
Long Term Care: An Essential Element of Health Administration Education

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ABSTRACT

Long-term care represents a career opportunity of choice for many healthcare executives and an education essential for the comprehensive management responsibilities of many others. Yet formal educational programs for health administrators include little academic attention to long-term care. This paper reports on an examination of the curricula and courses of undergraduate health administration educational programs certified or recognized by the Association of University Programs in Health Administration (AUPHA) and graduate programs accredited by the Commission on Accreditation for Health Management Education (CAHME). The results show that long-term care plays a minor role in the curriculum for most university programs in health administration, that there are few students enrolled in long-term care concentration or certificate offerings, and that courses in long-term care vary widely in their content and focus. We suggest that university health administration programs include specific training about long-term care services into their established core health management educational requirements so that all students in health management programs receive at least a basic education about long-term care.

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Long-term care represents a significant, but often overlooked, opportunity for healthcare administrators. The assumption underlying the study reported here is that healthcare administration programs should be structured to enable students to have training about long-term care as well as acute care, and that this content must be explicit, distinct, and required. Training in long-term care will expand career possibilities. As health administration programs move to shape curricula to prepare students with core management competencies, we recommend that they add a specific body of knowledge about long-term care as well.

BACKGROUND

Healthcare administration programs train students for a variety of careers. Hospitals, health systems, physician groups, and health plans are four major employers frequently mentioned as future career venues. Often overlooked are careers as administrators of nursing homes, home care agencies, hospices, and assisted living facilities, among other long-term care providers. In fact, the number of Chief Executive Officer (CEO) positions in long-term care far exceeds the number of CEO slots in hospitals, health plans, and medical groups (see Table 1). Moreover, long-term care organizations are much flatter organizationally, thus giving the CEO hands-on experience in each of the core management functions. This makes great training for subsequent leadership positions. In short, the career opportunities to “be in charge” are greater in long-term care than acute care.

Several recent studies (Fahey & Myrtle 2001; Myrtle, Chen, & Fahey 2006) have demonstrated the fluidity of healthcare management careers between various sectors in the healthcare industry. It is quite common for managers to move between acute care, ambulatory care, long-term care and other sectors. This mobility suggests the “changing permeability between the various segments of the healthcare industry” (Fahey & Myrtle 2001). In addition to direct career paths in long-term care, many administrators have responsibilities for one or more long-term care services at some point in their careers. In a recent survey by the American College of Healthcare Executives of those affiliated with the Post-Acute/Chronic Care Executives, 60 percent of the respondents reported that post-acute (aka long-term) care was a “critical” component of their job, and a further 25 percent reported that it was an “element” of their job (Weil 2008). As a practical example, more than 1500 of the nation’s 9,284 Medicare-certified home care agencies are owned by hospitals or health systems (NAHC 2008). In addition to a director in charge of daily operations, these organizations are likely to have a senior administrator at the health system level responsible for the home

Table 1: Healthcare Organizations with CEO or Equivalent Positions

| Acute Care Organizations | Number | Long-Term Care Organizations | Number |
|----------------------------|--------|--|---------------------------|
| Community Hospitals | 4,927 | Nursing Facilities Home Health Agencies | 16,121 9,284 |
| Health Plans | 1300 | Hospices Adult Day Centers | 4,500 3,493 |
| Outpatient Offices/Clinics | 13,500 | Assisted Living CCRCs Home Care (non-Medicare) | 36,000 1,200 14,622 |
| Total | 19,727 | Total | 85,220 |

Sources (down, then across)

- <http://www.aha.org/aha/content/2007/pdf/fastfacts2007.pdf>
- <http://www.ahip.org>
- <http://www.mgma.com/about>
- http://www.cms.hhs.gov/CertificationandCompliance/Downloads/2007NursingHomeDataCompendium_508.pdf
- <http://www.mcguirewoods.com/news-resources/item.asp?item=2534>
- <http://www.medicare.gov/HHCompare/Home.asp?dest=NAV|Home|About#TabTop>
- <http://www.cdc.gov/nchs/about/major/nhhcsd/nhhcswhypart.htm>
- http://www.cms.hhs.gov/CertificationandCompliance/Downloads/2007NursingHomeDataCompendium_508.pdf
- http://www.nhpco.org/files/public/Statistics_Research/NHPCO_facts-and-figures_Nov2007.pdf
- http://assets.aarp.org/rgcenter/il/fs98_service.pdf
- <http://www.alfa.org/i4a/pages/index.cfm?pageid=4361>
- <http://www.caregiverslibrary.org/Default.aspx?tabid=198>
- http://www.nahc.org/facts/07HC_Stats.pdf

health agency. Similarly, those who enter the field of insurance may be handling disease management programs, case management departments, and benefits coordination in the growing field of long-term care insurance. Administrators who go into managed care may well find themselves managing a Medicare plan. The healthcare administrators who succeed in managing long-term care services most effectively will be those who embark upon their responsibilities already familiar with long-term care as a result of their formal education.

How does management of long-term care services differ from management of other healthcare services? Some would argue that management is management, and the setting is irrelevant. The core operations functions are indeed similar for long-term care as acute or ambulatory care. The National Association of Boards of Examiners of Long-Term Care Administrators (NAB) specifies the core curriculum content to be a NAB-certified university training program to include Leadership and Management, Human Resources, Finance, Physical Environment, as well as Resident Care and Quality of Life (NAB 2008). However, the application of basic management functions differs in long-term care due to the different characteristics of the operations. The chronic and frail conditions of the patients, the workforce skill level, the payment systems, the dependency on Medicaid as often the primary

payer, the flat span of control, the sparse involvement of physicians—all differ from acute or ambulatory care. Regulations and oversight, although not absent in other healthcare organizations, are all the more intense in long-term care. Nursing home administrators are required to be licensed, and the special body of state and federal knowledge that goes with this requirement may or may not be taught as part of university education in generic management.

In a previous series of papers, the authors argued that long-term care could be taught effectively by incorporating the subject into existing courses and curricula (Evashwick and Smith 2001, Evashwick 2002). Focus groups and informal discussions with professors of healthcare administration indicated that, although long-term care could theoretically be incorporated into almost any management course, this seldom happens. There are several reasons, including that the field began as “hospital administration”, and this history continues to pervade the present. Most healthcare administration faculty do not have personal experience with long-term care (either academic or practical), and it is challenging for any professor to talk about something with which they have had little direct contact. Guest speakers are, of course, an option, but there seems to be less exchange between academia and those working in long-term care than between academia and those with other healthcare management affiliations such as managed care or health informatics. In short, it is easier for faculty to find guest speakers from other areas of healthcare delivery.

Most students in MHA programs are seeking careers in acute care, ambulatory care, or managed care. Few have pre-planned career paths in long-term care. So the demand for education about long-term care does not come from the students. Most long-term care courses have low enrollment compared to courses in managed care, hospital administration, or medical group management. Thus, despite the frequent general media news about the impending Baby Boom generation and how it will impact social fabrics, including healthcare, long-term care is not a priority for health administration professors or students.

The following study was undertaken, in part, to compile data to test the impressions from these informal discussions and opinion polls. Our hypotheses stated the extreme worst-case scenario, that currently, neither undergraduate nor graduate level health administration programs prepare their graduates to manage long-term care services.

In addition, we hypothesized that the courses or curricula that do pertain to long-term care vary greatly. We assert that a discipline moves toward competency-based curriculum as it matures and there is a high degree of

consensus (explicit or implicit) about what graduates need to know, so the emphasis of the curriculum presumes content knowledge and moves on toward practical application of the skills. Since long-term care is not perceived as one of the traditional career paths, little attention has been given by healthcare administration programs to the pedagogy of this subject.

Hypothesis #1: Undergraduate training programs in healthcare administration do not offer training in long-term care.

Hypothesis #2: Graduate training programs in healthcare administration do not offer training in long-term care.

Hypothesis #3: Courses in long-term care, where available, vary widely in the content and the knowledge and competencies included.

THE SAMPLE

We surveyed accredited graduate programs and certified undergraduate programs in healthcare administration.

Certification of undergraduate programs is conducted under the supervision of the AUPHA Undergraduate Program Committee, including a rigorous self-study document, peer review panel process, and periodic program updates. As of 2006, 39 undergraduate programs were fully certified by AUPHA (AUPHA 2006).

As of 2006, there were 71 graduate programs in the U.S. and Canada which have met the criteria established by the Commission on Accreditation of Healthcare Management Education (CAHME), the official accreditation agency approved by the Council for Higher Education Accreditation and the federal Department of Education as the only accrediting agency in the field of health services administration (AUPHA 2006). Accreditation is based on a stringent multi-stage process including a self-study document, a site visit, and continuous progress reports.

A current major focus of both accreditation and certification is defining core management competencies in finance, strategic planning, human resources, information systems, and other subjects, and then linking program curriculum and outcomes. Both CAHME and AUPHA use functional management subject area criteria to assess curriculum content, and neither specifies institutional/organizational base parameters. The movement toward "core competency" structure and outcomes for both graduate and undergraduate programs is underway, but is still in relatively early stages of evolution. However, having historically evolved from programs in hospital administration, we assert that the majority of university programs at both undergraduate and graduate levels have an acute care perspective rather than one of long-term care in defining both course material and competen-

cies. There has, for example, been discussion about using the exam of the American College of Healthcare Executives as a capstone exam for graduate programs (AUPHA forum discussion, 2006). Although ACHE maintains a Long-term Care Forum, the vast majority of its members focus in healthcare management areas other than long-term care.

METHODOLOGY

To test the hypotheses, we examined each AUPHA and CAHME healthcare administration program to ascertain the existence of a course, a concentration, or a degree in long-term care. These data have been collected by the Association of University Programs in Health Administration (AUPHA) as part of their regular survey for more than ten years and are reported in their bi-annual guides.

We analyzed the curriculum of each university by examining information posted by each university on its website in June 2006. For each type of program we noted: 1) if the program offered any type of long-term care course; and 2) for those programs offering any type of long term course, whether the course offering(s) were required, elective, or part of a long-term care concentration consisting of several courses. We expanded the definition of long-term care to include gerontology because our experience suggested that these two subjects are frequently combined, and separating them would understate the attention given to long-term care.

We then conducted a telephone survey of the graduate programs to gather up-to-date information regarding long-term care/gerontology course and concentration offerings, including number of students taking available offerings. We focus on the graduate programs because students in undergraduate health administration programs seek a variety of careers, including clinical practice, whereas students trained at the graduate level are likely to pursue careers in healthcare management. We asked the 71 accredited graduate programs (as of June 2006) the following questions:

1. Does the healthcare administration graduate program offer a course in either long-term care and/or gerontology?
2. If so, how often is that specific course offered?
3. If so, when was that specific course offered last?
4. Does the healthcare administration graduate program offer a concentration, specialization or emphasis in long-term care and/or gerontology?
5. If so, how many graduate students are currently enrolled in the concentration, specialization or emphasis on long-term care and/or gerontology?

We also examined course syllabi obtained from eight universities offering courses in long-term care and compared their objectives and assignments.

RESULTS

The AUPHA website for June 2006 listed a total of 58 recognized undergraduate health administration programs. Of these, 38 are certified programs and 20 are recognized but not certified

Table 2 below displays the total number of schools that offer some curriculum content in long-term care for undergraduates in health administration according to information posted on the program websites. AUPHA provides a further breakdown of the type of long-term care curriculum content—whether the long-term care courses are required, elective, or part of a concentration or focus area. Categories are mutually exclusive.

Table 2. Long-Term Care Education in Undergraduate Health Administration Programs Certified or Recognized by AUPHA

| No. Programs | LONG-TERM CARE Course N (%) | LONG-TERM CARE Required Course(s) N (%) | LONG-TERM CARE Elective Course(s) N (%) | LONG-TERM CARE Concentration N (%) |
|------------------------------|-----------------------------|---|---|------------------------------------|
| Programs Certified by AUPHA | | | | |
| 38 | 31 (82%) | 11(29%) | 14 (37%) | 6 (16%) |
| Programs Recognized by AUPHA | | | | |
| 20 | 11 (55%) | 4 (20%) | 5 (25%) | 2 (10%) |
| Total Undergraduate Programs | | | | |
| 58 | 42 (72%) | 15 (26%) | 19 (33%) | 8 (14%) |

Of the 38 AUPHA-certified undergraduate programs, 31 or 82% offer at least one course on long-term care issues such as problems of the aging, gerontology, or chronic disease. Eleven of these programs (29% of all certified programs) require the long-term care coursework for all students to obtain their degrees, while in 14 schools (37% of all certified programs) the long-term course is an elective. Six programs (16% of certified programs) offer a long-term care concentration. The statistics for undergraduate healthcare administration programs that are recognized but not certified are significantly lower for each category of educational offering.

The CAHME website listed a total of 71 accredited graduate programs in June 2006. The results are shown in Table 3. Of the 71 graduate programs accredited by CAHME, only 31 or less than half (44% of all accredited graduate programs) offered any type of long term course. Of these 31 programs,

just one (<1% of all accredited programs) required a long-term care course as a core course for graduation, 21 (30%) offered an elective course and nine programs (13%) offered a long-term care concentration.

Table 3. Long-term care Education in Graduate Health Administration Programs

| No. Programs | LONG-TERM CARE Course N (%) | LONG-TERM CARE Required Course(s) N (%) | LONG-TERM CARE Elective Course(s) N (%) | LONG-TERM CARE Concentration N (%) |
|------------------------------|-----------------------------|---|---|------------------------------------|
| Programs Accredited by CAHME | | | | |
| 71 | 31 (44%) | 1 (1%) | 21 (30%) | 9 (13%) |

Of the 71 accredited healthcare administration graduate programs surveyed by telephone about their long-term care course offerings, 43 replied (for a response rate of 60%). Of these 43 programs, 17 (24% of all 71 accredited programs) reported offering a course in long-term care on an annual basis and within the past (2005-06) academic year. Just four of the universities contacted by phone offer a concentration in either long-term care and/or gerontology. For 2006 there were zero students in two of these concentration programs, five in one and nine in another. The few healthcare administration graduate programs with a concentration or certificate in long-term care offer a wide range of long-term care courses and require students to complete several courses, typically in long-term care management and the study of aging.

Long-term care course syllabi were quite different as far as their emphasis and content. Some focused on the aging process, while others were more oriented toward the long-term care service delivery system. Table 4 gives examples of the course titles, texts, and objectives.

DISCUSSION AND RECOMMENDATIONS

The data allow us to reject the null hypotheses that neither undergraduate nor graduate programs in healthcare administration offer education in long-term care. Forty-four percent of graduate programs and 72 percent of undergraduate programs have at least an elective in long-term care. This is the good news.

The fact that only one percent of graduate programs require a course on long-term care speaks to the point that for most graduate programs in health administration, long-term care plays a very minor role in the curriculum as far as dedicated course offerings. The picture is somewhat better for undergraduate programs, where about one-fourth require a course in long-term care.

Table 4. Long-term Care Course Syllabi Summary Matrix

| Sch. | Course Title | Text | Objectives |
|------|--|---|---|
| A | Financing and Administration of LONG-TERM CARE | J. E. Allen, Nursing Home Administration, 2003 | <ol style="list-style-type: none"> 1. Gain good understanding of how LTC system works, system financing structure and regulatory mix 2. Gain specific facility administrative practices 3. Learn financial mix and strategies in a LTC facility |
| B | Long-term care Administration | J. E. Allen, Nursing Home Administration, 2003 | <ol style="list-style-type: none"> 1. ID/define key terms relative to NH management, assisted living and other LTC residential services 2. Describe admin. & mgt. functions, staffing needs in LTC facilities 3. Recognize and respond to client needs in LTC facilities 4. Demonstrate role of communication from NH administrative and staff perspective 5. Define admin roles re: community relations activities 6. ID/discuss local, state, federal policy role re: LTC facilities 7. ID licensure requirements for NH administrators, survey procedures and certification process for Medicare/Medicaid payment 8. Know financial mechanisms influencing reimbursement & cash flow in LTC facilities 9. ID/discuss ethical issues in LTC residential settings |
| C | Long-term care Administration | C. Evashwick & J. Riedel, Managing Long-term care, 2004 | <ol style="list-style-type: none"> 1. Overview of services, people, and institutions in LTC continuum 2. Analysis of LTC service recipients (health, medical, psychosocial, economic) 3. Administrative theory & practice in LTC organizational management, w/emphasis on quality 4. Overview of LONG-TERM CARE issues: ethical concerns, levels of care, financial aspects 5. LTC facility visits |
| D | LONG-TERM CARE Management | C. Squire, Women and AIDS, 1993 | <ol style="list-style-type: none"> 1. ID strengths and weaknesses of each type of LTC organization 2. ID options in managing each type of service, and most successful managers in each type 3. Determine career options in each service type |

Table 4. Long-term Care Course Syllabi Summary Matrix

| Sch. | Course Title | Text | Objectives |
|------|-----------------------------------|---|--|
| E | Nursing Home Administration | J. E. Allen, NH Administration, 2003; J.E. Allen, Licensing Review Guide in NH Admin., 2003 | <ol style="list-style-type: none"> 1. Prepare students for federal NH administrator licensing exam 2. Enhance students' knowledge of NH operations, management, governance, leadership, HR, finance, resident care, regulations |
| F | Health and Later Maturity | Aging: Annual Editions 2006-07 Ferrini & Ferrini, Health in the Later Years, 2000 | <ol style="list-style-type: none"> 1. Understand attitudes toward elderly, demographic pressures of elderly on soc. 2. Comprehend aging experience, physical and mental changes 3. Understand financing, policy, ethical concerns shaping programs for the elderly 4. Appreciate meaning of death and dying process 5. Synthesize responsibilities and behaviors of public and private sectors for eldercare 6. Explore personal perspectives on aging process |
| G | Bio-Psycho-Social Issues of Aging | W.C. Chop & R.H. Robnett, Gerontology for the Health Care Professional, 1999 | <ol style="list-style-type: none"> 1. Discuss demographic trends and theories of aging 2. Understand physiology and psychology of the elderly, behavioral and cognitive changes of aging 3. Demonstrate general knowledge of nutrition and drug therapies for elderly 4. Understand how ageism affects attitudes toward elderly 5. Understand long-term care financing |
| H | Long-term care Management | C. Evashwick, The Continuum of Long-term care, 2005 | <ol style="list-style-type: none"> 1. Define LTC, continuum of care 2. Describe sub-populations needing LTC 3. Explain rationale of health care system oriented to chronic care 4. Outline basic dimensions of major health services in continuum of care 5. Articulate rationale for articulating mechanisms 6. Relate LONG-TERM CARE policies to service delivery 7. Compare several parallel LONG-TERM CARE systems 8. Articulate structure & financing of a LTC system of the future 9. Delineate benefits of legal and financial planning for end of life and LTC 10. Research information available to consumers about LTC |

The small number of students enrolled in a long-term care concentration or certificate program suggests that long-term care may not be perceived by students as relevant to their future career prospects despite what the future market opportunities suggest. The limited number of program offerings may reflect limited student interest in and awareness of long-term care as a career path option. This, however, may be due to lack of faculty who discuss long-term care in their courses, consider it when advising students about careers, or make the field seem exciting in their discourses.

As is evident from Table 4, course content pertaining to long-term care varies widely. As accrediting bodies move away from defining required content areas toward core competencies, it might be expected that elements of long-term care, if not the subject per se, would be included and, ultimately, the way that long-term care is covered in a program's curricula would become more consistent. To date, this has not been the case. The AUPHA certification criteria and the CAHME accreditation criteria primarily emphasize generic management competencies, with no explicit reference to the type of organization being managed or an implicit assumption that it is acute care. Both organizations call for content in epidemiology and public health, but without mentioning the chronically ill population or a healthcare delivery system encompassing long-term care.

AUPHA's criterion for health services organization and delivery content mentions the continuum of care, but this is the only criterion even remotely germane to long-term care (AUPHA 2006). CAHME's curriculum content also typically does not delineate the type of organizational setting. However, the criterion for human resources management in diverse organizational environments does indeed mention hospitals, clinics, home health agencies, insurers, and pharmaceutical firms—but not long-term care facilities. Neither knowledge base nor management competencies pertinent to long-term care are mentioned explicitly by either AUPHA or CAHME. Hence, the courses that are available are highly eclectic. A standard or desired level of knowledge and resulting performance is missing as a guide to the field.

The findings of the study have thus led us to change our previous recommendations about the preferable approach to teaching long-term care to students of healthcare administration. Rather than incorporating long-term care into existing courses, we argue instead that a distinct course (or series of courses) in long-term care be not only offered, but required. Although this may seem counter-intuitive when the field is moving toward management competencies as the standard approach, we believe that specifying knowledge, attitude, and skills in this area is essential to train the well-rounded administrator of the future. If long-term care is required,

then best practices and minimum standards will be forthcoming as they have been for other areas.

We recommend that all students in health management programs receive at least a basic exposure to the population characteristics of chronic illness sufferers and to the unique requirements of long-term care service delivery and financing as part of their overall health management studies. To accomplish this, faculty will either need to learn enough about long-term care to teach it effectively, or adjunct faculty who indeed are experts in the field may be brought in and coached about how to teach effectively. Each academic program needs to build up a cadre of community-based experts in long-term care who are willing to participate in offering field sites for student projects, internships for student work experience, and classroom lectures.

Students specializing in long-term care management will need more intensive training; learning experiences should include internships, mentorships, and actual work experience. Technical and regulatory information required for specific state long-term care facility license examinations is typically learned separately rather than as part of the university curriculum. Ideally, this preparation would occur as the student completes a residency or internship in a licensed long-term care facility.

As noted earlier, responsibility for some facet of long-term care is highly likely in many different industry sectors. Faculty of fully accredited graduate programs and fully certified undergraduate programs should advocate to CAHME and AUPHA, respectively, that their criteria for evaluating the curricula in health services administration include the special competencies in long-term care management. The characteristics of long-term care organizations should be incorporated into the management education of healthcare administrators just as much as the characteristics of hospitals, ambulatory care, and payers.

CONCLUSION

Those involved in training future healthcare administrators are encouraged to modify the educational curriculum to incorporate long-term care as a distinct and specific requirement for graduation. An informal incorporation of long-term care into existing curricula has not succeeded in producing either an expansion of training in long-term care or a cadre of students sufficiently large to meet the future need of the healthcare delivery system for administrators of long-term care services. Healthcare executives of the future will need such training to excel in the administration of the organizations they lead as well as to maximize their own career opportunities.

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