible for submitting a Summary of Activities form and fee to the HQCB and retaining supportive documentation for five years.

Current employment in the field is not required to maintain active status as a CPHQ. A random sample of CE summaries submitted each year is audited by the HQCB for recertification program accountability. Failure to submit the required continuing education hours will result in revocation of the individual's certified status. Restoration is contingent upon completion of the required number of CE hours and payment of the current fee and/or re-testing in accordance with the restoration procedures. Individuals who meet the recertification requirements are awarded a recertification seal to be attached to their original CPHQ certificate. Recertification reminders are sent to each CPHQ in the summer and again in the fall prior to the expiration of their current cycle.

Certification Prominence Among Senior Civilian Healthcare Executives

VMHI surveyed professional certification organizations in August 2001 to ascertain the prominence of certification among civilian healthcare executives. This proved to be a daunting endeavor as several challenges were identified by the certification organizations. The foremost challenge was the definition of "healthcare executive." The American College of Healthcare Executives (ACHE) professed not to have an accurate figure for the total number of senior healthcare executives, as "senior" is interpreted differently from one setting to another (e.g. long-term care, ambulatory healthcare, inpatient healthcare, etc.). ACHE also indicated that

"executive staff" has a multitude of interpretations and, as such, confounds the validity of position-specific self-reported information provided by affiliates - a second challenge.

A final challenge was the information systems of organizations. Several organizations' databases neither differentiate between military and civilian affiliates nor identify one's status as an "executive" versus "non-executive." The American Society for Quality's database does not differentiate between military and civilians either. The aggregation of both populations reduces the validity of civilian-specific data that are provided.

The data available from the various certification organizations is provided below. In interpreting the data, one must bear in mind that denominators are not available for the populations provided, therefore gauging the extent of certification of military versus healthcare executives is not possible - this greatly reduces the utility of the data. Further specification of "senior healthcare executive" and parameters of such an individual (organizational setting, education/experience levels, etc.) may help in obtaining more useful information from the certification organizations in the future. However, such specificity may not increase the quality of obtained data if the respective organizations' databases do not collect the data parameters sought.

Table 2. Certification Prominence

Organization	Number of Military Affiliates (Regardless of Certification Status)	Number of Certified Military Affiliates	Number of Certified Senior Civilian Affiliates
American Academy of Medical Administrators (AAMA)	1204	438	238
American College of Healthcare Executives (ACHE)	1782	950	1990
American College of Physician Executives (ACPE)	831	17	520
American Dental Association (ADA)	*Is not a certification-granting organization		
American Health Information Management Association (AHIMA)	*Data is forthcoming.		
American Nurses Credentialing Center (ANCC) - Nurse Administrator	*Database does not collect position-specific or military-specific data		
American Society for Quality (ASQ)	*Data is forthcoming...delay subsequent to organization-wide		

	software upgrade		
Healthcare Financial Management Association (HFMA)	99	3	7% (Data not provided as to numerator and denominator)
National Commission on Certification of Physician Assistants (NCCPA)	*Database does not collect position-specific or military-specific data		
National Association for Healthcare Quality (NAHQ)	*Database does not collect position-specific or military-specific data		

V. CONCLUSION

The Department of Defense places a high priority on the continuation of its Joint Medical Executive Skills Program. It has undertaken the key management processes necessary to continuously improve the program for the benefit of all officers of the Army, Navy, and Air Force Medical Departments. These key processes include but are not limited to:

- ❑ The publication of a Department of Defense Instruction (DoDI 6000.15) that formalizes the program and establishes key relationships including the designation of an Executive Agent (Army).
- ❑ The establishment of a high-level program oversight body, the Joint Medical Executive Skills Oversight Committee (JMESOC), chaired by the Deputy Executive Director, TRICARE Management Activity and including representatives of the Services and the Army Executive Agent.
- ❑ The establishment of a small joint-service operations and maintenance activity, the Virtual Military Health Institute, to conduct the day-to-day activities of the program.
- ❑ The establishment of a Joint-Service working group to advise and assist the VMHI. Members are representatives of the departments' health education arms; they individually report to their Service representative member of the JMESOC.
- ❑ Development of a Web-Based Self-Assessment Instrument that officers will be able to access to evaluate their own skill sets vis-à-vis the program's 40 executive skills competencies.
- ❑ Development of distance learning modules targeted to the most needed competencies based on a "gap analysis" review of officer records.

- ❑ Cyclical review and re-publication of a program catalog of courses and core curriculum that define the competencies and the desired associated behaviors, and identify existing courses that teach those competencies.
- ❑ Service reviews and updates to health education courses based on the executive skills competencies.
- ❑ Service and USUHS presentation of special courses targeted to executive skills development.
- ❑ Service certifications of officers selected for promotion or command (including lead agency) through service-specific selection process approved by the Surgeons General and Service headquarters.
- ❑ On-going benchmarking of program activities with professional certification organizations such as the American College of Healthcare Executives, American Academy of Medical Administrators and American College of Physician Executives.
- ❑ Conduct of the MHS Executive Skills Capstone course three times annually. The course gives attendees an up-to-date view of policy formulation in the Congress, DoD, and the civilian sector. Class members often meet with the staff of the House and Senate Armed Services Committees as part of this capstone event.

The Department is conducting a comprehensive and continuing program to assure that medical department executives, and more junior officers advancing up their career ladders, have an available set of tools to enable and enhance executive skills growth and development throughout their careers. The development of executive skills is a long-term process that includes formal education, unique military education and training, and professional job experience at multiple levels. Additionally, many officers further enhance their development by participating in civilian professional organizations, and by becoming certified by those organizations although that is not a DoD nor Service requirement.

Appendix 1: Professional Organizations Certifying Military Health System Officers

Joint Medical Executive Skills Development Program

Professional Organizations Certifying Military Health System Officers

Executive Skills Program Competencies (40)	AAMA *	ACHE*	ACPE1	ACPE2	ADA	AHIMA	ANCC	ASQ	HFMA	NCCP A	NAHQ
Military Medical Readiness											
Medical Doctrine											
General Management											
Strategic Planning	X	X	X	X		X		X	X		X
Organizational Design	X	X	X	X				X			
Decision Making	X	X	X	X			X		X	X	
Personal and Organizational Ethics	X						X				
Managing Change and Innovation	X	X	X	X							
Leadership	X	X					X	X			
Health Law and Policy											
Public Law (General)	X	X				X	X		X		X
		X									
							X		X	X	X
	X	X									
		X				X	X		X		X
Health Resources Allocation and Management											
Financial Management	X	X	X	X			X		X		X
Human Resources Management		X		X		X	X	X	X		X
Labor-Management Relations	X	X		X			X				
Materiel Management		X									X
Facilities Management		X									
Information Management	X	X		X		X			X		X
Medical Ethics											
Patient Rights (Informed Consent)		X			X		X			X	
Patient Rights ("Right to Die"/DNR)							X				

Individual and Organizational Behavior													
Individual Behavior		X		X	X	X	X			X	X		
		X	X	X			X					X	
		X	X	X		X	X	X					
		X	X	X			X	X			X		
		X		X									
		X											
Clinical Understanding													
Epidemiological Methods		X	X			X						X	X
Clinical Investigation		X						X					
Alternate Health Care Delivery Systems		X	X		X	X		X		X			X
Performance Measurement													
Quality Management (TQM, TQL, QAP)		X	X		X		X	X	X	X			
Quantitative Analysis		X	X				X	X	X	X			X
Process/Outcome Measurement			X				X		X				X
Clinical Performance Improvement			X		X		X						X
Number of Competencies Certified		16	28	8	16	4	11	19	9	11	6	15	

An X indicates the competency is tested by the certification examination.

ACPE1 is the Certificate in Medical Management (inclusive of PIM)

ACPE2 is the Certified Physician Executive (inclusive of PIM)

ANCC is the Certified Nurse Administrator

NAHQ certification is Certified Professional in Healthcare Quality

Note: This is an SRA DRAFT pending JMESWG approval; revised 3/98 w/882d eval of AAMA & ACHE

AAMA/ACHE eval based on 3 or more questions to receive competency coverage; bold X = >5 questions