

ABMS COCER T Application for Certification

Response ID:17 Data

1. General Questions

1. Board (s):

American Board of Emergency Medicine

2. Contact Name:

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5.

1 - Please provide the name of the proposed new or modified certification:

Health Care Administration, Leadership, and Management

6. 2a - Please select the type of certificate (Specialty/Subspecialty)

Subspecialty

7. 2b - Is this application a modification of an existing certificate?

No

8.

2c - Are multiple Boards requesting this certification?

Yes

2. Purpose, Status, and Need

9. 3 - Briefly state the purpose of the proposed certification:

The purpose of the certification in Health Care Administration, Leadership, and Management (HALM) is to recognize expertise held by physicians with sophisticated, comprehensive knowledge that covers the broad, system-based leadership needs of health care environments, including those related to patient care as well as other health system administrative and management needs.

HALM integrates expertise from medicine, health systems science, quality improvement, patient safety, business, public health, communication, computer science, economics, law, and other disciplines in a singular subspecialty certification.

HALM-certified physicians are expected to contribute effectively to the future health care environment with an in-depth understanding of the ways by which executive leadership and their governance effect change in these complex health systems.

Following the termination of the practice track eligibility, subspecialty certification will require Accreditation Council for Graduate Medical Education (ACGME)–accredited HALM fellowship training.

In addition, certification in HALM creates alignment between subspecialty fellowship training promulgated by the Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS) subspecialty certification.

10.

4a - Describe how the existence of a body of scientific medical knowledge underlying the proposed area of certification is in large part distinct from, or more detailed than other areas in which certification is offered:

The emerging, multidisciplinary field of health systems science will provide the framework for integrating clinical, administrative, and leadership competencies that are associated with the Sponsoring Institution-based fellowship in HALM. The American Medical Association has identified health systems science as an essential component of medical education and has recognized the importance of this field by promoting its inclusion in medical education curricula and supporting the publication of a comprehensive textbook that addresses health systems science topics.[1,2] In addition, there are specialty-specific texts that address advanced administration and management (e.g., Strauss RW, Mayer T. Emergency Department Management, 2nd ed., 2021, ACEP). While it is recognized that the complex nature of health systems science education is appropriate for the later years of medical education, health systems science curricula have not yet been widely adopted in GME programs, in part due to a lack of formal academic infrastructure and support from accreditation agencies.[3]

The Sponsoring Institution-based fellowship in HALM represents a unique body of knowledge that will address the system-based needs of health care environments. A Core Content (Attachment 1) has been developed by a multi-disciplinary panel of HALM physician leaders that was based on the ACGME HALM Program Requirements. This is an iterative document that will be updated periodically based on advances in HALM as well as periodic job analyses that will inform its content.

11.

4b - Explain how this proposed certification addresses a distinct and well-defined patient population or a well-defined health care need:

Physician leaders are increasingly expected to possess a broad range of knowledge, skills, attitudes, and experiences in health care administration, leadership, and management. HALM physicians oversee and enhance the care provided to patients and populations and ensure the safety of patients and the public while ensuring the vitality of the health systems workforce.

There is a growing body of evidence that skilled physician executives make positive contributions to various aspects of patient care, including patient safety, health care quality, care management, and systems of care (e.g., service and product lines).[4,5] HALM will emphasize leadership skills needed to help achieve health equity goals, such as improving health care accessibility, enhancing cultural competency in health care settings, eliminating disparities in health care processes and outcomes, and addressing social determinants of health. HALM focuses on value-based care that optimizes population health and patient experience while reducing health care costs in for-profit and not-for-profit public and private systems, delivery networks, community-based centers, government-operated facilities, and across Medical Savings Accounts.

12.

4ci - The current number of such physicians (along with the source(s) of the data):

Establishing the current number of such physicians is challenging. There are 6,093 hospitals in the United States.[6] It is likely that there is at least one physician leader (on average) in the typical hospital. Determining the ongoing interest of physicians interested in pursuing leadership education, as well as future job opportunities for physician leadership in the healthcare marketplace is also challenging and uncertain. The American Association for Physician Leadership (AAPL) recently conducted a survey analysis of the Definitive Healthcare Database (DHC – is a commercially available product monitoring the physician workforce), there are approximately 10-11% of United States physicians who identify as potential "physician executives." In that group, currently there are approximately 2,500 between 27-39 years-old; 45,000 between 40-59 years-old; and, nearly 39,000 between the ages of 60 and 75 who self-identify as physician executives for a total of 86,500 physicians. Nonetheless, the precise number of physician in HALM-like positions remains undetermined.

13.

4cii - The annual rate of increase of such physicians in the past decade (along with the source(s) of the data):

In the last couple of years alone, executive search firm Witt Kieffer has seen at least a 20% increase in hospitals and health systems seeking physician candidates for their CEO jobs.[7] While the overall percentage hasn't changed (approximately 5% of hospital leaders are physicians), an overwhelming number of top-ranked hospitals continue to be run by physician Chief Executive Officers (CEOs). Year after year, U.S. News & World Report's annual "Hospital Honor Roll" continues to support a

strong connection between high quality ratings and physician leadership.[8] Of the 21 hospitals listed in U.S. News & World Report's 2022-2023 Best Hospitals Honor Roll, the majority (62%) of hospitals have Chief Executive Officers (CEOs) who are also physicians. More specifically, the top three hospitals (Mayo Clinic, UCLA Medical Center, and New York University Langone) all are led by physician CEOs. Gallagher's 2021 Medical Director and Physician Executive Survey (as well as Gallagher's consulting work) showed growth of system-wide roles for local medical directors or physician leaders in individual facilities or regions. Further, as the demands on physician executives overseeing large service lines expanded, there were shared leadership roles pairing two physicians or a physician and an administrator, thus allowing many physicians the ability to maintain a clinical practice.[9] The prevailing message from the marketplace is that the demand for physician leaders is increasing.[10]

14.

4ciii - The current geographic distribution of this group of physicians, its projected spread in the next five (5) years, and an explanation of how you arrived at this projection:

Since its founding in 1975, AAPL has educated 250,000+ physicians across 40 countries—including CEOs, Chief Medical Officers, Vice-Presidents of Medical Affairs, and physicians at all levels of leadership in health care. The interest in leadership and management appears to be increasing based on membership growth in AAPL but it is difficult to define a confident growth projection. The distribution of HALM subspecialists could reasonably be expected to be dispersed across the United States and follow geographic patterns similar to Board diplomate distributions, perhaps with a slightly greater prevalence in tertiary care centers.

15.

4d - Identify the existing national societies that have a significant interest in the area of certification. Additionally, indicate the size and scope of the societies, along with the source(s) of the data:

For nearly 50 years, the AAPL—formerly named the American College for Physician Executives (ACPE)—has offered education, career development, and other professional services for physicians in the United States.[11] In addition to providing the well-recognized AAPL Certified Physician Executive (CPE) credential for over 20 years, AAPL has partnerships with five universities and collaborates to provide seven Master's degree programs for physicians. AAPL delivers a wide variety of continuing medical education courses (over 75) for physician leaders. AAPL is connected to over 250,000 physicians in more than 40 countries, and alumni are positioned across all types of health care systems in a wide range of leadership roles (e.g., CEOs, CMOs, COOs, VPMAs, etc.). In addition to its offerings for individual physicians, AAPL also delivers 300-350 institutional-based leadership development programs at health care systems nationwide and trains thousands of physicians in those environments. The AAPL publishes the Physician Leadership Journal, The Journal of Medical Practice Management, and a wide range of leadership and management books for physician leaders, in addition to several other leadership-focused information resources.

For 85 years, the American College of Healthcare Executives (ACHE) has focused on the professional advancement of health care leaders in the United States.[12] To recognize leadership in health care management, the ACHE provides the Fellow of the ACHE (FACHE) credential. The ACHE offers online seminars, webinars, courses, and other learning activities. Networking, additional education, and career development activities are organized through local chapters. While many of ACHE's resources and services are available to health care leaders across professions, are dedicated online resources for physician members, including a physician executives forum. ACHE established a foundation that provides a large annual congress on health care leadership and operates a publishing imprint for health services management books and journals.

16. 4di - Indicate the distribution of academic degrees held by their members, along with the source(s) of the data:

Specialty-specific data are unavailable. Nonetheless, Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) would be required. Physician leaders might also have a Doctor of Philosophy, Master of Business Administration, Master in Health Service Administration, Master in Medical Management, or Master in Health Administration.

17. 4diii - Indicate the relationship of the national societies' membership with the proposed certification:

ABEM and the Co-Sponsoring Boards have collaborative relationships with the leadership of the AAPL and ACHE. Each specialty society has been actively engaged in ABEM's development of the proposed subspecialty certification, core content development, and the continuing certification requirements. ABEM envisions that the AAPL and the ACHE will be important

sources of continuing education in this subspecialty. ABEM anticipates seeking a process whereby such opportunities for continuing education may be possible.

Additionally, each of the major membership societies related to each of the Co-Sponsoring Boards, currently have interest groups or membership sections that relate to this subspecialty. The Co-Sponsoring Boards routinely hold discussions with these societies' leadership and will draw from nationally recognized physician leaders in HALM to inform both the certification examination and the requirements for continuing certification.

18. 4diii - Describe whether and how your Board has interacted with the key societies and stakeholders in developing this proposed certification:

ABEM invited all ABMS Member Boards to join either as a Co-Sponsoring Board or a Qualifying Board. A HALM Task Force was formed that included representatives from each of the Co-Sponsoring Boards (ABA, ABEM, ABFM, and ABPM) who have engaged in discussion about the eligibility criteria, assessments, and continuing certification process.

In addition, ABEM and the Co-Sponsoring Boards have held several meetings with the leadership of both the AAPL and ACHE, inviting each to participate in the above noted Task Force that meets monthly. ABEM and the Co-Sponsoring Boards value the expertise of thought leaders in HALM who have sought certification through AAPL and ACHE. ABEM and the Co-Sponsoring Boards are working collaboratively with AAPL and ACHE to seek opportunities to provide CME for both initial and continuing HALM certification.

19.

5ai - On its own primary and subspecialty training and practice:

ABEM (as the Administrative Board) will track the growth of diplomates seeking this certification on an annual basis, as it does for its primary and subspecialty certificates and will incorporate that information in future certification and continuing certification decisions as well as publicly-facing annual reports.

20.

5aii - On the primary and subspecialty training and practice of other Member Boards:

There is no impingement on any other certification opportunity within any other Member Board. HALM represents a novel expansion of certification opportunities that currently does not exist.

To be clear, ABEM, serving as the Administrative Board for subspecialty certification in HALM, is expected to have little or no impact on other Member Boards' programs of specialty and subspecialty certification. Should any other ABMS Board wish to make HALM certification available to its diplomates, ABEM would welcome participation as either a Qualifying or Co-Sponsoring Board. Should any Member Board wish to reconsider its decision in the future, ABEM would support inclusion of additional Member Boards in this subspecialty certification opportunity.

21.

5bi - Access to care (please include your rationale):

Just how HALM would increase access to care is undetermined. As a practical matter, HALM would prepare physicians to lead deliberate organizations in providing greater access to higher-quality, safer care. The recent COVID-19 pandemic demonstrated the local potential for physician leaders to work within health care system to increase access to ambulatory and critical care. Additional examples of physician-led programs and leadership activities that would improve access include: medical direction for care management teams, medication management, health information technology, and processes that lead to patient-centered medical home designations.

22. 5bii - Quality and coordination of care (please include your rationale):

Amanda H. Goodall, PhD, of the University of London has studied the trends and impact of physicians in leadership roles in the U.S. as well as in the U.K. and Europe over the past ten years. Her research has consistently found that "the best-performing hospitals are led disproportionately by physicians." In each of three specialty areas—cancer, digestive disorders, and heart and heart surgery—"the better a hospital's performance, the more likely it is that its CEO is a physician and not a manager." Overall hospital quality scores are 25 percent higher when doctors run hospitals. For cancer care, physician-run hospitals posted scores

33 percent higher than those run by non-physicians.[13]

23. 5biii - Benefits to the public (please include your rationale):

Creating a greater integration of clinical practice with administrative practice would enhance the quality of medicine and benefit the public. The experiential rotations in HALM fellowships will build skills in designing and managing quality improvement processes through the effective use of institutional, population-level data to drive performance improvement and to reduce health care disparities.

The education will anchor physician experiences in theoretical and practical knowledge that is relevant to their subsequent leadership roles. The continuing certification process will further ensure that HALM-certified physicians remain current in their knowledge of system design, quality measures, and mitigation of health inequities to ensure the best possible patient outcomes and adhere to rigorous safety standards. Formalized training and certification in HALM will optimize value-based care to use limited resources more efficiently in the provision of health care.

24. 5ci - Immediate costs and their relationship to the probable benefits (please indicate your methodology):

HALM-certified physicians will be instructed on how to develop business plans for product service lines. This skill will optimize care while controlling resource expenditures.[14] Such activity will improve efficiency and maximize value-based care. Further, it is reasonable to assert that the physician, as a key stakeholder in the physician-patient relationship, has a central directing role in this relational architecture. Physician leadership "would permit the transformation of health care into a system that both preserves the virtues of the physician-patient relationship and meets the demand for quality and cost-effectiveness." [15] HALM physicians will help bridge gaps between medical disciplines with patient-focused efforts to improve the continuum of patient care across a variety of health care system delivery platforms.

In the short-term, the financial cost of physician executives is unknown. The probable benefit is the cost savings in increasing diagnostic accuracy and systems efficiencies. It should not be assumed that HALM-certified physicians will add to the aggregate systems costs of a health care system.

For the public, the advantage is institution leadership by a fellowship-trained, board-certified HALM physician, properly trained to reduce health disparities and healthcare costs through optimization of evidence-based care. HALM subspecialty certification will assure that all HALM-certified physicians have met the standard of competence to translate quality improvement efforts into greater patient safety, diagnostic accuracy, and an enhanced care experience for patients.

25. 5cii - Long-term costs and their relationship to the probable benefits (please indicate your methodology):

The potential costs and benefits are not well-described in the research literature. It is likely that HALM-certified physicians will optimize patient care through multiple dimensions. These dimensions include leveraging team-based leadership and prioritizing value-based care. Over time, enhanced communication and coordination within service line divisions and across health care networks will result in improved patient outcomes. Quality improvement programs that have integrated physician leadership have confirmed the business case for physician integration and leadership.[16]

As HALM-physicians become more integrated in executive leadership positions, it is conceivable that the growth in leadership salaries could occur. However, any increased cost is expected to be offset by an overall reduction in health care spending by institutions due to the content expertise of these physicians in systems-based practice leadership.

Patients, communities, and society as a whole will benefit from HALM-certified physicians. HALM specialists will reduce variability in care, limit, low-value, costly interventions and facilitate safer care that improves patient and population outcomes as well as the patient-family experience. As a result, the personal and economic consequences of adverse patient outcomes will be reduced. Finally, HALM physicians will serve as consultants to community leaders (e.g., mayors, fire chiefs, city councils, and others) as well as state and federal government officials who are accountable for expenditure of tax-based resources to meet the public's health care needs. Specific examples of this type of interaction is with physician leadership in regional trauma system or disease-specific referral centers (e.g., stroke centers) as well as physician leadership in statewide and national prehospital care oversight in EMS and disaster preparedness agencies.

26. 5d - Explain the effects if this certification is not approved:

Should this subspecialty certification not be approved, the most immediate effect will be the delinking of ACGME-accredited fellowship training and a certification opportunity. The ABMS, Member Boards, and public have a long-standing interest in maintaining the symbiotic relationship between training and certification. The ACGME is instituting training; the failure of the ABMS to create a certification opportunity would create an unwelcomed asymmetry.

The absence of a certification opportunity would result in the failure of the proposed benefits to materialize. Many physicians would not have sufficient credentials (and hence recognition) to disseminate system-based physician leadership of complex health care environments. These subsequent systematic failures could discourage younger physicians from seeking HALM-like expertise and limit the expansion of physicians serving in health care system executive leadership roles. HALM subspecialty certification will encourage physicians to facilitate the acquisition of requisite skills, training, mentorship, and HALM continuing certification will encourage physicians to tailor their professional development and certification to a process that is relevant to their current roles. Therefore, the acquisition of leadership skills necessary to improve physician expertise in health care systems would be encumbered if this subspecialty certification is not approved.

3. Training Requirements

27.

6 - List the number and names of institutions providing residency training and other acceptable educational programs in the proposed area of certification:

The Boards that are Co-Sponsors of this application (ABA, ABEM, ABFM, and ABPM) have identified a significant number of non-accredited fellowship programs in their respective disciplines. It is reasonable to assume that a substantial number of those programs will seek full accreditation when available.

At the current time there are no fellowship training programs that are ACGME-accredited. The process of establishing the HALM discipline was an alternative to the typical process. Usually, the demand for a specialty originates in the grass roots development of interest with a specialty society. The specialty societies would promote the development of training programs within an academic medical center using an evolving set of accepted competency standards. Of note, the HALM program requirements were first developed and approved by the Accreditation Council for Graduate Medical Education (ACGME) without certifying Board input or approval.

Each of the co-sponsors to this application have identified educational experiences in their discipline that incorporate some or most of the competencies outlined in this application. For example, there are approximately 40 administrative fellowships that are sponsored by a Department of Emergency Medicine, and many are expected to transition to an Institution-based sponsorship and apply for ACGME accreditation. In fact, there have been more than 60 Emergency Medicine Administration fellowship at varying times. Moreover, there are existing health systems' leadership programs such as Intermountain Health or Kaiser Permanente that will likely continue to provide non-ACGME-accredited training. Unfortunately, at this time, there is no single primary information source that notes the number and names of institutions providing such residency training or similar educational programs.

28.

6a - Indicate the total number of trainee positions available currently (along with the source(s) of the data):

The number of potential positions is undetermined. ABEM has seen growth in fellowship programs when ACGME-accreditation is available (e.g., EMS was estimated to develop 40 programs; it has 79). Likewise, the number of Advanced Emergency Medicine Ultrasonography fellowships (non-ACGME-accredited) has steadily grown—it was estimated to create 80 programs (at most); it has 108. In Emergency Medicine alone (which is estimated to be 4% of the medical workforce), we anticipate that 40 HALM fellowship programs will achieve ACGME accreditation. ABEM is unable to estimate the demand in other medical specialties.

29. 6b - Provide the number of trainees completing the training annually (along with the source(s) of the data):

It is guessed that there could be between 40 and 100 physicians who complete training annually from all specialties.

30. 6c - Describe how the numbers of training programs and trainees are adequate to sustain a critical mass of trainees necessary for program accreditation and certification:

It is unclear if the numbers of training programs will be adequate to sustain a critical mass of trainees. Nonetheless, ABEM and the Co-Sponsoring Boards are committed to developing a certification opportunity for HALM.

There is significant interest in this medical discipline. Each of the Co-Sponsors has identified administration-based training experiences associated with, and sponsored by, their residency programs.

There are also two major specialty societies, ACHE and AAPL, that focus on medical administration, and each has a large number of physician members. They indicate significant interest in the discipline.

There is also a growing involvement of physicians in management of medical institutions and acceptance of those institutions in benefits they bring. As new residency graduates view this environment, they will increasingly seek formal training and certification.

31. 6d - Provide the estimated number and type of additional educational programs that may be developed based on this proposed certification. Please indicate how you arrived at that estimate:

The number and type of additional programs that may be developed is impossible to estimate. At best it is an estimate. The ACGME surveyed Designated Institutional Officials (DIOs) in October 2020, 87% of respondents indicated that their Sponsoring Institutions would benefit from having training opportunities for physicians in HALM.[17] When asked to estimate their Sponsoring Institution's level of interest in the fellowship, 29% of DIOs replied "very interested," 40% "moderately interested," and 22% "a little interested." There are 865 ACGME-accredited Sponsoring Institutions, and the DIO survey suggested that many Sponsoring Institutions have existing access to training for physicians in HALM. If the respondents are a representative sample and DIOs who are "very interested" stand up fellowships, there would be an estimated 251 programs established considering the early interest in the fellowship and the availability of institutional resources. The ACGME estimates that at least 30 fellowship programs will achieve accreditation within five years. Based on the experience of ABEM, this estimate of 30 programs seems too conservative.

32.

6e - Does ACGME accreditation currently exist for the training programs associated with this proposed area of certification?

Yes. The ACGME recently approved the accreditation of HALM fellowship training.

The ACGME conducted a preliminary assessment of emerging needs for this type of education and interviewed a range of GME stakeholders including health system and medical school executive leaders, organizational leaders, DIOs, faculty members, recently graduated residents/fellows, and key ACGME staff members. Subsequently, an advisory group composed of GME and clinical executive leaders within ACGME-accredited Sponsoring Institutions was formed to develop HALM program requirements that meet all criteria for accreditation designation under the new ACGME policy.

Applications for ACGME accreditation in HALM are open at the time of this application submission.

33.

6ei - If not, do you plan to ask for ACGME accreditation for this new program?

Not applicable.

34.

6eii - If these programs are not accredited by the ACGME, document the accrediting body for this program and whether it has the resources to review these programs in a fashion comparable to ACGME.

Not applicable.

35.

7a - The goals and objectives of the existing programs:

As there are no existing programs, no curricula are available. Goals that could be expected for a physician in a health care administrative, leadership or management position include the following:

- Demonstrate knowledge of health systems governance that includes oversight of organizational strategy, asset preservation, statutory compliance, and quality and safety assurance.
- Lead the delivery of efficiency and effective health care
- Demonstration of leadership in patient safety and quality improvement
- Education of workforce to meet system-wide needs;
- Management of health care organizational processes such as patient care experience, risk management; human resources, bundled services, quality improvement/patient safety
- Commitment to promoting diversity, equity, and Inclusion at all levels within the institution
- Knowledge of health care financing (e.g., payors, payment models, sources and uses of capital, value-based care, GME financing)
- Reduction and elimination of health care disparities through workforce cultural competence promotion of education regarding the impact of social determinants of health
- Administration of health care related to return on investment, interpretation of financial statements, budgeting, procurement, market research, business plans, clinical affiliations, clinical networks, public relations, marketing, and branding.
- Health care policy, law, and advocacy (e.g., local, state, tribal, and federal levels)
- Manage health information technology (e.g., health information systems and applications, meaningful use of electronic health records, data management)
- Organizational psychology and leadership skills
- Workforce development, and health systems engineering

36.

7b - The competencies, scope of practice, knowledge, judgment, and skills that differentiate this certification from other certifications

There are certainly specific competencies, elements of practice, knowledge, judgment, and skills that exist in the training programs that support other certificates. Relevant competencies in multiple disciplines are emphasized in HALM. This certificate is distinguished by the fact that it combines, under one set of standards, numerous competencies that transcend those in any single certificate.

HALM certification also incorporates experiences within the training environment that are unique in both scope and duration:

- o Health care administration, leadership, and management at the organizational level, including, finance, human resources, and operations; effective inter-professional teamwork; and, interactions with institutional governance.
- o Managing institutional systems that are critical to the promotion of patient safety and health care quality
- o Leading efforts to achieve organizational health equity goals
- o Leading organizational efforts to ensure workplace safety and promote well-being of patients, the health systems workforce, and the public.
- o Administration and leadership of organization-level committees and inter-professional teams.

37. 7c - The body of knowledge and clinical skills required and whether it is broad enough to require (36 for specialty, 12 for subspecialty) months of training:

HALM represents a substantial body of knowledge that addresses the system-based needs of health care ecosystems. Essential knowledge that is demonstrated in the core content for HALM (Attachment 1) integrates clinical skills, business, public health, communication, computer science, economics, law, and other disciplines in a singular area for subspecialty certification. This unique body of knowledge will require a minimum of 12 months of ACGME-accredited HALM fellowship training.

38.

8 - Provide an estimated annual cost of the required training and how you arrived at that estimate:

Non-ACGME-accredited HALM fellowships are typically funded through the combined efforts of the sponsoring institution with

clinical revenues generated by the fellow functioning as junior faculty. The resulting revenues are used to offset the salary of the fellow, other direct expenses, and any indirect costs. Annual salary and benefits costs range from \$125,000-\$150,000. These costs are comparable to those of other subspecialty graduate medical education programs at the PGY IV or PGY V level.

4. Eligibility and Assessment

39.

9 - Outline the degree and training requirements and any additional qualifications for applicants in the proposed certification:

Please reference Attachment 2 for eligibility criteria with regard to training requirements proposed for subspecialty certification.

40. 9a - Will your Board allow a practice pathway for physicians who currently practice in this field? All practice pathways to Board certification must be time-limited)

Yes

41. 9ai - Specify the eligibility requirements for physicians to apply for the practice pathway and when the practice pathway will close:

Please reference Attachment 2 for eligibility criteria for the Practice-only and Practice-Plus-Training pathways.

42.

9b - Required primary and/or subspecialty ABMS Member Board certification(s):

Physicians will be required to be certified by the American Board of Emergency Medicine or other ABMS Board who is not a Co-Sponsoring Board.

43. 9bii - Will your Board require your diplomates to maintain the required certificate(s) in order to maintain this subspecialty certification?

No

Please describe

44. 9biii - Will diplomates from other ABMS Member Boards (not co-sponsoring this subspecialty certification) be eligible to apply for this subspecialty certification?

Yes

45. Which Boards

- American Board of Allergy and Immunology
- American Board of Dermatology
- American Board of Obstetrics and Gynecology
- American Board of Otolaryngology – Head and Neck Surgery
- American Board of Pathology
- American Board of Physical Medicine and Rehabilitation
- American Board of Psychiatry and Neurology
- American Board of Radiology
- American Board of Surgery

ABEM would welcome the addition of any other ABMS Member Board at any time should it be interested.

46. Would you require diplomates to maintain their primary certificate from the other Board to maintain the subspecialty certification? Will diplomates from non-sponsoring Boards who let their primary certification lapse continue to be eligible for maintenance of certification in the subspecialty certification?

Diplomates will not be required to maintain their primary certification from the other Board to maintain their subspecialty certification in Health Care Administration, Leadership, and Management.

Yes, diplomates who let their primary certification lapse would be permitted to continue to be eligible for maintenance of certification in Health Care Administration, Leadership, and Management contingent upon the policies of the non-sponsoring Boards and their approval.

47. 10 - With regard to Board-based assessment for candidates prior to awarding this proposed certification, which assessment methods will be required? (Check all that apply)

Examination: Written

48. 10a - Describe the rationale behind the method(s) required in the assessment process:

A half-day secure, closed book, certification examination consisting of 150-200 multiple choice questions will be administered through a computerized examination. The content and scope of the examination will be determined by an examination committee that will establish the blueprint for the examination, write and select questions, and establish the pass/fail score. This committee will mirror that of ABEM's other subspecialties (Emergency Medical Services and Medical Toxicology) and include representation from each Co-Sponsoring Board.

5. Implementation and Approval Process

49. 11 - Outline the Continuing Certification (CC) program planned for the proposed certification: Describe the relationship between the proposed CC program and existing potential CC programs for your diplomates.

As the Administrative Board for Health Care Administration, Leadership, and Management, ABEM will develop a module-based assessment using the BenchPrep platform currently being used for the ABEM MyEMCert continuing certification program. This platform and format are also being used to develop the continuing certification assessments for EMS and Medical Toxicology. The HALM continuing certification assessment should include three principles: 1) accessibility to all certified HALM physicians; 2) recognized reciprocity for HALM physicians maintaining multiple certificates to lessen the requirements for continuing certification; and 3) have sufficient rigor to be a valid continuing certification for HALM physicians who are not maintaining primary certificate.

ABEM will apply a naming nomenclature that has been adopted for all ABEM-administered subspecialties. The HALM continuing certification assessment will be called "MyHALMCert." The duration of HALM subspecialty certification will be five (5) years.

Please see Attachment 3 for detailed elements of the Continuing Certification process for HALM.

50. 11a - If your Board is planning to accept multiple options for assessment of knowledge, judgment, and skills for the certification, describe each:

Not applicable.

51. 12 - Indicate how the utility of the proposed certification will be re-evaluated periodically (e.g., every five years) to assure that the area of clinical practice remains a viable area of certification:

ABEM monitors its certification statistics closely on an annual basis. In the short-term, HALM statistics will be closely observed for trending data. It is likely that the external demand will remain high for physician leaders. The critical metric will be the number of HALM fellowships. The number of fellowships will reflect the demand for HALM-certification and HALM-trained physicians (versus the existing demand for physician leaders). ABEM will include HALM in its annual data reports. These reports provide an externally, public-facing measure of success.

52. 13 - Provide an anticipated timeline for when your Board will assess candidates and when your Board will begin issuing certificates:

If HALM is approved as a subspecialty, ABEM anticipates offering a psychometrically sound assessment about four years from

the date of COCERT approval. The application process could begin as early as Spring 2024. Certificates could be offered within 90 days of the first examination.

53. 14 - List key external stakeholders from whom COCERT should consider soliciting public comment on the proposed certification (please provide names and email addresses for the appropriate contacts):

The following are the stakeholder organizations for Emergency Medicine only:

American Academy of Emergency Medicine
American College of Emergency Physicians
American College of Healthcare Executives
American Association for Physician Leadership

COCERT might also consider soliciting public comment from other specialty societies for each Co-Sponsoring Board; leaders of large integrated health systems or large academic medical centers; payors; and, accredited business school and public health school leaders.

54. Copy of proposed application form for the candidates for certification

[HALM_application_for_physicians_Example_to_ABMS.pdf](#)

55. A written statement indicating concurrence or specific grounds for objection from each Member Board having offering certification or having expressed related interests in certifying in the same field (for existing co-sponsored certificates, written statements from co-sponsors are due at the time the letter of intent is due)

56. Written comments on the proposed subspecialty certification from at least two (2) external stakeholders

[HALM_Letters_of_Support_\(10\).pdf](#)

57. A copy of the proposed certificate

[HALM_Proposed_Certificate.pdf](#)

58. If your application has Additional Attachments, you may upload them here.

(up to 10 attachments - may file size is 2 MB)

[Attachment_1_-_Core_Content_for_HALM_Application_to_COCERT.pdf](#)
[Attachment_2_-_HALM_Eligibility_Criteria.pdf](#)
[Attachment_3_-_HALM_Continuing_Certification.pdf](#)
[ABEM_Application_References.pdf](#)
[ABA_Co-Sponsoring_Board_Addendum.pdf](#)
[ABFM_Co-Sponsoring_Board_Addendum.pdf](#)
[Addendum_for_Multiple_Member_Boards_Interested_in_Proposing_a_New_or_Modified_Certification-Review_-_ABPM_Response_05-24-2022.pdf](#)

6. Review

59. My Board's senior leadership has reviewed and approved these responses

Yes

7. Thank You!

New Send Email

Aug 05, 2022 15:23:25 Success: Email Sent to: mbarton@abem.org

New Send Email

Aug 05, 2022 15:23:25 Success: Email Sent to: plawlor@abms.org



AMERICAN BOARD OF EMERGENCY MEDICINE

3000 Coolidge Road, East Lansing, MI 48823-6319 517.332.4800

Mock-up for ABEM
Subspecialty HALM
Application - 2022

20xx Application for Certification in the Subspecialty of Health Care Administration, Leadership, and Management (HALM)

Submit this completed application by <date>

I hereby make application to the American Board of Emergency Medicine (ABEM), in accordance with and subject to its rules and regulations, to take the examination that may lead to subspecialty certification in Health Care Administration, Leadership, and Management. I hereby certify that the information given in this application is true, complete and accurate to the best of my knowledge and that I have received and read the terms and conditions of this application set forth in ABEM's 20xx application packet. I acknowledge that I have no vested right in any policy or procedure, that the same is subject to change from time to time at the discretion of ABEM, and that I assume the obligation to keep myself acquainted with such changes. I further certify that I have completed the training and/or practice necessary to fulfill the eligibility requirements.

I understand that: (a) falsification of this application, or (b) the submission of any falsified documents to ABEM, or (c) the use of any falsified ABEM documents or the submission of such documents to other persons, or (d) the giving or receiving of aid in an examination as evidenced either by observation at the time of an examination or by statistical analysis of my answers and those of one or more other participants in that examination, or (e) the unauthorized possession, reproduction, recording, discussion, or disclosure of any materials, including, but not limited to, examination questions or answers, before, during, or after an examination, or (f) the offering of any financial or other benefit to any director, officer, employee, or other agent or representative of ABEM in return for any right, privilege, or benefit which is not usually granted by ABEM to other similarly situated candidates or persons, may be sufficient cause for ABEM to bar me permanently from all future examinations, to terminate my participation in an examination, to invalidate the results of my examination, to withhold my scores or certificate, to revoke my certificate, or to take other appropriate action.

I also understand that ABEM may withhold my scores and may or may not require me to retake one or more portions of an examination if ABEM is presented with sufficient evidence that the security of one or more portions of an examination has been compromised, notwithstanding the absence of any evidence of my personal involvement in such activities. I agree that ABEM will not be liable for candidate travel and/or other losses or expenses incurred as a result of an examination cancellation or postponement.

I agree to indemnify ABEM and its directors, examiners, committee members, officers, employees, and agents and to hold them harmless from any claims or damages including, but not limited to, attorneys' fees and costs, incurred in connection with any action they, or any of them, take or fail to take in connection with this application, my eligibility for examination, the gathering, furnishing and use of information about my training and practice, the grading or conduct of my examinations, and the failure of ABEM to issue me a certificate.

I agree that any controversy or claim arising out of or relating to this Agreement, or the breach thereof, that cannot be resolved directly between the parties, shall be settled by arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in the Circuit Court of Ingham County, Michigan.

I further agree that if, notwithstanding the preceding provision, a court of competent jurisdiction determines that an action or a proceeding may be brought by a party in connection with this Agreement, the Agreement shall be governed by and construed in accordance with the laws of the State of Michigan, and shall be treated as though it were executed in and were to have been performed in Ingham County, Michigan. Any action relating to this Agreement must be instituted and prosecuted in a court located in Ingham County, Michigan. I specially consent to extra-territorial service of process and specifically waive any right I may have or acquire to sue ABEM in a country other than the United States or anywhere outside of Ingham County, Michigan.

I understand and agree that ABEM may inform the director of the program in which I completed my Health Care Administration, Leadership, and Management fellowship training as to my performance on the Health Care Administration, Leadership, and Management examination.

ABEM reserves the right to conduct and to report research studies of its examinations and its examination data for purposes of quality assurance, examination development, and benefit to the specialty. Individual candidate confidentiality would not be violated or compromised.

I understand that ABEM provides the American Board of Medical Specialties (ABMS) a list of its Health Care Administration, Leadership, and Management diplomates and diplomates who are renewing their certification that includes names, addresses, and other information as required by ABMS; that ABMS provides diplomate information for publication in a directory and to other licensees according to defined protocols and guidelines; that ABEM provides lists of diplomates to its sponsor organizations upon request; and that ABEM responds to individual inquiries to confirm a physician's subspecialty diplomate status, and I authorize ABEM to release this information.

I certify that I have read and understand the above information and that by my signature I authorize and request the persons listed in this application, representatives of the institutions named herein, any licensing boards, other persons and organizations to furnish any information requested by ABEM on my training, medical practice, and status of my medical license(s).

20xx ABEM Application for Certification in the Subspecialty of Health Care Administration, Leadership, and Management

SECTION 1: PERSONAL DATA

Please enter your name as you wish it to appear on the certificate. If your name has changed since you applied for certification in Emergency Medicine, please include official documentation of the name change.

NAME:

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Degree</i>

ADDRESS and IDENTIFICATION:

Please indicate which address is your primary address by using the applicable check box next to the address type.

☐ **Home Address:**

Home Telephone:
Email Address:
Date of Birth:
NPI:

☐ **Business Address:**

Business Telephone:
Fax:
Medical School Graduation Year:

AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) BOARD CERTIFICATION:

List all your ABMS primary and subspecialty certifications below. Do **not** include your EM certification.

Specialty/Subspecialty:	Year of Certification:	Certificate #:
Specialty/Subspecialty:	Year of Certification:	Certificate #:

SECTION 2: MEDICAL LICENSURE

Please provide the following information regarding your license(s) to practice medicine. If you answer "No" to the question on compliance with the enclosed Policy on Medical Licensure, use a separate sheet to explain.

List all states, territories, or provinces in which you hold a medical license	License Number	Expiration Date mm/dd/yy	Is this license in compliance with the ABEM Policy on Medical Licensure?	
			YES	NO
			YES	NO
			YES	NO

SECTION 3: APPLICATION PATHWAY

I am applying for subspecialty certification in Health Care Administration, Leadership, and Management (HALM) through the following pathway:

<input type="checkbox"/> Fellowship Training Pathway Complete Section 3A	<input type="checkbox"/> Non-ACGME-Accredited Training Plus Practice Pathway Complete Section 3B and 3C	<input type="checkbox"/> Practice-Only Pathway Complete Section 3C
--	---	--

Please review the HALM Eligibility Criteria for ABEM Diplomates to determine the application pathway within which you are eligible to apply. The eligibility criteria are available on the ABEM website, www.abem.org.

SECTION 3A: FELLOWSHIP TRAINING PATHWAY

Complete this section if, on or after <date>, 20xx, you successfully completed HALM fellowship training accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Name and Institution of Health Care Administration, Leadership, and Management Fellowship Training Program:			
Address:		City/State:	
Program Phone:		Program Fax:	
Program Email:			
Was this fellowship program ACGME-accredited when you completed it? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of HALM Fellowship Program Director:			
Number of months successfully completed:	<input type="text"/>	Months	From
			To
		Month/Day/Year	Month/Day/Year
ABEM policy states that training used to fulfill the eligibility criteria of one specialty or subspecialty may not also be used to fulfill the criteria of another specialty or subspecialty. Has the fellowship training listed in this application been used to fulfill the criteria of another specialty or subspecialty? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: ABEM will independently verify with your fellowship program directors that you successfully completed all program requirements.

SECTION 3B: Non-ACGME TRAINING PLUS PRACTICE PATHWAY TRAINING INFORMATION

Complete this section if you completed a fellowship of at least twelve months that reasonably addresses the HALM Core Content. The fellowship must be sponsored by an ACGME-accredited residency program or ACGME-accredited institution. If you trained in more than one program, please copy this page and provide information about each.

Name and Institution of the Fellowship Program:			
Address:		City/State:	
Program Phone:		Program Fax:	
Program Email:			
Name of Fellowship Program Director:			
Number of months successfully completed: <input type="text"/>		Months	From
			To
		Month/Day/Year	Month/Day/Year

ABEM policy states that training used to fulfill the eligibility criteria of one specialty or subspecialty may not also be used to fulfill the criteria of another specialty or subspecialty. **Has the fellowship training listed in this application been used to fulfill the criteria of another specialty or subspecialty?** ☐ Yes ☐ No

Note: ABEM will independently verify with your fellowship program directors that you successfully completed all program requirements.

SECTION 3C: Non-ACGME-ACCREDITED TRAINING-PLUS-PRACTICE PATHWAY OR PRACTICE-ONLY PATHWAY PRACTICE INFORMATION**PRACTICE REQUIREMENT****For the Non-ACGME-Accredited Training-Plus-Practice Pathway:**

You must demonstrate that within the seven years (84 months) immediately preceding the date on which you submit this application, you have held a position that demonstrates all of the following responsibilities and an equivalent title: <link attached> for at least 24 months. The 24 months do not need to be contiguous. ABEM will require independent verification of the physician's HALM experience from the physician's direct supervisor(s).

For the Practice-Only Pathway:

You must demonstrate that within the seven years (84 months) immediately preceding the date on which you submit this application, you have held a position that demonstrates all of the following responsibilities and an equivalent title: <link attached> for at least 36 months. The 36 months do not need to be contiguous. ABEM will require independent verification of the physician's HALM experience from the physician's direct supervisor(s).

Practice and Verifier Information

☐ Complete the form below, identifying your practice(s) of HALM and an individual to verify that practice.

- ABEM requires verification of leadership-administration experience by an individual who served as a direct supervisor to the position/role during the same time as the experience occurred (e.g., Chief Executive Officer verification for leadership-administration experience as a Chief Medical Officer).

- At least 50% your practice experience is/was devoted to managing administrative functions with high-level organizational impact in each of the following three areas:
 - Talent management
 - Data management
 - Fiscal responsibility
- If you practiced in multiple settings or during more than one time-period within the x required years, please copy this page and complete it for each practice separately.

Name of Institution:		
Address:		City/State/Zip:
Phone:	Fax:	Email:
Your Position:		
Name of Verifier:		Verifier's Title:
Verifier Address:		City/State/Zip:
Phone:	Fax:	Email:

Dates of Practice:	From:	To:
	Month/Day/Year	Month/Day/Year

*Note: ABEM will seek independent verification of your practice. **ABEM reserves the right to request a copy of a job description, organizational chart, and/or CV/resume to provide clarifying information for any application.*

Credit for Certification by the American College of Healthcare Executives (ACHE) or the American Association for Physician Leadership (AAPL).

Certification by ACHE or AAPL will provide a maximum of 12 months credit toward the practice experience requirements under either the Practice-only Pathway or the Training-plus Practice Pathway. To receive credit, your ACHE or AAPL certification must be current at the time you submit your HALM to ABEM. You can obtain credit for either ACHE or AAPL certification but cannot double-count certification by both ACHE and AAPL. ABEM will seek independent verification of the physician's successful completion from the sponsoring organization.

Name of Certifying Organization:		
Dates of Certification:	From:	To:
	Month/Day/Year	Month/Day/Year



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KAY WHALEN, MBA CAE

July 28, 2022

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The American Academy of Emergency Medicine (AAEM) supports the application by the American Board of Emergency Medicine (ABEM) for subspecialty certification in Health Care Administration, Leadership, and Management.

AAEM supports board certification and believes that such high standards are essential to the continued enrichment of the house of medicine and necessary to ensure a high quality of care for the patients we serve.

AAEM wishes ABEM all the best in this pursuit to provide subspecialty certification for expertise in Health Care Administration, Leadership, and Management to interested physicians in the future.

Sincerely,

Jonathan S. Jones, M.D., FAAEM
President

AMERICAN ACADEMY OF EMERGENCY MEDICINE

555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823

(800) 884-2236 • info@aaem.org • www.aaem.org

July 27, 2022

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The American College of Emergency Physicians (ACEP) supports the application by the American Board of Emergency Medicine (ABEM) for subspecialty certification in Health Care Administration, Leadership, and Management.

ACEP supports board certification and believes that such high standards are essential to the continued enrichment of the house of medicine and necessary to ensure a high quality of care for the patients we serve.

ACEP recognizes that emergency medicine encompasses a unique body of knowledge regarding the diagnosis and treatment of unforeseen illness or injury. Emergency medicine is not defined by location and is practiced in a variety of settings including, but not limited to, hospital-based and freestanding emergency departments (EDs), urgent care clinics, observation medicine units, emergency medical response vehicles, at disaster sites, or via telehealth. As such, emergency physicians provide valuable clinical, administrative, and leadership services within the emergency department and other sectors of the health care delivery system. Today, emergency physicians participate actively in all levels of hospital and health system leadership.

ACEP wishes ABEM all the best in this pursuit to provide subspecialty certification for expertise in Health Care Administration, Leadership, and Management to interested physicians in the future.

Sincerely,

 Gillian Schmitz, MD, FACEP

Gillian Schmitz, MD, FACEP
President

HEADQUARTERS

Post Office Box 619911
Dallas, Texas 75261-9911

4950 W Royal Ln
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972-550-0911
800-798-1822
www.acep.org

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July 25, 2022

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

As a professional association with nearly 50 years of experience focused on national and international physician leadership education and management training, the American Association for Physician Leadership (AAPL) fully supports application by the American Board of Emergency Medicine (ABEM) and its Co-Sponsoring Boards (American Board of Anesthesiology, American Board of Family Medicine, and American Board of Preventive Medicine) for subspecialty certification in Health Care Administration, Leadership, and Management (HALM).

AAPL appreciates and supports board certification in general, and HALM certification specifically. AAPL believes such high standards as set by ABMS are essential to the continued enrichment of the evolving credentialing processes within the house of medicine, and are necessary to ensure a high quality of care for all patients served.

With its legacy focus on physician leadership, AAPL will be able to provide a community of HALM board-certified practitioners a broad spectrum of ongoing educational offerings and deep levels of information resources. These well-established portfolios of AAPL offerings would help ensure ongoing success and professional development for this newly established, and critically important, constituency of healthcare professionals.

AAPL wishes ABEM all the best in this pursuit to provide subspecialty certification for expertise in Health Care Administration, Leadership, and Management to interested physicians in the future.

Sincerely,

Peter Angood, M.D., FRCS(C), FACS, MCCM, FAAPL(Hon)
Chief Executive Officer and President

Deborah J. Bowen, FACHE, CAE
President and Chief Executive Officer

August 3, 2022

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654



American College of
Healthcare Executives
for leaders who care®

300 S. Riverside Plaza, Suite 1900
Chicago, IL 60606-6698
(312) 424-9493 Phone
(312) 424-0023 Fax
dbowen@ache.org

Dear Dr. Hawkins:

We can achieve a great deal by combining the individual and collective strengths of our field. As such, the American College of Healthcare Executives (ACHE) supports the application by the American Board of Emergency Medicine (ABEM) and its Co-Sponsoring Boards (American Board of Anesthesiology, American Board of Family Medicine, and American Board of Preventive Medicine) for subspecialty certification in Health Care Administration, Leadership, and Management.

As the professional society for healthcare leaders committed to advancing health, ACHE has over 48,000 members with more than 9,000 attaining Board Certification in Healthcare Management (the FACHE® credential). As an inter-professional membership association, most members hold senior-level positions within healthcare administration, management, and leadership. Clinical executives are among our fastest growing segments with more than 8,000 members and an increasing number of Fellows, suggesting the need for programs like the HALM Fellowship to assist in meeting the demand for physician leaders and a desire for said leaders to receive formal recognition as healthcare leaders on a multidisciplinary scale. The pandemic has heightened the need to leverage the intersection of both clinical and administrative skills and talent to better build momentum to advance health for our patients and communities.

ACHE supports board certification and believes that such high standards are essential to the continued enrichment of the house of medicine and necessary to ensure a high quality of care for the patients we serve. ACHE believes ABEM is prepared to provide subspecialty certification for expertise in Health Care Administration, Leadership, and Management to interested physicians in the future.

Sincerely,

Deborah J. Bowen, FACHE, CAE
President and Chief Executive Officer

Aerospace Medical Association

President
Susan E. Northrup, MD, MPH, FAsMA
Crystal City, Virginia



Executive Director
Jeffrey C. Sventek, MS, CAsP, FAsMA
Association Headquarters Office

320 South Henry Street
Alexandria, VA 22314-3579
Phone: 703-739-2240
Fax: 703-739-9652
www.asma.org

July 29, 2022

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The Aerospace Medical Association supports the application by the American Board of Preventive Medicine (ABPM) to be a Co-Sponsoring Board for subspecialty certification in Health Care Administration, Leadership and Management.

The Aerospace Medical Association supports board certification and believes that such high standards are essential to the continued enrichment of the house of medicine and necessary to ensure a high quality of care for the patients we serve.

The Aerospace Medical Association wishes the ABPM all the best in this pursuit to provide subspecialty certification for expertise in Health Care Administration, Leadership, and Management to interested Preventive Medicine physicians in the future.

Sincerely,



Susan E. Northrup, MD, MPH
President



AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE

August 3, 2022

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The American College of Occupational and Environmental Medicine (ACOEM) supports the application by the American Board of Preventive Medicine (ABPM) to be a Co-Sponsoring Board for subspecialty certification in Health Care Administration, Leadership and Management.

ACOEM supports board certification and believes that such high standards are essential to the continued enrichment of the house of medicine and necessary to ensure a high quality of care for the patients we serve.

ACOEM wishes the ABPM all the best in this pursuit to provide subspecialty certification for expertise in Health Care Administration, Leadership, and Management to interested Preventive Medicine physicians in the future.

Sincerely,

Douglas W. Martin, MD
President



American College of Preventive Medicine
physicians dedicated to prevention

August 3, 2022

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The American College of Preventive Medicine (ACPM) supports the application by the American Board of Preventive Medicine (ABPM) to be a Co-Sponsoring Board for subspecialty certification in Health Care Administration, Leadership and Management.

The ACPM supports board certification and believes that such high standards are essential to the continued enrichment of the house of medicine and necessary to ensure a high quality of care for the patients we serve.

ACPM wishes the ABPM all the best in this pursuit to provide subspecialty certification for expertise in Health Care Administration, Leadership, and Management to interested Preventive Medicine physicians in the future.

Sincerely,

Donna Grande, MGA
CEO



ASAM American Society of
Addiction Medicine

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1895-1989

August 3, 2022

Richard E. Hawkins, MD

American Board of Medical Specialties

President and Chief Executive Officer

353 North Clark Street, Suite 1400

Chicago, IL 60654

Dear Dr. Hawkins:

I am writing this letter on behalf of the American Society of Addiction Medicine (ASAM) to express our support of the application by the American Board of Preventive Medicine (ABPM) to be a Co-Sponsoring Board for subspecialty certification in Health Care Administration, Leadership and Management. ASAM, founded in 1954, is a professional medical society representing over 7,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

ASAM supports board certification and believes that such high standards are essential to the continued enrichment of the house of medicine and necessary to ensure a high quality of care for the patients we serve. ASAM wishes the ABPM all the best in this pursuit to provide subspecialty certification for expertise in Health Care Administration, Leadership, and Management to interested Preventive Medicine physicians in the future.

Sincerely,

Julia L. Chang

Executive Vice President and Chief Executive Officer

11400 Rockville Pike, Suite 200, Rockville, MD 20852

Phone: 301.656.3920 | Fax: 301.656.3815

www.ASAM.org



July 29, 2022

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The Association of Departments of Family Medicine supports the application by the American Board of Family Medicine (ABFM) to be a Co-Sponsoring Board for subspecialty certification in Health Care Administration, Leadership and Management.

The Association of Departments of Family Medicine supports board certification and believes that such high standards are essential to the continued enrichment of the house of medicine and necessary to ensure a high quality of care for the patients we serve.

We strongly endorse the development of this new subspecialty/CAQ. We believe that there will be many family physicians who will be interested; we also believe that the new certificate holds promise for improving the health of populations taken care of by health systems.

Association of Departments of Family Medicine wishes the ABFM all the best in this pursuit to provide subspecialty certification for expertise in Health Care Administration, Leadership, and Management to interested Family Medicine physicians in the future.

We look forward to the opportunity to participate in the public comment phase.

Sincerely,

A handwritten signature in blue ink, appearing to read "Chelley Alexander", with a stylized flourish at the end.

Chelley Alexander, MD
Chair, Department of Family Medicine, Brody School of Medicine at East Carolina University
Board Chair, Association of Departments of Family Medicine

A handwritten signature in black ink, appearing to read "Amanda Weidner", with a stylized flourish at the end.

Amanda Weidner, MPH
Executive Director, Association of Departments of Family Medicine



UHMS
631 US Highway 1, Suite 307
North Palm Beach, FL
Phone: 919-490-5140
www.uhms.org

July 29, 2022

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The Undersea and Hyperbaric Medical Society supports the application by the American Board of Preventive Medicine (ABPM) to be a Co-Sponsoring Board for subspecialty certification in Health Care Administration, Leadership and Management.

The UHMS supports board certification and believes that such high standards are essential to the continued enrichment of the house of medicine and necessary to ensure a high quality of care for the patients we serve.

UHMS wishes the ABPM all the best in this pursuit to provide subspecialty certification for expertise in Health Care Administration, Leadership, and Management to interested Preventive Medicine physicians in the future.

Sincerely,

Peter Witucki, MD
President

AMERICAN BOARD OF EMERGENCY MEDICINE

John M. Doe, M.D.

is certified in the subspecialty of

HEALTH CARE ADMINISTRATION, LEADERSHIP, AND MANAGEMENT

As of [Month Day, Year]
Certificate Number 12345

Ongoing certification is contingent upon meeting
the ABEM continuing certification requirements.

[NAME], M.D.
President



[NAME], M.D.
Secretary-Treasurer



The ABEM mission is to ensure the highest standards in the specialty of Emergency Medicine.

Health Care Administration, Leadership, and Management Core Content

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Business of Health Care *

- A. Accounting principles, financial controls, P&L, and financial statements
- B. Business plan development (e.g., adding new services, return on investment)
- C. Capital budgeting and asset management (e.g., funding sources, long-term implications of capital planning, such as depreciation)
- D. Contracts legal and financial implications
- E. Financial decisions' impact on operations, healthcare, human resources, and quality of care
- F. Fundamental productivity measures (e.g., hours per patient day, cost per patient day, units of service per labor hour)
- G. Funding sources (e.g., issuance of bonds, philanthropy, grants, and foundations)
- H. GME reimbursement models and associated regulatory/compliance law (e.g., IME, DME)
- I. Interpretation of marketing data (e.g., market analysis, market research, sales, advertising)
- J. Methods for determining community gaps/need for healthcare services (community need)
- K. Methods for determining the fair-market value for services provided (clinical, academic affiliations, teaching, or research)
- L. Negotiation strategies and techniques
- M. Operating budget principles (e.g., fixed vs. flexible, zero-based, variance analysis, contribution margin)
- N. Prioritization of capital resources and associated conflict resolution
- O. Reimbursement methodologies (e.g., academic, managed care models, federal/state matching, value-based, fee-for-service, risk-based)
- P. Centers for Medicare and Medicaid payer-based models
- Q. Revenue generation (e.g., billing, coding, new ways to generate revenue, pricing strategies, and transparency)
- R. Stark, antitrust, and kickback laws related to physician services
- S. Mergers and acquisitions
- T. Vendors and payor relations
- U. Contract and vendor sourcing
- V. Business community relations
- W. Advertising and marketing
- X. Taxation law
- Y. Collaborating with competitors

Care Innovation, Health Equity, and Population Health*

- A. Health disparities
- B. Healthcare access, quality, cost, resource allocation, accountability, and the community
- C. Healthcare trends and barriers across the continuum of care (e.g., extended care, acute hospital care, ambulatory care, home care)
- D. Non-traditional settings and methods to improve access
 - i. Hospital-at-Home
- E. Patient-centered care
- F. Social determinants of health
- G. Community Social Services Relations
- H. Telehealth impact and other emerging technologies
- I. Value-based care models
 - i. ACOs
 - ii. Bundled payment models
 - iii. Clinically integrated networks
 - iv. Co-management agreements
 - v. MIPPS/MACRA
 - vi. The transition from volume to value-based care implementation

Governance*

- A. Health system governance structure (e.g., bylaws, articles of incorporation) and operations (e.g., board member selection, education, orientation, monitoring, and assessment)
 - i. Board member conflicts of interest, dualities of interest
 - ii. Administrative staff conflicts of interest, dualities of interest
- B. Health system governing board models, roles, and responsibilities, e.g.:
 - i. Financial oversight (nonprofit vs. for-profit settings)
 - ii. Patient safety and assurance of the quality of care
 - iii. Preservation of assets, reputation, and risk management

- iv. Statutory and regulatory compliance
- v. Strategic planning
- C. Health system physician leader's role (e.g., CMO/VPMA) with board/institutional governance and medical staff
- D. Medical staff structure and its relationship to governing bodies (e.g., board oversight of credentialing, privileging, employed vs. voluntary models, and disciplinary process)
- E. Medical staff call obligations and compensation
- F. Public policy, legislative, and advocacy processes
- G. Philanthropic and investment processes
- H. Organizational-level committee structure and participation
- I. Management of single-entity versus federation of entities
- J. Matrix management (e.g., medical group, health plan)
- K. Coalition building
- L. Managing competition (internal and external)
- M. Interface to Medical Transport Systems
- N. Foundational Model and Health System Direction

Health Care Policy, Law, and Advocacy*

- A. Auditing
- B. Clinician roles and qualifying criteria (e.g., administrative versus clinical)
- C. CMS Conditions of Participation
- D. Compliance and regulatory (e.g., antitrust, conflict of interest, EMTALA, Stark, billing, and coding)
- E. Continual readiness for accrediting/regulatory organization inspection and compliance (e.g., TJC, ACGME, OSHA, FDA, NRC, CDC, state, federal/tribal accreditation/certification/licensure)
- F. GME policies and accreditation requirements
- G. Information security management (e.g., PHI, HIPAA, FOIA, the release of information)
- H. Management of information security breaches
- I. Medicare and Medicaid regulations
- J. Other third-party payment regulations (e.g., PPO, HMO)
- K. Patients' rights laws and regulations (e.g., informed consent, advance directives, involuntary commitments)

- L. Regulatory reporting requirements
- M. Research office leadership compliance and regulation (HIC, IRB, grants management)
- N. Advocacy and engagement
 - i. Lobbying entities
 - ii. Federal agencies (e.g., MedPac)
 - iii. Organized Healthcare (e.g., NQF, AHA, AMA, etc.)

Health Information Technology*

- A. Applications
- B. Clinical documentation auditing and improvement strategies (role of physician advisors)
- C. Compliance (e.g., HIPAA security requirements, HITECH Act meaningful use requirements)
- D. Data and equipment interoperability
- E. Data management
 - i. Security breaches, malware, ransomware, etc.
 - ii. Ongoing innovation, maintenance
 - iii. Upgrading and conversions
- F. Decision support and alert fatigue
- G. Healthcare analytics
- H. Big data
- I. Augmented intelligence
- J. HIPAA
- K. HITECH Act meaningful use
- L. Information systems continuity and redundancy
- M. Physician and end-user engagement in IT strategies
- N. Technology lifecycles
- O. Technology policies and regulations
- P. Social media trends
- Q. Workforce engagement and compliance with institutional systems

Human Resource Management and Workforce Development*

- A. Compensation and benefits practices
- B. Conflicts and dualities of interest (e.g., industry relationships)
- C. Conflict resolution and grievance procedures
- D. Diversity, inclusion, and equity strategies
- E. Employee safety, security, and health issues (e.g., OSHA, workplace violence)
- F. Employee satisfaction assessment, engagement, motivation, and career development tools
- G. Labor relations and laws (e.g., FMLA, FLSA, EEOC, ERISA, worker compensation)
- H. Performance management systems (e.g., performance-based evaluation, rewards systems, disciplinary policies, and procedures)
- I. Physician satisfaction assessment and engagement tools and techniques
- J. Recruitment and retention approaches and techniques
- K. Staffing models, productivity management, and the impact of changes on the quality of care
- L. Interprofessional care delivery teams
- M. Succession planning models
- N. Workforce cultural competency strategies
- O. Workforce wellness
- P. Burnout mitigation
- Q. Impaired individuals
- R. Utilization and impact of external staffing agencies

Leadership in Patient Safety and Quality Improvement*

- A. Benchmarking standards to define, monitor, and assure evidence-based, efficient, timely, appropriate, cost-effective, equitable, patient-centered care
- B. High-reliability care organizational (HRO) principles, tools, and monitoring processes (e.g., error reduction, serious safety event and near-miss reporting, just culture, root cause analysis, regulatory safety event reporting requirements, corrective action plans, and error disclosure)

- C. Performance standard-setting, documentation, measurement, and monitoring (e.g., evidence-based clinical pathways, value-based care, population health, pay-for-performance, patient satisfaction)
- D. Principles of patient safety, methods, and legal aspects of medical staff credentialing and peer review, including OPPE and FPPE
- E. Process and quality improvement principles, measurement tools, and techniques (e.g., plan-do-study-act, lean daily management, Six Sigma)
- F. Quality program leadership, strategic planning, operations, and financing
- G. Risk management principles and programs (e.g., insurance, education, workplace safety, injury management, patient complaints, patient and staff safety, and security)
- H. Utilization review and leadership of case management teams
- I. Education in identifiable gaps in system-based practice
- J. Longitudinal understanding of the system-wide organizational structure
- K. Community initiatives (e.g., violence prevention)
- L. External agency engagement (e.g., NAHQ, AHRQ, NAM, etc.)

Organizational Leadership and Communication Skills*

- A. Clinical operational leadership for interprofessional teams across the continuum (e.g., planning, direction, execution, evaluation) for:
 - i. Ancillary services (e.g., lab, radiology, pharmacy)
 - ii. Providers (e.g., nonprofit, for-profit, federal, public health)
 - iii. Support services (e.g., the environment of care, plant operations, materials management, supply chain management, hospitality services)
- B. Collaborative techniques for engaging and working with physicians
- C. Contingency planning (e.g., emergency preparedness, disaster management, National Incident Management System)
- D. Organizational systems (e.g., span of control, chain of command, interrelationships of organizational units)
- E. Principles of media relations, advertising, social media, and community relations
- F. Resource allocation methods and related conflict management
- G. Team Leadership
 - i. Change management

- ii. Conflict resolution
- iii. Diversity, equity, and inclusion
- iv. Emotional intelligence
- v. Group dynamics
- vi. Interpersonal communication
- vii. Organizational culture development and resources
- viii. Public relations and media
- ix. Risk communication
- x. Situational leadership skills
- xi. Team building
 - a. Assembly
 - b. Development

Professionalism and Ethics*

- A. Conflict of interest issues and solutions as defined by organizational bylaws, policies, and procedures (futile care)
- B. Consequences of unethical actions
- C. Cultural and spiritual diversity of patients and staff as relates to healthcare needs
- D. Patient-centered care and shared decision making
- E. Ethical implications of human- or animal-subject research
 - i. Research enterprise initiatives
- F. Ethics committees' roles, structure, and functions
- G. Patients' rights and responsibilities (e.g., informed consent, withdrawal of care, advance directives)
- H. Professional standards, licensure, board certification, code of conduct
- I. Educational program integration and continuing education
 - ii. Staff
 - iii. Medical Professionals
- J. Role modeling professionalism in the learning environment
- K. Strategies for management of the disruptive physician
- L. Organizational policies on misinformation
- M. Medical marijuana

Elements of this document are directly adapted from the American Association for Physician Leadership (AAPL) (<https://f.hubspotusercontent00.net/hubfs/2735001/2021/CPE/Certified%20Physician%20Executive%202021.pdf>) and the American College of Healthcare Executives (ACHE) (<https://www.ache.org/-/media/ache/career-resource-center/cat-2022.pdf>). The content expertise of the AAPL and the ACHE is reflected in this document and greatly appreciated.

ABEM Eligibility Criteria for Health Care Administration, Leadership, and Management

Physicians seeking to take the certification examination in Health Care Administration, Leadership, and Management (HALM) must:

1. Be certified by the American Board of Emergency Medicine (ABEM) or other American Board of Medical Specialties (ABMS) Board that is not a co-sponsoring Board
2. Successfully complete the training pathway as specified in the HALM [eligibility criteria](#)
3. Complete and submit the application to ABEM
4. Actively participate in the ABEM continuing certification process
5. Fulfill the [Policy on Medical Licensure](#)
6. Comply with the [Policy on Board Eligibility for Subspecialties](#)

ELIGIBILITY CRITERIA

Fellowship Training Pathway

The Fellowship Training pathway requires that physicians successfully complete an Accreditation Council for Graduate Medical Education (ACGME)–accredited HALM fellowship. The ACGME accredits HALM fellowships of 12 and 24 months in length. The physician must successfully complete all months of training for which the HALM fellowship is accredited to fulfill the Board's eligibility criteria. For physicians who apply through the Fellowship Training Pathway, ABEM will require independent verification of the physician's successful completion of the HALM fellowship program from the HALM fellowship program director. The physician may submit a certification application during any regular application cycle; all fellowship training must be successfully completed by the date of the examination.

Practice-Only Pathway

The Practice-Only Pathway will end December 31, seven years after the ACGME accreditation of the first HALM fellowship. To apply for certification through the Practice-Only Pathway, a physician must meet all the following criteria:

- The physician must demonstrate that within the seven years (84 months) immediately preceding the date on which they submit their application, they have held a position that demonstrates all of the following responsibilities and an equivalent title: <link attached> for at least 36 months. The 36 months do not need to be contiguous. ABEM will require independent verification of the physician's HALM experience from the physician's direct supervisor(s).

Non–ACGME-Accredited Training-Plus-Practice Pathway

The Training-Plus-Practice Pathway will end on December 31, seven years after the ACGME accreditation of the first HALM fellowship. To apply for HALM certification through the non-ACGME Training-Plus-Practice Pathway, a physician must meet all the following criteria:

- The physician must successfully complete a fellowship of at least 12 months that reasonably addresses the HALM Core Content. The fellowship must be sponsored by an ACGME accredited residency program or ACGME-accredited institution. ABEM will seek independent verification of the physician's successful completion of the non–ACGME-accredited HALM fellowship program from the HALM fellowship program director.
- The physician must demonstrate that within the seven years (84 months) immediately preceding the date on which the physician submits an application, the physician will have held a position that demonstrates all of the following responsibilities and an equivalent title: <link attached> for at least 24 months. The 24 months do not need to be contiguous. ABEM will require independent verification of the physician's HALM experience from the physician's direct supervisor(s).

Credit for Certification by the American College of Healthcare Executives (ACHE) or the American Association for Physician Leadership (AAPL)

Certification by ACHE or AAPL will provide a maximum of 12 months of credit toward the practice experience requirements under either the Practice-Only Pathway or the Training-Plus-Practice Pathway. To receive credit, the physician's ACHE or AAPL certification must be current at the time the physician submits the application to the ABEM. Further, a physician can obtain credit for either ACHE or AAPL certification but cannot double-count certification by both ACHE and AAPL. ABEM will seek independent verification of the physician's successful completion from the sponsoring organization.

Acceptable Leadership Experience and Responsibilities for Practice Pathway and Training-Plus-Training Pathway

**ABEM will require verification of leadership-administration experience by an individual who served as a direct supervisor to the position/role during the same time as the experience occurred (e.g., Chief Executive Officer verification for leadership-administration experience as a Chief Medical Officer).*

Leadership-Administration Position

The physician must demonstrate that she or he holds or previously held for a minimum of 36 months (Practice-Only Pathway) or 24 months (Practice-Plus-Non–ACGME-Accredited Training Pathway) where at least 50% of the physician's time is/was devoted to managing administrative functions with high-level organizational impact in each of the following three areas:

- **Talent management**
 - Oversight and management of physicians and other staff to include performance evaluations, compensation, hiring, and firing

- **Data management**
 - Use and analysis of data to drive value
- **Fiscal responsibility**
 - Oversight and management of budgets to impact revenue, costs, and profits

Examples of Organizational Impact:

- Regular oversight of or participation in major negotiations with payers and/or industry to increase value and to include at-risk platforms
- Oversight of designing, justifying, implementing, monitoring, and measuring large-scale process improvements
- Oversight of organizational demand and capacity assessments with management of results to positively impact access, affordability, and satisfaction for patients
- Medically leading organizations through regulatory, accreditation, or certification processes such as Joint Commission, ACGME, etc.
- Oversight in an academic setting that improves learning and research
- Oversight of processes to assess and improve professionalism and organizational culture

***ABEM reserves the right to request a copy of a job description, organizational chart, and/or CV/resume to provide clarifying information for any application.*

By way of examples and not limitation, administrative positions that may be considered eligible provided that the position meets the functional responsibility noted above could include:

1. Designated Institutional Official
2. Chief Medical Officer
3. Chief Clinical Officer (role includes nursing and other clinical services)
4. Chief Executive Officer
5. Vice-President of Medical Affairs
6. Vice-President Human Resources
7. Chief Quality Officer

8. Chief/Vice-President Quality and/or Patient Safety
9. Chief Operating Officer
10. Chief Compliance Officer
11. Chief Informatics (Information) Officer or Chief Medical/Clinical Information Officer
12. Chief Clinical Transformation Officer
13. Chief Learning or Education Officer
14. Vice-President Resource Stewardship
15. Chief Clinical Integration (Network) Officer (Population Health)
16. Chief Health Equity Officer
17. Dean or Senior Associate Dean
18. Clinical Research Officer Director
19. City/County/State Public Health Commissioner (Deputy Commissioner)/Director/Duty Officer
20. Regional Medical Director (e.g., single specialty, multiple specialty, multi-state)
21. Government or Correctional Agency Healthcare Executive Director/Medical Director

Summarization of Eligibility Requirements for earning a FACHE

<https://www.ache.org/fache/earn-my-fache>

Requirement	Explanation
Membership	Be a current Member with one year of tenure as an ACHE Member, Faculty Associate or International Associate. Student Associate membership does not count toward tenure.
Advanced Degree	Earn a master's degree (or other post-baccalaureate degree). A copy of your diploma or final conferred transcript is required.
Healthcare Management Experience	<p>Currently hold an executive healthcare management position AND have a minimum of five years of healthcare management experience. A copy of your job description, organizational chart and resume is required.</p> <p>Eligible positions include C-suite executives, vice presidents and directors/department heads. Applicants whose management authority is at a project and/or program level do not qualify. Examples of this level of authority might include analyst, coordinator, program manager, project manager and specialist. Administrative fellowships, residencies and internships do not qualify.</p> <ul style="list-style-type: none"> Physicians – Physicians must hold a department director/head-level position where at least 50% of their time is devoted to managing administrative functions such as controlling departmental budgeting, planning and staffing
References	Obtain two references. The first reference is a structured interview, either face-to-face or by telephone, between you and a current Fellow. The second reference is in written form, and should come from another current Fellow, or a senior leader within your organization. The name of each individual providing a reference on your behalf is required for your application.
Continuing Education	Complete a minimum of 36 continuing education hours related to healthcare management and administration within the three years prior to submitting an application (12 hours must be ACHE Face-to-Face education).
Volunteer Activity	Complete four volunteer activities within the three years prior to submitting an application. Two of these activities must be community/civic and two of these must be healthcare-related activities.
Board of Governors Exam	<p>Passing the exam is the final step to earning FACHE.</p> <p>https://www.ache.org/fache/the-board-of-governors-exam/board-of-governors-exam-outline</p>

Eligibility to Earn CPE Through AAPL

<https://www.physicianleaders.org/education/certified-physician-executive>

Requirement	Explanation
Be a licensed M.D. or D.O.	
Health Care Leadership Experience	Have at least one cumulative year of health care leadership experience and significant managerial oversight as described in the Capstone Leadership Criteria . Candidates must attest to significant lessons learned, physician leadership position(s) and dates/time spent in each role(s).
Board Certification	Be (or have been) board certified in a clinical specialty recognized by the ABMS or AOA, or an equivalent recognized board certification commission in the country in which they reside and are licensed to practice.
Clinical Practice	Three years' experience in clinical practice beyond residency and fellowship training.
Certified Physician Executive Curriculum/Qualifying Graduate Management Degree Program	Complete the Certified Physician Executive curriculum (170 hours of CME) OR have a qualifying graduate management degree program. (MBA, MMM, MHA, MPH, MS-HQSM, MS in management, etc.)
Once eligibility requirements are met, the physician must complete a CPE Capstone, which is a live three-day certifying program and is the final step in achieving the CPE credential.	

Health Care Administration, Leadership, and Management

Continuing Certification

As the Administrative Board for Health Care Administration, Leadership, and Management (HALM), ABEM will develop a module-based (but not topic-based) assessment using the BenchPrep platform currently being used for the ABEM MyEMCert continuing certification program. This platform and format are also being used to develop the continuing certification assessments for EMS and Medical Toxicology.

The HALM continuing certification assessment will include three principles: 1) accessibility to all HALM-certified physicians; 2) reciprocity as appropriate for HALM physicians maintaining multiple certificates to lessen the requirements for continuing certification; and 3) have sufficient rigor to be a valid continuing certification for HALM physicians who are not maintaining primary certificate.

ABEM will apply a naming convention that has been adopted for all ABEM-administered subspecialties. The HALM continuing certification assessment will be called “MyHALMCert.” The duration of HALM subspecialty certification will be five (5) years.

Continuing Certification

1. Professionalism:
 - a. ABEM-certified physicians must continuously hold a current, active, valid, full, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada and in each jurisdiction in which they practice. Physicians may hold additional licenses to practice medicine, each of which must be valid, full, unrestricted, and unqualified, or voluntarily inactive.
 - b. ABEM-certified physicians and physicians seeking ABEM certification are required to comply to the Code of Professionalism.
2. All HALM-certified physicians will be required to complete a common assessment in the form of modules, “MyHALMCert” modules that are composed of:
 - a. 35-50 multiple-choice questions with an integrated learning opportunity. The content of the modules will include key regulatory content, advances in health care administration, and reinforcement of existing content in HALM; and,
 - b. Article-based or approved on-line virtual HALM content with accompanying multiple-choice questions.
 - c. To accommodate a reduced burden of activities, physicians who maintain their primary certification are required to complete three MyHALMCert modules every five years; physicians who do not maintain their primary certification are required to complete four modules every five years.
3. Improvement in Medical Practice: Clinically active ABEM-certified physicians must complete and attest to one Patient Care Practice Improvement (PI) Activity, during each five years of certification. Diplomates who cannot participate in IMP because they do not see enough patients to complete the measurements required for an IMP activity should declare themselves to be clinically inactive.

MyHALMCert Module Specifications:

The principles provided below will be used in designing MyHALMCert content.

- MyHALMCert will have a formative emphasis but will lead to a summative decision; there will be a passing standard.
- MyHALMCert modules will provide an opportunity for knowledge reinforcement as well as knowledge advancement/acquisition.
- Each module will contain 35-50 items. Additionally, modules may be based on articles or on-line approved content.
- Module blueprint design will be determined by a core content blueprint that is under development.
- All items will be stand-alone items that are not related or linked to other items.
- Content that is *knowledge reinforcing* will likely come from textbook chapters and peer-reviewed journal articles.
- Content that is *knowledge advancing* will likely come from peer-reviewed journal articles, clinical policies, regulatory standards, and other national guidelines.
- Modules will be online and open book.
- Answers will be provided after answering a question as well as at the end of the module.

Application Number	Source Information
1	Gonzalo JD, Dekhtyar M, Starr SR, et al. Health systems science curricula in undergraduate medical education: identifying and defining a potential curricular framework. <i>Acad Med</i> . 2017 Jan;92(1):123-131. doi: 10.1097/ACM.0000000000001177. PMID: 27049541
2	Skochelak SE, Hawkins RE, AMA Education Consortium Health systems science. 1st ed. Elsevier; 2017.
3	Gonzalo JD, Caverzagie KJ, Hawkins RE, Lawson L, Wolpaw DR, Chang A. Concerns and responses for integrating health systems science into medical education. <i>Acad Med</i> . 2018 Jun;93(6):843-849. doi: 10.1097/ACM.0000000000001960
4	Tasi MC, Keswani A, Bozic KJ. Does physician leadership affect hospital quality, operational efficiency, and financial performance? <i>Health Care Manage Rev</i> . 2019;44(3):256-262. doi:10.1097/HMR.0000000000000173
5	Vaughn T, Koepke M, Levey S, et al. Governing board, c-suite, and clinical management perceptions of quality and safety structures, processes, and priorities in U.S. hospitals. <i>J Healthc Manag</i> . 2014;59(2):111-128. PMID: 24783369
6	Fast facts on U.S. hospitals. 2022. American Hospital Association. February 24, 2022. Updated February 25, 2022. Accessed July 26, 2022. https://www.aha.org/system/files/media/file/2022/01/fast-facts-on-US-hospitals-2022.pdf .
7	Gooch K. Why demand for physician leaders is growing. <i>Becker's Hospital Review</i> . Updated April 22, 2021. Accessed July 27, 2022. https://www.beckershospitalreview.com/hospital-physician-relationships/from-md-to-the-c-suite-why-demand-for-physician-leaders-is-growing.html .
8	Harder B. America's best hospitals: the 2022-2023 honor roll and overview. <i>U.S. News and World Report</i> . July 26, 2022. Accessed July 27, 2022. https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview .
9	Kibbe C, Moin A. Physician leadership compensation trends and pandemic-related insights. Gallagher. 2022. Accessed July 26, 2022. https://www.aig.com/us/news-and-insights/2022/mar/physician-leadership-compensation-trends-and-pandemic-related-insights/ .
10	Physician executive career options abound. NEJM Career Center. November 2, 2011. Accessed July 26, 2022. https://resources.nejmcareercenter.org/article/physician-executive-career-options-abound .
11	American Association for Physician Leadership. Accessed November 1, 2020. http://www.physicianleaders.org/ .
12	American College of Health Care Executives. Accessed November 1, 2020. http://www.ache.org/ .

13	Goodall AH. Physician-leaders and hospital performance: is there an association? <i>Soc Sci Med</i> . 2011 Aug;73(4):535-539. doi: 10.1016/j.socscimed.2011.06.025. Epub 2011 Jul 6.
14	Lehman LB, Developing an effective business plan. <i>Med Interface</i> . 1996 Jun;9(6):120-122, 124.
15	Pulde MF. Physician-centered management guidelines. <i>Physician Exec</i> . 1999;25:40-44. PMID: 10387270
16	Waters HR, Korn R Jr, Colantuoni E, et al. The business case for quality: economic analysis of the Michigan Keystone Patient Safety Program in ICUs. <i>Am J Med Qual</i> . 2011;26(5):333-339. doi: 10.1177/1062860611410685
17	Accreditation designation proposal: sponsoring institution-based fellowship in health care administration, leadership, and management. Accreditation Council for Graduate Medical Education. November 19, 2020. Accessed July 27, 2022. https://www.acgme.org/globalassets/PFAssets/ProposalReviewandComment/HALM_Accreditation_Designation_Proposal_Posting.pdf .



ELIGIBILITY CRITERIA FOR INITIAL CERTIFICATION IN HEALTH CARE ADMINISTRATION & LEADERSHIP (HALM)

Diplomates seeking to take certification in HALM must:

1. Be certified by the American Board of Anesthesiology (ABA)
2. Successfully complete the training pathway as described in Eligibility Criteria
3. Complete ABA exam registration
4. Actively participate in the ABA's Maintenance of Certification in Anesthesiology (MOCA)
5. Fulfill the ABA's policies for initial certification

Eligibility Criteria

1. Fellowship training pathway

Fellowship training requires successful completion of an ACGME accredited HALM fellowship. Fellowships are ACGME accredited based on a 12- or 24-month fellowship period. The HALM fellowship director should certify successful completion of the HALM fellowship, which should be completed by the date of the examination.

2. Practice-Only pathway

The practice-only pathway will end seven years from the date of HALM certification program launches. The following criteria will be required for practice-only pathway:

- a) Diplomates must have held significant leadership responsibilities in the organization for at least 36 months. This must be independently verified and attested to the ABA by the physician's direct supervisor
 - i. Examples of accepted leadership positions are included in this eligibility criteria. A clear job description and responsibilities will be required in the registration submission with an attestation regarding the leadership role in the organization from the supervisor.
- b) Non- ACGME-accredited training contiguous with practice pathway, including:
 - i. ACHE and AAPL credentials: ABA will consider credit towards practice experience for a physician who holds a credential offered by the American College of Healthcare Executives (ACHE) or American Association of Physician Leadership (AAPL), a Master's in Business Administration (MBA) from a reputable university.

Acceptable Leadership Experience for Practice Pathway and Practice plus non-ACGME training including, but not limited to

- a) Designated Institutional officer
- b) Chief Medical Officer
- c) Chief Quality/Safety officer
- d) Chief Medical Informatics Officer
- e) Chair of Department of Anesthesiology
- f) Chief Research Officer
- g) Dean of Medical School
- h) Chief of Diversity, Equity and Inclusion for the institution
- i) Division Head of a major section (OB Anesthesia, Cardiac Anesthesia, Pain medicine etc.)
- j) Chief of Clinical Integration Network
- k) Vice President of Surgical Services
- l) Regional Medical director

Fifty percent (50%) of the candidates' time should be spent performing the administrative aspects of the qualifying leadership role. Individuals in these roles should have significant responsibilities related to budgeting, operational efficiencies, and advancing professionalism/professional development. The ABA Credentialing Committee will evaluate the eligibility of candidates in other leadership roles that are not listed on a case-by-case basis.

HALM CONTINUING CERTIFICATION PROGRAM

1. Professionalism:

ABA-certified physicians must have an active, unrestricted license to practice medicine in at least one jurisdiction of the United States (U.S.) or Canada. Furthermore, all U.S. and Canadian medical licenses that diplomates hold must be unrestricted. Diplomates must advise the ABA of any restrictions placed on any medical licenses within 60 days of their imposition.

2. Continuing Medical Education (CME)

Diplomates are asked to complete 250 CME Credits that are:

- a. Category 1 CME activities;
- b. ACCME/AMA PRA-approved;
- c. American Osteopathic Association Category 1-A; or
- d. Accredited CPD credits issued by the Royal College of Physicians of Canada and the Association of Faculties of Medicine of Canada.

Twenty of your credits must be Category 1 Patient Safety CME.

3. Assessment of Knowledge, Judgment, and Skills

All HALM-certified physicians will be required to complete a common assessment in the form of modules, "MyHALMCert" modules that are composed of:

- a. 35-50 multiple-choice questions with an integrated learning opportunity. The content of the modules will include key regulatory content, advances in health care administration, and reinforcement of existing content in HALM; and,
- b. Article-based or approved on-line virtual HALM content with accompanying multiple-choice questions
- c. To accommodate a reduced burden of activities, physicians who maintain their initial certification are required to complete three MyHALMCert modules every five years; physicians who do not maintain their initial certification are required to complete four modules every five years.

4. Improvement in Medical Practice

Clinically active-ABA certified physicians must complete and attest to participating in quality improvement (QI) activities to encourage continuous practice evaluation and improvement. You are only required to attest every five years that you have participated in QI activities to enhance your practice.

**Addendum for Multiple Member Boards Interested in
Co-Sponsoring a New or Modified Subspecialty Certification**

Name of Board: American Board of Family Medicine
Contact Name: David Price, MD
Email: dprice@theabfm.org
Phone: 720-232-3065

Instructions:

- [Complete this addendum](#) if your Board intends to apply to issue an existing co-sponsored subspecialty certificate. Note: ABMS will only accept applications submitted by staff from a Member Board
- If you feel that the core application doesn't sufficiently address diplomates within your specialty, please contact ABMS staff to discuss options for how to best submit your application.

Each Member Board is asked to describe board-specific modifications as they pertain to the questions below:

1. If there are differences in your Board's eligibility requirements for the proposed certification from those described in the core application, please describe them using the numbering system of the original application and provide a rationale for the differences.
 - ABFM supports the inclusion of longitudinal, rigorous leadership, management, and administrative programs offered by regional or national integrated health care systems (e.g., Intermountain Health, Kaiser Permanente) as an acceptable training program. Many of these programs are as rigorous as other options in the application. ABFM will review (with other sponsoring boards, as desired) HALM-focused training programs of integrated health care systems to determine if these programs are reasonably equivalent in terms of rigor, duration, and requirements to other training activities. These programs must:
 - be at least 1 year in length
 - contain a combination of in-person intensive sessions and mentored practicum/practical experiences in a health care delivery organization
 - include a formal evaluation process which may include a summative examination, or a capstone project evaluated by faculty.

ABFM will seek independent verification of the physician's successful completion of these programs from training program director.

- ABFM eligibility criteria will primarily be based on the responsibilities of the leadership position (talent management, data management, fiscal responsibility, operations) and organizational impact of the position, rather solely based upon job titles listed in the main application. ABFM will extend eligibility to individuals spending at least 25% of their time (instead of 50%) in

these roles; eligibility of applicants with less than 25% of time allocated to these functions will be reviewed on a case-by-case basis. In addition to individuals with responsibilities in the main application, ABFM plans to consider eligibility for certification to Diplomates who serve as Family Medicine Department Chairs, organizational clinical service line leaders, senior leaders of medical philanthropies, senior health policy physicians, and individuals in private practice with primary responsibility for building/running a practice. The latter role is particularly important in family medicine, as small – medium sized non-organizationally owned practices still represent a significant percentage of sites delivering primary care, especially in rural or underserved areas and represent a major first administrative role.

2. Briefly describe how your Board will collaborate with the other sponsoring Boards to manage this certification.

ABFM will collaborate regularly with other sponsoring Boards to oversee the implementation and evolution of the certification. ABFM will also collaborate with other sponsoring Boards in developing options for assessment of knowledge, lifelong learning, and improving practice. ABFM will work with other sponsoring boards to evaluate (non ACGME-accredited) health systems based organizational leadership training programs for sufficient rigor to be acceptable as an alternative training pathway for this certification. A senior staff member from the ABFM will be the main contact for the collaborative inter-board oversight group.

3. If there are differences in your Board's method(s) of assessment from those described in the core application, describe them and provide a rationale for the differences.

As ABFM Diplomates will be required to maintain primary Family Medicine certification, all Family Medicine HALM Diplomates will be required to complete 3 HALM modules in each 5 year cycle. Completion of these modules will also accrue continuing certification credit towards maintenance of the primary certificate.

4. Outline the Continuing Certification program planned for this certification:

- a. If your Board is planning to accept multiple options for assessment of knowledge, judgment, and skills for the certification describe each.

ABFM will accept the options for assessment of knowledge, judgment and skills as outlined in the main application. In addition, our national journal club is beginning to look to at articles related to these topics, and these articles may be relevant for this CAQ.

5. If there are other differences between your Board's application and the core application, specify them and provide a rationale for the differences.

- ABFM will require Diplomates to complete a “systems-focused” PI activity once every 5 years in order to be eligible to maintain their HALM certification. This activity will also satisfy the Diplomate’s PI activity for maintaining their primary certificate.

6. Will you require diplomates of your board to maintain their primary certificate in order to maintain this subspecialty certificate? Yes.

Signature:  _____

I have reviewed the core application for the Health Administration Leadership and Management certificate and agree that the criteria and requirements it includes are applicable to my Board candidates for the certification except where noted in this addendum.

Addendum for Multiple Member Boards Interested in Proposing a New or Modified Certification

1. (untitled)

Name of Board:

American Board of Preventive Medicine

Contact Person Name:

Christopher J Ondrula

Email:

condrula@theabpm.org

Phone:

3127633471

1 -If there are differences in your Board's eligibility requirements for the proposed certification from those described in the core application, please describe them using the numbering system of the original application and provide a rationale for the differences.

ABPM is open to providing credit for a physician who holds a credential offered by either the ACHE or AAPL. ABPM is further agreeable that the credit provided should be consistent amongst the Administrative Board and each Co-Sponsoring Board.

As it is related to ACHE and AAPL eligibility, the "credit" for ACHE/AAPL certification will be in terms of a reduced requirement for years in practice but does NOT waive the practice requirement.

2 - Briefly describe how your Board will collaborate with the other sponsoring Boards to manage this certification.

While the ABPM understands that each of the Administrative Board and Co-Sponsors may have slightly different eligibility criteria, it is important that each of the participating boards agree on a Continuing Certification structure and who will be responsible for the creation of the associated longitudinal assessment program (LAP) for HALM. Moreover, the board administering the LAP must have a system that will allow other participating boards' diplomates to create/maintain an account on the system and fully participate in LAP (and all other areas of Continuing Certification). Lastly, ABPM intends to be sufficiently flexible in providing reciprocity in CME and QI activities for HALM that may include completing modules/activities offered by other HALM participating boards.

3 - If there are differences in your Board's method(s) of assessment from those described in the core application, describe them and provide a rationale for the differences.

Assessment is presumed to include an Initial Certification Examination and a subsequent Continuing Certification Program (CCP) that will include, but not be limited to a CME requirement and annual longitudinal assessment, resulting in a summative assessment of the diplomate not longer than every 5-years.

As it is related to ACHE and AAPL eligibility, the "credit" for ACHE/AAPL certification will be in terms of a reduced requirement for years in practice but does NOT waive the practice requirement.

4 - Outline the Continuing Certification program planned for this certification:

ABPM's intention is that the board administering the LAP for HALM must have a system that will allow other participating boards' diplomates to create/maintain an account on the system and fully participate in LAP (and all other areas of Continuing Certification). Further, ABPM intends to be sufficiently flexible in providing reciprocity in CME and QI activities for HALM that may include completing modules/activities offered by other HALM participating boards.

4a - If your Board is planning to accept multiple options for assessment of knowledge, judgment, and skills for the certification describe each:

Yes but, as indicated in #4 above, ABPM's intention is that the board administering the LAP for HALM must have a system that will allow other participating boards' diplomates to create/maintain an account on the system and fully participate in LAP (and all other areas of Continuing Certification).

5 - If there are other differences between your Board's application and the core application, specify them and provide a rationale for the differences.

None, other than clarification as provided earlier and outlined below relative to ACHE and AAPL eligibility.

As it is related to ACHE and AAPL eligibility, the "credit" for ACHE/AAPL certification will be in terms of a reduced requirement for years in practice but does NOT waive the practice requirement.

6 - Will you require diplomates of your board to maintain their primary certificate once they've earned this certification?

Yes.

Separately, the ABPM noted that the ACHE eligibility criteria did not include a reference to possession/maintenance of a medical license while the AAPL eligibility criteria did mention that item. Accordingly, and ABPM would like to suggest that, for clarity, the ACHE eligibility criteria be amended to include a reference to medical licensure identical to that included in the AAPL eligibility criteria.

I have reviewed the core application for this certification and agree that the criteria and requirements it includes are applicable to my Board candidates for the certification except where noted in this addendum.

Yes

Copy of proposed application form for the candidates for this designation

A written statement indicating concurrence or specific grounds for objection from each Primary and Conjoint Board having expressed related interests in the same field (for existing co-sponsored certificates, written statements from co-sponsors are due at the time the letter of intent is due)

Written comments on the proposed subspecialty certification from at least two (2) external stakeholders, in addition to the current sponsors of the certificate

A copy of the proposed certificate