

The 2021 Special Report:

STEPPING UP TO CERTIFICATION



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LETTER FROM THE EDITOR

Welcome to Stepping Up to Certification: A Guide to National Certifications for Professionals Involved in Helping People Navigate the Healthcare System

The goal of this report is to provide information on the major certifications available to professionals involved in helping people navigate the healthcare system. Certification provides consumers of healthcare services confidence in those who are called on to help them. Certification also provides recognition of competency, shows commitment to a practice, and helps with advancement in a professional's area of practice.



As a leader in the practice of case management and patient advocacy, I am often asked by professionals what certification would be best for them. Before I answer this question, I ask a few questions so I know more about the person and what their goals are. I ask questions such as: what are your career goals, what are the requirements of your jobs and how will getting a certification help you personally and professionally?

I take the time to do this because I need to know a little about them and why they want to become certified. Obtaining a national certification is an important decision. It is also a costly endeavor and one that should not be pursued without critical thinking.

This report shares information from each of the major certification bodies on their individual certification and the value they bring to professionals seeking certification.

Our healthcare system is complex, fragmented, costly and at times unsafe. Having professionals in place who can assist consumers navigate through the healthcare maze is important. Most people are not trained to navigate the turbulent system alone and need guidance.

Today there are a variety of professionals in place to assist people (patients) and their families. They range from Doctors, Clinical Nurses, Therapists and other members of the interdisciplinary healthcare team. In addition to these front line workers, there are case/care managers and patient/health advocates who are there to advocate, empower and educate people when they become sick or suffer an injury that changes their life.

There is a business principle that helps us better understand this. It says that 20 percent of the population will use 80 percent of the resources. Case/Care Managers and Patient/Health advocates work with that 20 percent to help them navigate a turbulent system. These are what I am calling 'helping professionals.' Some work in hospitals, managed care organizations, and other settings where people access care. Many are independent and are contacted by people to assist them on their journey.

Through this report, I provide insights into the various certifications that helping professionals can achieve to demonstrate their competence in their respective roles.

I hope you find this report informative and helpful.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anne Llewellyn'. The script is fluid and cursive.

Anne Llewellyn, RN-BC, MS, BHSA, CCM, CRRN

ACCREDITED CASE MANAGER CERTIFICATION (ACM™)

Accredited Case Manager Certification (ACM™)



The Accredited Case Manager certification (ACM™) is owned by the American Case Management Association and the program is overseen by the National Board for Case Management (NBCM), the governing body for the ACM™ certification.

QUESTION: When and why was the certification developed?

Answer: The ACM™ certification was created by the American Case Management Association (ACMA) in 2005. It is designed specifically for health delivery system and transitions of care (TOC) case management professionals. This certification is unique among other case management certifications because the examination:

- Specifically addresses case management in health delivery system settings and in transitions of care;
- Tests core case management knowledge that is shared by nurse and social work case managers;
- Tests competencies in the individual skills of each professional background; and
- Utilizes clinical simulation testing methodology to test “competency beyond knowledge” – testing critical thinking skills and the ability to apply knowledge in practical situations. This unique methodology tests a case manager’s competency in progressing patients through the continuum of care – from acute to post-acute settings.

At its inception, the certification was created to address the need for a certification specific to case management professionals in the health care delivery setting. At that time, no such credential existed. Health care delivery case managers were surveyed as part of a job analysis study to determine the benchmarks for an exam and certification that reflected core competencies and knowledge for professionals in the practice of case management for at least two years. The ACM™ certification exam and requirements have evolved over time along with the profession – most notably with the inclusion of transitions of care roles in case management in 2015.

While other certification options are available to case managers, they are extremely broad-based, cover a number of settings and may not meet the specific standards for a health care delivery system. For case managers interested in working in a health care delivery system setting, the ACM™ certification is very specific and sets the standard.

The ACM™ certification is owned by the ACMA but managed by the National Board for Case Management (NBCM). This independent board provides governance for the certification to promote

the highest standard of delivery of safe and effective care in health care delivery system case management.

QUESTION: Please talk about your target audience for whom the certification is designed.

Answer: The ACM™ certification exam is designed for professionals in the practice of health delivery system case management and related transitions of care, including those in acute and outpatient care, care coordination, utilization review/management and discharge planning/transition planning. The exam's content outline is created based on periodic job analysis surveys of case management professionals and is supported by the ACMA Standards of Practice & Scope of Services.

The exam is specifically available to registered nurses and social workers who demonstrate a specific blend of education, work experience and professional practice:

- A Registered Nurse (RN) applicant must possess a valid and current nursing license that is in good standing. RN applicants must provide a nursing license number, state, and expiration date.
- Social Worker (SW) applicants must have a bachelor's or master's degree from an accredited school of social work OR a valid social work license that is in good standing. SW applicants must provide the degree, name of school and year of completion OR a current social work license number, state, and expiration date.
- All applicants must have at least one (1) year, or 2,080 hours, of supervised, paid work experience as a case manager, or in a role that falls within the Scope of Services and Standards of Practice of a case manager, by a health delivery system.

Candidates with less than two (2) years of experience must provide supervisor contact information and an attestation that they have at least one (1) year of supervised case management experience on the ACM™ application. The NBCM recognizes that because case management experience, supervision, and education vary, some case managers may be qualified to sit for the exam after only one (1) year of experience.

QUESTION: What have you learned over the years that has helped you make your certification value added for the health care industry as well as the professional who becomes certified?

Answer: ACM™ certification reflects the culmination of a case manager's experience, continuing education, patient-centered care, and a passion for excellence. It also provides the foundation for competently navigating the maze of healthcare delivery – from intake to care coordination to transition planning and discharge. Case managers must be adept and knowledgeable in all aspects of care, and they must also be able to provide patients and families the needed resources for healing and safety.

As healthcare evolves, the case manager continues to be the heart and soul of patient care transitions. This individual is the creative thinker and behind-the-scenes problem solver – regardless of the setting. ACM™ certification validates this needed skillset while also providing the foundation and growth opportunities necessary for staff to be successful with outcomes.

The ACM™ certification identifies those individuals who have demonstrated competency in case management principles and are invested in becoming ‘advanced’ practitioners. This is a value-add for employers and organizations who are adhering to a high level of competency for their staff and are looking to advance staff into leadership. Organizations that recognize the value of the credential are more inclined to offer reimbursement and/or incentives for those that earn their ACM™ credential. ACMA’s 2019 National Hospital Case Management Survey found that of the organizations offering incentives for certification, the top five include: (1) one-time stipend/bonus, (2) formal preference for hiring and advancement, (3) reimbursement of exam fee, (4) direct payment for certification fee, and (5) formal requirement for hiring.

ACM™ certificants find that their credential is highly valued in their field, and individuals that pursue the credential for the purpose of advancement are highly successful.

QUESTION: Please share the number of professionals certified to date.

Answer: Over 7,000 professionals have earned their ACM™ certification. As the majority of certificants find value in their credential, the program enjoys a high rate of recertification. In fact, of those who choose not to recertify, the vast majority indicate they are no longer active in the practice of case management.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification brings to patients, caregivers, the healthcare industry, employers and the professionals who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: Accredited Case Managers are not only validating their knowledge, competencies, and skills, they are saying to all stakeholders that they possess the knowledge and experience necessary to practice in a clinical environment. In the absence of a requirement for certification or specialized training, there is a lack of standardized processes and an increased risk of negative care outcomes related to hospital readmissions, quality, and patient satisfaction. Certification is critical, particularly in healthcare where the stakes and consequences of lack of knowledge are high. As such, there are direct benefits for all stakeholders:

- ACM™ certificants recognize their credential as an investment and a demonstration of the initiative they have taken in their own professional development. This investment often pays off in terms of hiring, career advancement, salary increases, etc.

- Organizations and leadership with ACM™ certificants on their team report that they have a more competent and engaged staff.
- Patients who interact with ACM™ certificants experience a higher level of competent care demonstrated through “competency beyond knowledge.” ACM™ certificants are better equipped for the critical thinking skills required for quality, responsive care – which, in turn, leads to lower costs, lower risks, and better patient outcomes.
- ACM™ certificants are also more likely to be engaged in advocacy – educating patients and caregivers on industry regulations/requirements and their scope of practice, and involving themselves in the forefront of industry change and best practice. The involvement of ACM™ certificants helps raise the bar for healthcare organizations and the entire industry.

ACMA actively advocates for ACM™ certification as an industry standard, to ensure that case management activities are conducted by clinically competent and appropriately-trained case managers. ACMA has promoted its position that “Nurses and Social Workers with 36 months of health delivery system experience should have their Accredited Case Manager credential” for many years. This recommendation helps to ensure that case managers meet a standard of proficiency and have the requisite skills and knowledge to successfully carry out their responsibilities.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: ACMA performs a biennial National Hospital Case Management Survey that includes a number of domains focused on case management as a whole as well as the ACM™ certification, including incentives for case management certification, influence in hiring decisions, value of certification, applicability to practice, and more. This survey is an ACMA member-only resource and is not otherwise shared publicly. ACMA’s certification program also performs frequent surveys of both its candidates and credentialed professionals to gauge continued satisfaction and to collect, assess, and address feedback from constituents.

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: A number of tools are provided to ACM™ certificants to share their credential/accomplishment with employers or other stakeholders. ACM™ certificants receive both hard-copy and digital wall certificates, as well as a lapel pin that they can proudly display/wear; they are also provided a digital “lapel pin” that they can include in their e-mail signatures, business cards, or other professional correspondence. ACM™ certificants can also request for their status to be shared by ACMA with anyone they wish. Messaging is also provided to ACM™ certificants to help them in marketing their own accomplishment and for advocating the importance of certification in the industry.

ACM™ certificants are also key players in ACMA's Advocacy Program, and they help to ensure that case management is represented as decisions are being made in the healthcare industry that impact their daily practice. ACMA's Advocacy Program allows for case management professionals to hold in-person meetings with both the Centers for Medicare and Medicaid Services and members of Congress with funds set aside specifically to send these professionals to meetings where case management interests and/or legislative priorities are being discussed. Finally, a key tenet of ACM™ certificant advocacy is their education of other stakeholders in the industry, including patients, regarding the critical positive effect case management has on quality of care and patient outcomes. A key tool in conveying this information is found in ACMA's Standards of Practice and Scope of Services.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: It is important to ensure that case management activities are conducted by clinically competent and appropriately-trained case managers. The ACM™ credential represents the healthcare standard for case management professionals and is the preferred credential for many healthcare delivery settings across the United States because of its rigorous requirements and guiding principles. ACM™ certification promotes industry-wide competency standards through a uniform national certification exam, potentially improving patient care and enhancing outcomes. Individuals in the field of case management, particularly those who plan to practice in health care delivery systems, should seek the ACM™ credential as a means of demonstrating their knowledge and mastery of practice for future employers.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: ACM™ certificants are required to stay abreast of best practices through training and education in the field of case management. ACMA helps provide this education through a number of channels, including conferences/networking events, ongoing webinars, online training, advocacy and public policy updates, email notifications, and social media.

For more information on the ACM™ certification, visit the website at <https://www.acmaweb.org/acm>



MICHELLE MURPHEY PORTER, CAE

Thank you to Michelle Murphey Porter, Director of Certification, American Case Management Association for working with us on this report.

Care Manager Certified (CMC)

Care Manager Certified (CMC)



The Examination is administered by the National Academy of Certified Care Managers (NACCM).

QUESTION: When and why was the certification developed?

Answer: The National Academy of Certified Care Managers (NACCM) was established in 1995 to promote delivery of safe and effective care by care managers and to advance the quality of care management services in home and community based services through the certification of qualified care managers. The mission of NACCM is to support a high level of competence in the practice of care management through the administration of a formal certification and recertification program.

QUESTION: Please talk about your target audience of whom the certification is designed.

Answer: The NACCM Care Manager Certified (CMC) credential is designed for health and human service professionals working in primarily home and community-based care management programs serving adults. Certificants typically work in the private fee for services arena, government programs, or non-profit organizations.

QUESTION: What have you learned over the years that has helped you make your certification value added for the health care industry as well as the professionals who becomes certified?

Answer: Consumers can be assured that professionals who hold the CMC designation have demonstrated competence and commitment to the highest practice and ethical standards. Once certified, care managers must go through recertification every three years. This means that certified care managers continually update their skills, so they can stay abreast of important changes in the field.

Professionals pursue the CMC credential to exhibit their competence and to advance in their careers. The credentialing process is rigorous. Each candidate must demonstrate they have completed the necessary education and supervised experience to competently practice. Additionally, they must pass a comprehensive, standardized examination testing their knowledge, skills and abilities in the practice of care management. Holding the CMC credential allows care managers to stand out among peers and demonstrates a commitment to the highest professional standards.

Employers seeking the best possible talent rely on the CMC credential as a sign of excellence. Prospective employees who hold the CMC designation have already demonstrated their knowledge, skills and abilities through the certification process. Hiring professionals who have (or are working towards) obtaining the CMC designation gives employers a competitive edge.

QUESTION: Please share the number of professionals certified to date.

Answer: Total certificants (over life of certification): 3214; Current number of certificants: 1348

QUESTION: The percentage of renewals.

Answer: Rates of CMC certification renewal have been steadily increasing from 58% renewing in 2015 to 67% renewing in 2019.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification brings to patients, caregivers, the healthcare industry, employers and the professionals who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: The Florida Chapter of the Aging Life Care Association reported findings from a two-phase study that ascertained the value of care management services from the perspective of clients (Phase One) from the perspective of the client's "responsible party" (Phase Two). While this research didn't specifically study certified care managers it does demonstrate the perceived value of care manager members of the Florida Chapter of the Aging Life Care Association, 63% of whom are certified. The findings of both phases of the study were overwhelmingly positive.

In Phase One, clients reported the care manager, "greatly improved their quality of life." Researchers concluded that, "...care managers appear to be very valuable in assisting their clients with critical health-related situations, as well as with more routine health care matters. Not only are they called upon to assist with health care emergencies and their clients' hospital stays, they also appear to serve an important role in facilitating physician-patient communications during the care recipient's routine visits to the doctor's office."

The most common benefits of care management cited in Phase Two of the study surveying responsible parties were:

- Getting an objective assessment of client needs
- Knowing the client has a medical advocate
- Peace of mind

Ninety seven percent (97%) of participants who identified themselves as the client's "responsible party" reported the care manager had a positive overall effect on the client. Ninety nine percent (99%) indicated the care manager had a positive effect on their own lives.

Responsible parties identified what they perceived as the most valuable benefits of care management services:

- Providing peace of mind
- Assessing client's needs
- Preventing/managing crises
- Advocating for medical needs with providers
- Preserving client's independence
- Navigating/recommending community resources
- Managing residential transitions
- Mediating/resolving conflicts
- Providing memory care/support

Researchers identified the most valuable services to clients as reported by their responsible parties:

- Monitoring/advocating for medical needs
- Providing peace of mind by being on call
- Coordinating/monitoring service providers
- Providing counseling and emotional support
- Enhancing social and quality of life activities
- Making/recommending home safety changes
- Providing memory care/support
- Coordinating government assistance, insurance or other benefits.

Citation:

Phase One study results – The Role and Contributions of Geriatric Care Managers: Care Recipients' Views – Professional Case Management, Vol. 18, No. 6, pages 286-292, November/December 2013.

Phase Two study results - How responsible parties value Aging Life Care Professionals' services by Mary Ann Horne, MHA & Judith Ortiz, PhD, MBA – Journal of Aging Life Care, Vol. 27, Special Edition, March 2017.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: While we survey CMCs on the value they receive from certification we have not done any substantial research or published any results.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: Since care management is an unlicensed field, consumers can be confident in their choice when selecting a Care Manager who holds the CMC credential. The CMC credential ensures that the care managers are competent to perform the full range of care management tasks through a validated, standardized examination. Additionally, the CMC certification is renewed every three years to ensure that Care Managers are practicing at the highest professional level.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: The CMC credential enhances a care manager's professional future by: being identified with this prestigious credential; attracting quality referral sources seeking high competency and quality practitioners; increasing opportunities for securing a job, career advancement, and increased earnings. The Aging Life Care Association's recognition of the CMC credential for eligibility for membership at the "Advanced Professional" level.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: NACCM requires 45 continuing education contact hours every three years for renewal. NACCM approves contact hours for providers of educational trainings, webinars, and sessions at national conferences that include the Aging Life Care Association (ALCA), American Society on Aging (ASA), National Multiple Sclerosis Society, Brain Injury Association of America, National Alliance on Mental Illness (NAMI), and National Guardianship Association (NGA) to name a few. To receive approval, course subjects must pertain to the tasks and content domains unique to care management: 1) Assess and identify client strengths, needs, concerns, and preferences, 2) Establish goals and a plan of care, 3) Implement care plan, 4) Manage and monitor the ongoing provision of and need for care, and 5) Ensure professional practice and supervision of care management.

QUESTION: If you can share how you keep in touch with certified professionals so they understand the value certification brings them so they renew their certification.

Answer: Rates of CMC certification renewal have been steadily increasing. Certified Professionals are encouraged to market their credentials of certification to elevate their practice. We have provided a certified logo for use on websites and in marketing materials. Those with a CMC are acutely aware that long-term care insurers, professional associations, and the public are looking for the added evidence of commitment and competency that a certification provides.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professionals who hold your care management certification? If yes, can you share what you have learned from the consumer who has experienced having a care manager during their healthcare journey?

Answer: NACCM does not have specific venues for consumer, employer, or other stakeholders to share experiences about professionals who hold CMC certification.

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager to assist as they transition through the complex healthcare system. My question is how does your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: NACCM provides information for professionals seeking care management certification on the website (www.naccm.net), through marketing, and social media. NACCM has a Code of Ethics and Standards of Practice that certificants must attest they adhere to. NACCM also works in collaboration with the Aging Life Care Association which provides information to the public and professionals about care management (www.aginglifecare.org). Here consumers can find tips about how to engage a care manager, the value of care management services and other helpful information.



C. BYRON CORDES, MSW, LCSW,
CASWCM, CMC

We would like to thank the Board of the National Academy of Certified Care Managers work providing information on their certification. The board is under the direction of
C. Byron Cordes, Board President.

Case Management Administrator Certification (CMAC)

CMAC Certification



QUESTION: When and why was the certification developed?

ANSWER: The Case Management Administrator Certification (CMAC) was created in 1999 and later in 2018 acquired by ACMA. The CMAC provides professional development for, and recognition of, case management administration professionals by:

- Recognizing formally those individuals who meet eligibility requirements designated by the National Board for Case Management (NBCM), the governing body for the ACM™ and CMAC;
- Encouraging continued professional growth in the theory and practice of case management administration;
- Establishing and measuring the level of knowledge required for certification in case management administration; and
- Providing a national standard of requisite knowledge deemed appropriate for the practice of case management administration, thereby assisting the employer, public, and members of the health professions in the assessment and identification of case management administrators.

QUESTION: Please talk about your target audience for whom the certification is designed.

ANSWER: CMAC candidates follow one of two tracks of eligibility. Track one is for those candidates who currently hold an ACM™ certification and who have completed a minimum of two (2) years, or 4,160 hours, of work experience as a case manager, case management administrator and/or leader, or other role that falls within the ACMA Standards of Practice & Scope of Services.

Track two is for candidates who do not hold an ACM™ certification but instead hold either a master's degree with one (1) year of experience in case management administration or three (3) years as a case manager, or a bachelor's degree with three (3) years of experience in case management administration or five (5) years as a case manager.

The CMAC allows those individuals who have proven leadership within the case management field to show proficiency in not just the day-to-day work of a case manager, but as an authority and guide to other case managers.

QUESTION: What have you learned over the years that has helped you make the certification value added for the healthcare industry as well as the professionals who become certified?

Much as the ACM™ certification provides the foundation for competently navigating the maze of healthcare delivery, the CMAC grants an avenue for those case managers who aspire to a higher position within their institution. Not only has the CMAC holder proven proficiency as a director in intake to care coordination to transition planning and discharge, but also as a resource and administrator of people and tasks. CMAC holders must be adept and knowledgeable in all aspects of care, as well as possess a more in-depth understanding of current rules and regulations that guide patient treatment, hiring and training, and data analysis toward providing the best and most efficient care to patients.

Continually changing technology and guidance from CMS and other payers have created the need for an administrative position within case management who can stay on top of these changes and effectively communicate this information to others in care management. Keeping the team apprised of the data from the organization and how to utilize that data assists the healthcare system in reducing avoidable days and unnecessary treatment, which in turn provides for better care for patients and families. The CMAC holder has demonstrated proficiency in all of these areas, showing value to multiples parties in the system.

QUESTION: Please share the number of professionals certified to date.

CMAC holders currently number over 140. As a new certification to ACMA, the certificant count has grown by more than 50% over the last two years. With the increasing complexity of CMS and payer rules, the additional technology used on a daily basis, and the need for continued fast-paced reactions to situations like pandemics, the criticality of having care management leadership will only become more pronounced and in demand.

QUESTION: With the industry moving to a value based purchasing culture, please share the value the CMAC brings to patients, caregivers, the healthcare industry, employers and the professionals who choose to sit for the certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value.

Case Management Administrators demonstrate value each day through careful and rigorous analysis of the mountains of data produced in a healthcare setting, with the ability to apply lessons learned through this analysis to the best possible patient care, while managing the institution's resources as economically as feasible. CMAC holders have a unique role in facilitating not only transition of patients to the correct setting at the proper time, but also by being able to predict trends and upcoming needs to save money for both the patient and the organization.

The CMAC holder contributes to cost savings in a number of ways, benefiting all stakeholders within the healthcare industry; among these are:

- Documenting and analyzing length-of-stay outliers, and implementing solutions to balance patient care and appropriate resources;
- Leading change management in various modalities to seek the best outcomes for patients and the hospital setting;
- Staying up-to-date on and disseminating information about regulation changes that impact payments to their institution;
- Managing patient flow through the patient's stay to accomplish both patient and organizational goals in a timely manner; and
- Educating patients, families, fellow case managers, and physicians on the most appropriate care settings to meet needs at any step along the patient care journey.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and share the link?

CMAC holders participate in ACMA's Advocacy Program as representative of case management leadership within their institutions. Proponents of this program meet with Congressional members and CMS on a regular basis to advocate for the importance of their work in not only bettering patient care, but also making the best use of the resources allocated to their organizations.

Because the CMAC is such a new certification, ACMA has not yet conducted formal research of its membership on CMAC use and value, but will do so in the next biennial National Hospital Case Management Survey that includes a number of domains focused on case management as a whole as well as the CMAC. This survey is an ACMA member-only resource and is not otherwise shared publicly. ACMA's certification program does perform feedback surveys of both its candidates and credentialed professionals to suggest improvements.

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

CMAC holders are provided a hard-copy wall certificate as well as a digital certificate for use in marketing themselves as a thought leader in case management. They also receive both physical and digital lapel pins for use in social media, email signature lines, and elsewhere. These pins are often worn by CMAC holders on a daily basis to demonstrate their continued competence to patients and their families.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

The CMAC represents the healthcare standard for case management leadership, and is the only industry certification specifically for registered nurses, social workers, and others seeking administrative oversight of case management operations. Because of the dual nature of the CMAC holder in managing both patient care and utilization management, the CMAC is uniquely suited to protect the public on both medical and financial fronts, preserving critical resources for the most appropriate patients. This resource management keeps medical costs to the minimum while maintaining excellent patient outcomes, which serves every taxpayer – patient or not – in the form of reduced burden.

Question: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: CMAC holders are currently required to recertify every five (5) years, while achieving a minimum of fifty (50) hours of continuing education, most of this specific to case management or healthcare leadership, from a list of pre-approved educational providers. The focus on constant education serves to keep CMAC holders aware of the latest changes in healthcare policies and regulations, as well as updates to technology. ACMA offers a number of ways for CMAC holders to obtain this education, including live and virtual conferences and educational events, updates on advocacy and membership through email blasts, webinars housed in an Education Center, and other avenues.



MICHELLE MURPHEY PORTER, CAE

Thank you to Michelle Murphey Porter, Director of Certification, American Case Management Association for working with us on this report.

Certification in Managed Care Nursing (CMCN)

Certification In Managed Care Nursing (CMCN)



The Examination is administered by the American Board of Managed Care Nursing (ABMCN).

QUESTION: When and why was the certification developed?

Answer: The American Board of Managed Care Nursing (ABMCN) and the Certification in Managed Care Nursing (CMCN) were developed in 1998 in response to the evolving healthcare delivery system and emerging roles in managed care.

QUESTION: Please talk about your target audience for whom the certification is designed.

Answer: Today, the healthcare arena is highly competitive, and expressing that you have achieved specialty education can give you the edge when pursuing a new job or moving up the career ladder. Registered Nurses (RNs), Licensed Practical Nurses (LPN/LVNs), Licensed Social Workers, and Licensed Professional Counselors working within managed care settings are required to have related critical-thinking skills and a well-rounded understanding of the risks and benefits of every healthcare decision. The Certified Managed Care Nurse (CMCN), and the Certified Managed Care Professional (CMCP), credential is a recognition of one's acquired knowledge of the profession.

Licensed nurses (RNs, LPN/LVNs, NPs, etc.) who obtain this certification are designated as Certified Managed Care Nurses (CMCNs).

Licensed social workers and counselors are designated as Certified Managed Care Professionals (CMCP).

The certification exam is the same for both.

QUESTION: What have you learned over the years that has helped you make your certification value added for the health care industry as well as the professionals who becomes certified?

Answer: Since the creation of the CMCN certification, the ABMCN Board of Directors have regularly updated the exam content to ensure that key principles of care management and current healthcare standards are a part of the exam-takers knowledge base. In this ever-changing healthcare environment, it is important to keep abreast of new policies and procedures. That is why CMCNs are required to submit continuing education every three years to renew their certification.

QUESTION: Please share the number of professionals certified to date.

Answer: There are over 2,400 Certified Managed Care Nurses/Professionals (CMCNs/CMCPs) nationwide.

QUESTION: The percentage of renewals.

Answer: 80% renewal rate.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification bring to patient's, caregivers, the healthcare industry, employers and the professionals who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: The overall goal of a Certified Managed Care Nurse is patient advocacy. Certified Managed Care Nurses have proven they have learned the principles and values of ethical decision making, patient education, patient wellness, prevention programs, early intervention, and continuity of care including transitional care and post-discharge education aimed at reducing readmissions. The CMCN can advocate for patient discharge from the acute care to a skilled nursing facility sooner, or transition to settings like Home Health Care or Wound Care, saving their company an average of \$10,000 a day. This number may vary depending on the level of care, insurance carriers, and contracts.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: No.

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: Those who sit for the CMCN exam are given the option to have ABMCN notify their supervisor of their newly earned certification and provide a press release that can be used within the organization to promote the employee's achievement. For example, one company has placed the news on the company intranet for all employees to see.

New CMCNs are given a certificate that can be hung for all to see and they are allowed to use the initials CMCN (or CMCP, depending on their licensure) in their professional signature.

Sharing managed care outcomes varies from company to company. Working with metrics and leadership to define what constitutes a successful outcome, such as admission reduction, readmission reduction, and Emergency Department diversions, CMCNs can share these stories through company Grand Rounds meetings, narratives composed for Training 125, and individual nurse recognition.

The American Association of Managed Care Nurses (AAMCN) recognizes nurses who have made a solid commitment to managed care nursing by offering the Managed Care Nurse Leader of the Year Award on an annual basis.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: Holding the CMCN certification ensures that the managed care professional working with the public is aware of current government programs, legal and risk management issues, preventative programs, contracting and reimbursement, accreditation, and other consumer advocacy factors. The certification promotes a superior standard of quality care that one can expect from a managed care professional.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: Those who obtain the Certification in Managed Care Nursing (CMCN) position themselves to be recognized by employers for their drive to obtain specialty education and dedication to improving their skill set. Employers are more likely to hire someone with appropriate certifications because it signifies expertise and a continuous drive to learn more about managed care topics.

Those who ‘go the extra mile’ by obtaining certification have an advantage with career advancement and development opportunities. In fact, many organizations require their employees to attain certification related to their role shortly after being hired.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today’s complex and fragmented healthcare industry?

Answer: The American Board of Managed Care Nursing (ABMCN) does not provide educational content, however, their website does link to available continuing education activities for managed care professionals provided by the American Association of Managed Care Nurses (AAMCN) and the NAMCP Medical Directors Institute.

These activities include annual forums, live webinars, and online CE presentations which can also be found at <http://namcp.org/home/education.com>.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professional who hold your case management certification? If yes, can you share what you have learned from the consumer who has experienced having a case manager during their healthcare journey?

Answer: No.

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager assist as they transition through the complex healthcare system. My question is how do your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: The ABMCN is a certifying body that does not create educational content, but lists resources on their website that are beneficial to case managers, those working in utilization and quality management, and others within the care coordination team. CMCNs are also encouraged to seek resources provided by the American Association of Managed Care Nurses including their annual forums, live webinars, online continuing education activities, and newsletters to keep abreast of changes in healthcare.

ABMCN recommends that CMCNs reach out telephonically to those at hi-risk for readmissions, due to targeted diagnoses or multiple admissions, to introduce themselves and share services they can provide or assist with. Another method is to introduce the care manager in new patient packets which hi-lite the providers and care managers and what they do.

QUESTION: How are you encouraging your certified case managers to educate and inform the patient, their caregivers and others who can benefit as how to find a case manager when they enter the healthcare system? Please feel free to share other information you want readers to know about your certification.

Answer: Certified Managed Care Nurses serve as the liaison between patients, doctors, healthcare providers and insurance companies. In contrast to direct patient care at the bedside, their role is to advocate for all patients enrolled in the healthcare delivery system. CMCNs are encouraged to proudly display their certificate, as it differentiates them as someone with demonstrated competencies to help improve patient outcomes, skills to help guide lesser experienced nurses through the maze of care management, and the drive and determination to be a nursing leader and steward.

Today, the role of the case manager can be diverse and may include a range of different responsibilities within the scope of managed care. That is why the CMCN/CMCP certification ensures knowledge of not only case management, but also topics in the areas of quality, utilization, disease, and population health management, cementing one's ability to fully integrate and work within a care coordination team.

To learn more about the **Certification in Managed Care Nursing** and the **Certified Managed Care Professionals**
Visit the website at www.ABMCN.org



JUDITH DAUGHTY, RN, BS, LNC, CMCN

A special thanks to Judith Daugherty for assisting us with this project.
Judith is a member of the ABMCN Board of Directors.

CERTIFIED CASEMANAGER (CCM™)

Certified Case Manager (CCM™)



Commission for Case Manager Certification

The Examination is administered by the Commission for Case Manager Certification.

QUESTION: When and why was the certification developed?

Answer: A certification taskforce was convened in 1992 to investigate the development of a certification for case managers. Of paramount concern was the varied training and background of people who called themselves case managers, as incompetent practice could damage the emerging profession and endanger the wellbeing of clients. The idea was put forward that case management professionals themselves, rather than a regulatory authority, should oversee the credentialing process, and the Certified Case Manager (CCM®) credential was born. The first exam administration was in the Spring of 1993.

QUESTION: Please talk about your target audience for whom the certification is designed.

Answer: The CCM credential is the only cross-setting, cross discipline NCCA accredited case manager credential for healthcare and related fields. Board-certified case managers include RNs, SWs, and other allied health professionals.

QUESTION: What have you learned over the years that has helped you make your certification value added for the health care industry as well as the professionals who becomes certified?

Answer: Board certification is the mark that sets a case manager apart, demonstrating that the case manager has the experience and knowledge it takes to serve clients with complex challenges, and to serve as peers in today's team-based care environment.

QUESTION: Please share the number of professionals certified to date.

Answer: There are currently more than 45,000 actively certified case managers practicing today, with over 65,000 case managers certified since 1993.

QUESTION: The percentage of renewals.

Answer: The CCM retention rate varies by individual class.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification bring to patient's, caregivers, the healthcare industry, employers and the professionals who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: The Commission engages health care policymakers to highlight the importance of including case management in new models of care and new attention to care coordination. This active engagement is vital at this time of rapid transformation in care delivery.

The Commission is also identifying the most appropriate roles and functions that case managers can utilize to eliminate duplication of services, expand access to needed care, and improve the lives of clients while lowering costs. CCMC is taking this message to the industry, policymakers and targeted stakeholders.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: The Commission uses a research-based approach to develop and validate its CCM® certification exam and to ensure that it reflects the current state of case management practice. The Role and Function Study is conducted every five (5) years. We field this survey of case managers to gather specifics about their knowledge, skills and activities to inform the exam. We also use the survey's results to demonstrate the capabilities and functional roles performed by case managers to policymakers, employers and regulators.

<https://ccmcertification.org/about-ccmc/role-function/role-function-study-key-findings>

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: As the CCM® is a cross-setting, cross disciplinary credential, the Commission encourages case managers in each practice setting to develop metrics that demonstrate their value. CCMC's issue briefs have also been developed to highlight employers using case management and the outcomes that they have seen within their programs as examples and case studies for case managers to reference in their practice settings.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: The Commission has maintained its place among an elite group of healthcare certification organizations accredited by NCCA. This means that the Commission's certifications, the CCM &

CDMS, demonstrate an individual's professional competence, enhance their employability and career advancement, and ultimately protect the public interest. In addition, the Commission validates its CCM & CDMS certification exams through research, which helps ensure the exam continues to be relevant to today's practice.

The Commission for Case Manager Certification's (the Commission) CCM® & CDMS® credentials are NCCA Accredited. The Commission's programs are in compliance with the NCCA's Standards for the Accreditation of Certification Programs. NCCA is the accrediting body of the Institute for Credentialing Excellence (ICE). ICE's mission is to advance credentialing through education, standards, research, and advocacy to ensure competence across professions and occupations. ICE created NCCA in 1987, with the purpose to ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs that assess professional competence. Since 1977, the NCCA has been accrediting certifying programs based on the highest quality standards in professional certification to ensure the programs adhere to modern standards of practice in the certification industry. To view the standards, visit <http://www.credentialingexcellence.org/ncca>.

NCCA uses a peer review process to: establish accreditation standards; evaluate compliance with these standards; recognize organizations/programs which demonstrate compliance; and serve as a resource on quality certification.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: In the interim of the Role & Function Study, CCMC regularly conducts trend surveys regarding what today's case manager looks like, both CCMs and those considering certification. As a result, a series of Case Management Coordinates has been developed to include information on salaries, specialized training, and employers' value of certification. These coordinates are public facing documents and can be found at this link: <https://ccmcertification.org/cmcoordinates-archive>.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: CCMC provides ongoing professional continuing education through the CMLearning Network™, which encompasses online learning and CCMC's face-to-face conference, the New World Symposium®. The results of CCMC's Role and Function Study are released to the industry every five to years to inform employers, regulators, and certified professionals about any changes or evolution of the practice of case management.

QUESTION: How are your renewal rates? If you can share how you keep in touch with certified professionals so they understand the value certification brings them so they renew their certification.

Answer: Constant contact with our certificants is managed through both personal outreach and marketing and communications efforts throughout their five (5) year certification period. In addition, CCMC has developed a number of related educational activities to support certification, professional development, and recertification. These include, but are not limited to, the CMLearning Network™, as noted above.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professional who hold your case management certification? If yes, can you share what you have learned from the consumer who has experienced having a case manager during their healthcare journey?

Answer: The Commission has a Code of Professional Conduct for Case Managers (available at: https://ccmcertification.org/sites/default/files/docs/2017/code_of_professional_conduct.pdf). The basic objective of the Code is to protect the public interest, and the Code consists of Principles, Rules of Conduct, and Standards of Professional Conduct, as well as the CCMC Procedures for Processing Complaints. The Principles provide normative guidelines, and are advisory in nature. The Rules of Conduct and the Standards for Professional Conduct prescribe the level of conduct that is required of every Certificant. Compliance with these levels of conduct is mandatory, and enforcement is through the CCMC Procedures for Processing Complaints.

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager assist as they transition through the complex healthcare system. My question is how does your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: The Commission's role is to advocate for professional case management excellence through certification and interrelated programs and services. Through the development and management of our comprehensive professional certification for qualified case managers, CCMC promotes, advances and advocates for consumer protection, quality case management practice, ethical standards and behavior, and scientific knowledge development and dissemination.

QUESTION: How are you encouraging your certified case managers to educate and inform the patient, their caregivers and others who can benefit as to how to find a case manager when they enter the healthcare system? Please feel free to share other information you want readers to know about your certification.

Answer: The Commission works with employers who share our core values to promote, advance and advocate for consumer protection, quality case management practice, ethical standards and behavior, and scientific knowledge development and dissemination through our Partners in Excellence program. CCMCs Partners in Excellence are committed to the recruitment, training, and deployment of a diverse case manager workforce ready to serve across all practice settings. Our Partners in Excellence are employers, educational institutions and membership organizations, and they support, promote, and/or endorse CCM certification as the mark for case manager excellence and work with us to advance board certification and the case management profession.

To learn more about the Case Manager Certification (CCM) visit the website at www.ccmcertification.org



VIVIAN CAMPAGNA, MSN, RN-BC, CCM

Thank you to Vivian Campagna, for providing this information. Vivian is the Chief Industry Relations Officer (CIRO) for The Commission of Case Manager Certification.

CERTIFIED DISABILITY MANAGEMENT SPECIALIST (CDMS)

Certified Disability Management Specialist (CDMS)



The Examination is administered by the Commission for Case Manager Certification.

QUESTION: When and why was the certification developed?

Answer: The Certification of Disability Management Specialists Commission developed the Certified Disability Management Specialist examination to provide a certification and recertification process to ensure the competence of those who provide disability management services, and to serve those who contribute to the health and well-being of organizations through integrated ability management.

The CDMS Commission has a rich history that spans 30 years. Offering the only independent, nationally accredited program that certifies disability management specialists. The Certified Disability Management Specialists (CDMS) credential is the gold standard in workplace solutions and has long been recognized for excellence. It promotes competence, high professional standards, and ethical practice in the field.

In 2016, the CDMS credential was acquired by the Commission for Case Manager Certification (CCMC). CCMC manages both the CCM and CDMS credential.

QUESTION: Please talk about your target audience for whom the certification is designed.

Answer: The CDMS credential target audience includes professionals in the fields of disability and work interruption case management; workplace intervention for disability prevention; program development, management, and evaluation of disability management programs; and, employment leaves and benefits administration.

QUESTION: What have you learned over the years that has helped you make your certification value added for the health care industry as well as the professional who becomes certified?

Answer: CCMC remains focused on providing value and enhanced expertise to those practicing in the disability management field. From advancing professional development to equipping employers and employees with the knowledge and skills necessary to assist individuals to remain at or return to work, CCMC is steadfast in its commitment to meeting the demands of the industry through the CDMS credential. Disability management specialists who hold the CDMS credential affirm that as professionals, they have a measurable, enhanced level of competence, knowledge, and expertise.

QUESTION: Please share the number of professionals certified to date.

Answer: There are currently over 2,200 actively certified disability management specialists practicing today.

QUESTION: What is the renewal rate?

Answer: The CDMS retention rate varies by individual class.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification bring to patient's, caregivers, the healthcare industry, employers and the professionals who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: Those who hold the Certified Disability Management Specialists (CDMS) credential are better equipped to analyze, prevent, and alleviate the human and economic impact of disability.

Individuals who receive disability management services associate CDMS with quality, expertise, and consumer protection. Employers seeking proactive workplace solutions recognize that CDMS means in-depth knowledge, best practices, and cost-effective programs. Certificants equate the CDMS credential with the highest standards for competence, professional conduct, and ethics.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: CCMC uses a research-based approach to develop and validate its CDMS certification exam and to ensure that it reflects the current state of disability management practice. A Role and Function Study is conducted every five (5) years. We field this survey of absence and disability management specialists to gather specifics about their knowledge, skills and activities to inform the exam. We also use the survey's results to demonstrate the capabilities and functional roles performed by disability management specialists to policymakers, employers and regulators.

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: The Certification of Disability Management Specialists (CDMS) credential is a gold standard in workplace solutions and has long been recognized for excellence. It promotes competence, high professional standards, and ethical practice in the field.

As the field of disability management continues to evolve it's more important than ever to have a workforce with the professional background and expertise to practice competently. For those employers involved in providing services and solutions to help people with illnesses, injuries, and disabilities return to or stay at work, the benefits to the organization are significant.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: CCMC has maintained its place among an elite group of healthcare certification organizations accredited by NCCA. This means that the Commission's certifications, the CCM & CDMS, demonstrate an individual's professional competence, enhance their employability and career advancement, and ultimately protect the public interest. In addition, the Commission validates its CCM & CDMS certification exams through research, which helps ensure the exam continues to be relevant to today's practice.

CCMC's CCM® & CDMS® credentials are NCCA Accredited. CCMC's programs are in compliance with the NCCA's Standards for the Accreditation of Certification Programs. NCCA is the accrediting body of the Institute for Credentialing Excellence (ICE). ICE's mission is to advance credentialing through education, standards, research, and advocacy to ensure competence across professions and occupations. ICE created NCCA in 1987, with the purpose to ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs that assess professional competence. Since 1977, the NCCA has been accrediting certifying programs based on the highest quality standards in professional certification to ensure the programs adhere to modern standards of practice in the certification industry. To view the standards, visit <http://www.credentialingexcellence.org/ncca>.

NCCA uses a peer review process to: establish accreditation standards; evaluate compliance with these standards; recognize organizations/programs which demonstrate compliance; and serve as a resource on quality certification.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: Becoming a Certified Disability Management Specialist (CDMS) lets others know that you possess the business acumen and competencies needed to help employees stay at or return to work while assuring employers that you can be trusted to maintain a balance that helps them control and identify financial, safety, and other risks that confront them.

With professional credentialing, an emphasis is placed on your enhanced skill and knowledge in the field. It shows a commitment to advancing your profession and can serve as a competitive edge in the marketplace.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: CCMC has a firm belief that all CDMS certificants and designees throughout their career should embark on a continuous quest to develop and enhance their skills—enriching their competency, placing them at the forefront of the profession, and enabling them to secure renewal. Through continuing education, disability management specialists are better prepared to serve and deliver assurance to employers and those they assist.

QUESTION: How are your renewal rates? If you can share how you keep in touch with certified professionals so they understand the value certification brings them so they renew their certification.

Answer: Constant contact with our certificants is managed through both personal outreach and marketing and communications efforts throughout their five (5) year certification period. In addition, CCMC has a number of related educational activities to support CDMS certification, professional development, and recertification.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professional who hold your case management certification? If yes, can you share what you have learned from the consumer who has experienced having a case manager during their healthcare journey?

Answer: Utilizing common practice standards, the CDMS credential draws together practitioners from a wide variety of disciplines. Additionally, certified professionals must remain current in their field, through ongoing continuing education, and they must adhere to a strict Code of Professional Conduct available at <http://www.cdms.org/uploads/cdms%20code%20of%20professional%20conduct%208.16.16.pdf>

These requirements continuously remind CDMS certificants of their obligation to the individuals who are ill, injured, and/or have disabilities. The Rules of Conduct and the Standards for Professional Conduct prescribe the level of conduct that is required of every Certificant. Compliance with these levels of conduct is mandatory, and enforcement is through the CDMS Procedures for Processing Complaints.

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager to assist as they transition through the complex healthcare system. My question is how does your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: CCMC's role is to advocate for professional disability management excellence through CDMS certification and interrelated programs and services. Through the development and

management of our comprehensive professional certification for qualified disability managers CCMC promotes, advances and advocates for consumer protection, quality disability management practice, ethical standards and behavior, and scientific knowledge development and dissemination.

QUESTION: How are you encouraging your certified case managers to educate and inform the patient, their caregivers and others who can benefit as to how to find a case manager when they enter the healthcare system? Please feel free to share other information you want readers to know about your certification.

Answer: The Commission works with employers who share our core values to promote, advance and advocate for consumer protection, quality disability management practice, ethical standards and behavior, and scientific knowledge development and dissemination.

To learn more about the Certified Disability Management Specialists (CDMS) visit the website at www.cdms.org



VIVIAN CAMPAGNA, MSN, RN-BC, CCM

Thank you to Vivian Campagna, for providing this information. Vivian is the Chief Industry Relations Officer (CIRO) for The Commission of Case Manager Certification.

The Certified Patient Experience Professional (CPXP)

Certified Patient Experience Professional (CPXP)



QUESTION: When and why was the certification developed?

Answer: The Certified Patient Experience Professional (CPXP) designation is offered via the [Patient Experience Institute](#) (PXI) which was formed in 2013 as an independent entity committed to certification and continuing education for the emerging field of Patient Experience. Over the following two years, an extensive process was undertaken with a certification and testing partner to establish a comprehensive and psychometrically validated certification for patient experience professionals identified as a Certified Patient Experience Professional (CPXP). Initially launched in December of 2015, with its first formal year offered in 2016, the CPXP designation was created with the recognition that there was a need to develop leaders in the emerging field of patient experience and a desire by practitioners of varying levels of experience to codify and formalize their knowledge and skills in a professional designation. The CPXP designation was established to provide a solid and unwavering professional foundation for the field of patient experience and all who were committed to leading its progress forward.

QUESTION: Please talk about your target audience for whom the certification is designed

Answer: By definition, a certified patient experience professional (CPXP) is a formal or informal leader who influences the systems, processes and behaviors that cultivate consistently positive experiences as defined by the patient, resident and family in settings across the continuum of care. CPXP certification is an international designation intended for healthcare professionals or other individuals with a commitment and interest in patient experience improvement. Applicants should have a minimum 3 years of professional experience in a patient experience related role or experience in engaging in patient experience efforts from various perspectives, be they as healthcare professionals, including, but not limited to patient experience leaders, executives, physicians, nurses, ancillary services and other non-clinical support roles, consultants or patient and family members committed to experience excellence. CPXP certification demonstrates clear qualifications to senior leaders, colleagues and the industry. In addition, achievement of certification highlights a commitment to the profession and to maintaining current skills and knowledge in supporting and expanding the field of patient experience. Certification development followed a rigorous and standardized process, engaging the voices of hundreds of members of the global patient experience community.

QUESTION: What have you learned over the years that has helped you make the certification value added for the healthcare industry as well as the professionals who become certified.

Answer: The CPXP certification was established with a commitment to elevating the conversation on patient experience within the healthcare industry, establishing a comprehensive and widely accepted framework of knowledge and experience that was recognized as essential in leading positive healthcare outcomes. As this designation has evolved, we have learned just how broad the interest is in contributing to this profession. Designees are not just healthcare professionals but represent a broad range of individuals with relevant experience who are looking to elevate the human experience in healthcare.

The realization of the importance of experience has increased both by the rapid growth of this designation and the work of organizations such as our sister organization, The Beryl Institute, in underlining and reinforcing the value of experience for healthcare organizations across the continuum of care via shared learning and research. As more leaders have accepted an expanded and integrated view of the healthcare experience and acknowledged the direct linkage of a focus on experience to the ability to achieve consistent outcomes across clinical and operational factors, this designation has moved from an idea to an essential requirement for those looking to drive strategic change and measurable outcomes for their respective organizations. This recognition of both value and impact has supported a rapid growth trajectory for the CPXP Community.

QUESTION: Please share the number of professionals certified to date.

To date, over 1,200 individuals globally hold the CPXP certification since the first year of certification in 2016, with a rapid growth in designees every year.

QUESTION: With the industry moving to a value based purchasing culture, please share the value the CPXP brings to patients, caregivers, the healthcare industry, employers and the professionals who choose to sit for the certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value.

Answer: The foremost value that the CPXP certification provides for professionals is the broad knowledge and skills to connect a focus on experience to the broader outcomes all individuals in healthcare are trying to achieve. The integrated perspective represented by this designation has leaders poised to drive outcomes in quality, safety and service while understanding the measurable nature of experience and the operational and business outcomes it influences. The designation is driven by a belief that a focus on experience from this broad and integrated lens prepares leaders to drive the overall outcomes healthcare aspires to achieve.

Designees represent individuals from patient and family members to vendors, front line care providers to Chief Experience Officers, but in all cases regardless of roles, we find CPXPs capable of moving a conversation of experience beyond one of how satisfied people are to the real measurable impact a commitment to experience has. Whether it drives scores to impact reimbursement for some or improved quality outcomes for others, or any combination in between, CPXP designees take a broad line of sight to ensure an elevated focus on all that impacts the encounter a patient, their family or care partners have with the healthcare system.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: The CPXP certification does more than protect the public. Rather, we believe it works to ensure the public is respected, cared for and heard. The CPXP designation is solely focused on the experience healthcare provides its customers – the patients, family members and care partners it serves. By providing for a commonly understood foundation of knowledge and skill, CPXPs reinforce in their efforts the optimal methods to improve the human experience in healthcare. Rather than simply utilizing “gut instinct” in an arena with decisions that are often far from black and white, CPXP professionals have significant context and research to pull from, experience to draw from and a broad and generous network on which to lean. The healthcare industry is often overwhelmed with grave decisions that must be made quickly, and this certification is vital to ensuring that those significant choices are as informed as possible in what it means to safeguard the best in experience for all.

Question: How does the certification body educate their certified professionals as to their role and function in today's complex and fragmented healthcare industry?

As PXI is not only the certifying body but also the approving body for patient experience continuing education credits via PXEs, it continuously works with educational entities to ensure the most relevant and practical learning and information is available. An extensive range of learning is available via learning providers, conferences and events that continue to ensure CPXP designees are informed and on the cutting edge of knowledge driving experience. As the accrediting body for PXEs, PXI is constantly watching the research and educational landscape to ensure the CPXP community is informed and aware of new opportunities for continuous learning and professional development essential in today's healthcare environment.



**JASON A. WOLF, PHD, CPXP, PRESIDENT,
PATIENT EXPERIENCE INSTITUTE**

President, Patient Experience Institute

**A special thanks for Jason Wolf and his team
for assisting us with this project.**

**CERTIFIED REHABILITATION
REGISTERED NURSE (CRRN)**

Certified Rehabilitation Registered Nurse (CRRN)



The Examination is administered by the Rehabilitation Nursing Certification Board (RNCB).

QUESTION: When and why was the certification developed?

Answer: An interdisciplinary healthcare specialty, rehabilitation evolved during 20th century wartime. Many soldiers, young men for the most part, survived injury during the war, but faced serious disability. As a result, military hospitals established rehabilitation units that focused extensive efforts on returning these young men to society. Not long after, rehabilitation units and hospitals sprang up around the country and the interdisciplinary specialty of rehabilitation gained importance. The specialty has continued growth and development ever since.

In 1976 the Association of Rehabilitation Nurses (ARN) was formally recognized as a specialty nursing organization by the American Nurses Association. In 1984 the Certified Rehabilitation Registered Nurse (CRRN®) Exam was first administered and the certification was born.

QUESTION: Please talk about your target audience for whom the certification is designed.

Answer: Rehabilitation nursing practice includes care management and treatment of conditions such as stroke, traumatic brain injury, aging issues, MS, diabetes, co-morbidities, cardiovascular illness, arthritis, and spinal cord injury. Nurses who achieve the Certified Rehabilitation Registered Nurse credential demonstrate knowledge, experience and commitment to excellence in comprehensive care for people with physical disabilities and chronic illnesses in all specialties and settings of rehabilitation. Additionally, we have a Rehabilitation Case Manager Role description at <http://www.rehabnurse.org/pubs/role/Role-Rehab-Nurse-Case-Manager.html>

QUESTION: What have you learned over the years that has helped make your certification value added for the health care industry as well as the professionals who becomes certified?

Answer: There are many specialties that offer credentials and certifications that may only apply to certain aspects of rehabilitation nursing practice or certain populations. However, only one certification applies to them all. Nurses who achieve the CRRN credential demonstrate knowledge, experience and commitment to excellence in comprehensive care for all people with physical disabilities and chronic illnesses in all settings of rehabilitation across the Post-Acute Care (PAC) continuum, for insurance companies, and in private practice.

QUESTION: Please share the number of professionals certified to date.

Answer: The current number of CRRNs is approximately 13,000

QUESTION: What is the rate of renewal?

Answer: Approximately 65%

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification bring to patient's, caregivers, the healthcare industry, employers and the professionals who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: The CRRN credential requires nurses to have experience in rehabilitation nursing and pass an exam validating a documented level of knowledge of rehabilitation nursing practice. This exam covers the scope of rehabilitation nursing practice including:

- Rehabilitation Nursing Models and Theories;
- Functional Health Patterns: theories, physiology, assessment, standards of care, and interventions of individuals with injury, chronic illness, and disability across the lifespan;
- The Function of the Rehabilitation Team and Community Re-entry; and
- Legislative, Economic, Ethical, and Legal Issues.

Patients' lives are restored to functioning persons with a CRRN's care and support. CRRNs teach caregivers how to manage and support the patient. CRRNs have a voice in Washington and support the following legislation: Chronic Care Reform; Requiring Nursing Homes to Have at Least one Direct Care RN with Rehabilitation Experience on Duty 24/7; Appropriate Quality Measures and Outcomes Across the PAC Continuum; Preservation of Access to Quality Rehab Services.

Along with ARN, the specialty has created white papers and continues to support: The Essential Role of the Rehabilitation Nurse in Facilitating Care Transitions; as well as Cancer Rehabilitation and the Role of the Rehabilitation Nurse.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: A landmark study, "Nurse Staffing and Patient Outcomes in Inpatient Rehabilitation Settings" published in 2007 found that certified rehabilitation registered nurses (CRRNs) can significantly improve a patient's progress, thereby decreasing length of stay, and ultimately resulting in financial savings for the rehabilitation facility and the patient. The study, conducted

by lead investigator Audrey Nelson, PhD, RN, FAAN, concluded that for every 6% increase in CRRNs on the unit, the average length of stay decreased by one day.

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: CMS requires outcomes to be shared in a specific manner and some are reported to the public. The membership organization, ARN, has developed educational programming to teach CRRNs how to best manage these requirements and to stay competitive within the rehabilitation environment.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: The Rehabilitation Nursing Certification Board (RNCB) has a public member on the board. This public input broadens the perspective of RNCB, enhances decision-making, and helps focus attention on consumer concerns as they relate to quality, cost effectiveness, and access to care.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: The CRRN credential is often required or preferred for many rehabilitation nursing positions. The CRRN opens doors for a variety positions, making it a valuable asset when transitioning from one role to another. The specialty provides CRRNs an opportunity to learn and develop many skills they may not otherwise develop.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: The organization continually works to develop the specialty and educate CRRNs across the continuum to keep them up to date on new developments, as well as help them maintain certification.

QUESTION: How are your renewal rates? If you can share how you keep in touch with certified professionals so they understand the value certification brings them so they renew their certification.

Answer: We communicate with all CRRNs, several times throughout the year, electronically and via regular mail, keeping them up date on anything related to certification; we ask them to update their contact information so we don't lose touch with them; and we send a post card to them the last couple of years prior to their renewal deadline, so they know that it's coming.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professionals who hold your case management certification? If yes, can you share what you have learned from the consumer who has experienced having a case manager during their healthcare journey?

Answer: We don't have a process for this.

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager to assist as they transition through the complex healthcare system. My question is how does your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: We do offer general information to patients and caregivers on our patient-centered website www.RestartRecovery.org to provide information on what you need to consider at each step along the rehabilitation process. One section highlights the CRRN as the patient's advocate and we emphasize the role of the RN Case Manager to identify care needs and assist with coordination of services needed during transitions and once in community or home.

QUESTION: How are you encouraging your certified case managers to educate and inform the patient, their caregivers and others who can benefit as to how to find a case manager when they enter the healthcare system? Please feel free to share other information you want readers to know about your certification.

Answer: We offer Patient Resources on our website, including www.restartrecovery.org, as noted above. These resources are exclusive to ARN members, but there are many materials that can be printed and provided to patients, or they can be directed to the patient website.

For more information on the Certified Rehabilitation Registered Nurse Certification go to <https://rehabnurse.org/crrn-certification/earn-your-crrn>



KARION GRAY WAITES, DNP, RN, BC-FNP, CRRN

A special thanks to Karion Gray Waites and the team at the Association of Rehabilitation Nurses for assisting us with this project. Karion is the ARN President and Rehabilitation Nursing Foundation Chair

NURSING CASE MANAGEMENT CERTIFICATION

Nursing Case Management Board Certification



The Examination is administered by the American Nurses Credentialing Center (ANCC).

QUESTION: When and why was the certification developed?

Answer: In 1996, a panel of nurse case managers met and determined that the focus of RN's in case management brought the unique aspects of nursing to case management and thus had a unique focus from other disciplines that practice in case management. In the same year, the ANCC established the Nursing Case Management Test Development Committee and the first cohort of Nursing Case Management candidates tested in 1997.

QUESTION: Please talk about your target audience for whom the certification is designed.

Answer: The ANCC Nursing Case Management Board Certification examination is designed to validate the knowledge and expertise of nurses who practice in case management. Eligibility to test include the following:

- Hold an active U.S. RN license or the legally recognized equivalent in another country
- Have practiced the equivalent of 2 years full time as a registered nurse
- Have a minimum of 2,000 hours of practice in nursing case management within the last 3 years
- Complete 30 continuing education hours in nursing case management within the last 3 years

After meeting the eligibility requirements and passing the examination, the nurse is awarded the credential RN-BC. In the future, ANCC anticipates changing this credential to reflect the name of the certification.

QUESTION: What have you learned over the years that has helped you make your certification value added for the health care industry as well as the professionals who become certified?

Answer: Nurses holding the ANCC Nursing Case Management Board Certification have objective evidence of knowledge and expertise in both nursing and case management. The value to the patient/client public, and employer is the clinician able to utilize nursing and case management in their practice.

QUESTION: Please share the number of professionals certified to date.

Answer: As of June 30, there are 2,066 nurses holding the Nursing Case Management Certification.

QUESTION: What is your renewal rate.

Answer: The 2019 renewal rate was 70.1%.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification bring to patient's, caregivers, the healthcare industry, employers and the professionals who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrates their value?

Answer: In today's complex health care environment, the holder of the ANCC Nursing Case Management board certification provides the consumer and employer evidence of possessing current knowledge and expertise in both case management and nursing. In addition to meeting the eligibility to take the examination for initial certification, there are rigorous requirements to meet to maintain the certification. Thus, the consumer and employer should expect this board certified clinician's actions and decisions to be based on current knowledge.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: ANCC supports certification related research.

The Margretta Madden Styles Credentialing Research Grant was established by ANCC as a mechanism to make funds available for research into certification and credentialing. This research grant is now available through the American Nurses Foundation.

In May 2019, ANCC hosted a Certification Summit with these goals

- to review results of the scoping review study of certification in nursing launched in 2016
- to prioritize certification research questions
- to develop support strategies for research on certification in nursing

In addition to the 3 goals the attendees supported a sensitizing definition for research in certification.

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: ANCC encourages the board certified nurse case manager to wear the board certified pin and to publicly display their certification wall certificate. The board certified nurse can request to have an official Verification of Certification letter mailed or emailed to their employer. Likewise, an employer or a patient can submit a request to receive verification of certification.

ANCC has established an annual Certified Nurse Award and Nursing Case Management board certified nurses have been the recipients of this award.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: The ANCC Nursing Case Management Board certification is nationally accredited by the Accreditation Board of Specialty Nursing Certification (ABSNC). This accreditation is evidence that the Nursing Case Management certification program meets rigorous national standards for professional certification through a national peer review process.

Meeting the eligibility criteria to test and the requirements to maintain and renew the certification validates that the nurse has current knowledge and expertise in nursing and case management. The consumer is protected because the board certified case management nurse is making decisions and providing care based on current information in healthcare, case management, and nursing.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: The knowledge gained through the preparation and study necessary to sit the nursing case management certification examination and to maintain and renew the certification demonstrates the nurse's commitment to life-long learning and excellence. Since this certification is voluntary; the nurse obtaining and maintaining the certification provides evidence to employers and patients that the board certified nurse is self-motivated to "take the extra step" in their professional learning and practice.

Many state boards of nursing accept the ANCC board certification as evidence of fulfilling the continuing education requirements to renew a state RN license. Likewise, the board certified nurse can use the ANCC certification renewal requirements as a roadmap to plan their professional development and enhance their career.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: As a certification entity, ANCC does not provide education services to its certified professionals. However, continuing education is offered through the American Nurses Association (ANA) Products and Services department.

QUESTION: How are your renewal rates? If you can share how you keep in touch with certified professionals so they understand the value certification brings them so they renew their certification.

Answer: Starting 18 months before the nurse's certification is due to lapse, ANCC sends reminder notices to the certificants email and postal address on a regular basis. In addition, we reach out to certificants to serve as subject matter expert volunteers to provide input into the updating the test.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professionals who hold your case management certification? If yes, can you share what you have learned from the consumer who has experienced having a case manager during their healthcare journey?

Answer: ANCC can receive comments by email to certification@ana.org or certificationoutreach@ana.org.

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager to assist as they transition through the complex healthcare system. My question is how does your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: ANCC provides the public access to the test content outline, reference list and sample test questions for Nursing Case Management Board Certification.

QUESTION: How are you encouraging your certified case managers to educate and inform the patient, their caregivers and others who can benefit as how to find a case manager when they enter the healthcare system? Please feel free to share other information you want readers to know about your certification.

Answer: Each board certified nurse receives a Board Certified Nurse pin and a Nursing Case Management Board Certified wall certificate with their name and the credential RN-BC to display in their office or other public place. In the future, ANCC anticipates changing this credential to reflect the name of the certification.

An ANCC Board Certified Nurse Case Manager can apply as a volunteer to serve as a subject matter expert to assist in the update of the ANCC Nursing Case Management certification examination.

The ANCC Nursing Case Management board certification is approved by the Department of Veterans Affairs for GI Bill reimbursement and is one of the identified certifications that Magnet- recognized and Magnet-applicant organizations may report in the Demographic Data Collection Tool® (DCCT).

For more information about Nursing Case Management certification, please visit the ANCC Nursing Case Management webpage or email certification@ana.org or phone 1.800.284.2378.

For more information about the Nursing Case Management Certification, please visit <https://www.nursingworld.org/our-certifications/nursing-case-management>



DIANE THOMPkins, MS, RN

Thank you to Diane Thompkins, MS, RN, for providing the information for this report. Diane is the Manager, Accreditation Certification Department of the American Nurses Credentialing Center.

Board Certified Patient Advocate Certification (BCPA)

Board Certified Patient Advocate Certification



Question: When and why was the certification developed?

Answer: The Patient Advocate Certification Board was founded in 2012 to establish ethical standards, professional competencies and best practices for professionals who work in the emerging field of patient advocacy. Public comments were solicited, reviewed by the Board, and used to define the domains of practice for patient advocates. The creation of the organization and planning of the exam process took several years, and the first exam was issued in March 2018. To date, five exam cycles (2 exam cycles per year) have been completed.

Question: Please talk about your target audience for whom the certification is designed.

Answer: Individuals who sit for and pass the certification exam become Board Certified Patient Advocates. The exam is intended for anyone who practices in the field of patient/health advocacy who wishes to earn the extra credentials to demonstrate to clients, employers, and other professionals their proficiency in their professional field.

Question: What have you learned over the years that has helped you make the certification value added for the healthcare industry as well as the professionals who become certified?

Answer: We have learned that the BCPA certification is valued by both patients and employers, alike. We have also learned certain branches of the military system are interested in the work of PACB and are using the exam as a metric to ensure that those who are working as advocates with wounded warriors, veterans and their families meet the basic standards of BCPA advocates. Some places of employment are paying for advocates' exam costs if they pass the test. Patients or their families are beginning to learn about the credential and are seeking it out. We hope to continue the recognition and awareness in the healthcare industry to strengthen working relationships with healthcare professionals as part of the interprofessional health care team.

Question: Please share the number of professionals certified to date.

Answer: At present (7-31-2020), we have 686 BCPAs. The exam is given twice a year, Fall and Spring.

Question: With the industry moving to a value-based purchasing culture, please share the value the PACB brings to patients, caregivers, the healthcare industry, employers and the professionals who choose to sit for the certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrates their value.

Answer: A core element of the PACB mission is to ensure certified advocates are prepared to ‘collaborate with healthcare consumers to achieve patient and family centered care.’ Although still an emerging profession, patient advocacy is rapidly becoming distinct as an independent professional domain. Historically populated by skilled practitioners from a variety of professional backgrounds, development of the BCPA credential allows patient advocates to demonstrate their knowledge and professionalism by achieving a credential unique to this practice. Finally, in our complex system of health care, the BCPA helps to provide assurance of quality, safe and ethical conduct and even help guide consumers to locate the most qualified service providers available.

Question: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and share the link?

Answer: PACB is currently in the process of constructing a formal Job Task Analysis (Role and Function) study that we hope to roll out later this year. We will be seeking input and assistance from patient advocates—certified and not-yet-certified—to help us gather some of the important research about this particular field. Since PACB has only conducted five testing cycles, the data is still somewhat limited. We are collecting the data and watching trends. Once we have data that demonstrates significance in terms of numbers of subjects and the statistical power of the analyses that we are doing, we will be sharing that data. At present, we do not have any meaningful data yet to provide. When we have completed the Job Task Analysis, we plan to make that information available to the industry so that all of us in the health care industry can use that information to help promote the need for and benefits of patient advocates.

Question: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: PACB encourages certificants to share their credential with employers and other stakeholders. BCPAs receive a certificate and a ‘digital badge’ for inclusion in their e-mail signatures, business cards or other professional correspondence. PACB monthly newsletters feature BCPAs ‘In the News’ highlighting accomplishments by certificants as featured in publications across the country. BCPAs also have access to a robust private community and Public Facing ‘Searchable’ Directory.

Question: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: The purpose of any certification, as your question alludes to, is for consumer assurance. The BCPA certification is no different. We are continually working to create an exam that meets the highest standards of reliability and validity and seeks to test both the essential knowledge and skills necessary to demonstrate a basic/minimum standard for what a certified patient advocate should know and how they should be expected to conduct themselves. In order to help ensure that our exam is doing just that, we are, as mentioned above, engaging in a formal Job Task Analysis to ensure the exam is testing the appropriate knowledge and skill domains and to see if there are any new areas that need to be added as the health care industry changes. In addition, PACB is steadily moving toward seeking accreditation from the Institute for Credentialing Excellence (ICE). ICE Accreditation is the “Gold Standard” for certifying bodies to indicate that these organizations are meeting best practices in exam construction, exam reliability and validity, exam content and how that content is determined, psychometric measures, etc. An organization must be well established, having met a number of requirements to apply, including a Job Task Analysis. Since PACB is still relatively new and has only been through five testing cycles, we are not quite ready to apply to ICE accreditation; however, we are continually moving closer to achieving that goal.

Question: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: PACB approves continuing education related to patient advocacy for its members and updates significant information that is of direct relevance to patient advocates. An example of how PACB strives to help keep advocates updated about important and current matters occurred as COVID-19 began to circulate through the U.S. in February 2020. To get as much information as possible to our BCPAs, several CE programs have been offered free of charge through the PACB website so that members could have the most up-to-date information regarding the pandemic and working with patients. PACB also participated as a sponsor of the 2019 International Conference on Patient Advocacy (ICOPA) Conference to help engage with the various advocates and organizations at work in the industry. The President of the Patient Advocate Certification Board was a keynote speaker on Day 1 and Day 3.



CHRISTINE NORTH, PROFESSOR,
COMMUNICATION AND PUBLIC HEALTH,
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We would like to thank Christine North, President of the Patient Advocate Certification Board for her help with this report.

The Impact of Patient Advocate Certification

The Impact of Patient Advocate Certification

For many disciplines in healthcare, the decision to become certified is often driven by personal goals and aspirations to advance professionally. For example, it may be challenging to land a job as a case manager without certification in case management. Patient advocates are a little different. Since patient advocacy is a relatively new role in healthcare, there are few formal degrees or credentialing programs available. Thus, many advocates are self-proclaimed and come from various backgrounds. It should be clear that a person can be a patient advocate without the certification. However, the certification can make all the difference for a patient advocate. The Board Certified Patient Advocate (BCPA) is the only certification for professional health and patient advocates.

Professional certification is different from a certificate of completion. For example, you can attend multiple workshops, webinars, programs, and college-level classes about patient advocacy. In completing the course requirements of the program, a certificate of completion is awarded, which is different from certification. A certificate of completion is not the same as an agreed-upon set of standards. In contrast, the certification for patient advocacy is the only certification for patient advocacy that is recognized nationally. Certification comes with the assumption that there is a national standard set of skills, recognition, accreditation, or competencies, and criteria that someone has met, developed, or earned.

Professional Growth

Through preparation and understanding of the ethical standards, competency, and best practices, the patient advocate gains aptitude, skill, and confidence. Certification preparation provides a greater understanding of the role of patient advocacy in navigating clients through a complex healthcare system, coordinating healthcare needs, insurance needs, and helping clients find treatment options that meet their needs and values. With this understanding comes professional growth and the ability to adapt to changing situations as the foundational knowledge is now in place.

Understandably, the certification provides the patient advocate with credibility and client assurance that a certifying body has determined that the advocate has met the minimum standards of practice and demonstrates competency in the domains of patient advocacy. The certification validates to clients and others a commitment to accountability and continued professional growth. Certification for patient advocacy is a voluntary process. In time, employers may require certification for employment as a patient advocate, but in general, people look to certification as part of their professional development.

Marketing Edge

Certification credentials increase your standing in the professional community by confirming the integrity of your knowledge and skills and that you apply them reliably. Think of it as a stamp of excellence. This confirmation means a lot to prospective employers as well. Patient advocacy is a profession that promises income growth, work-life balance, social impact, and reliable job projections. Multiple factors have converged to create an increased demand for patient advocates. These include an aging population, access barriers, and a healthcare system that simply does not work for most people. Many organizations predict that the demand is only going to increase in the coming years. As the demand increases, so does competition for clients. The BCPA can give you an edge when marketing yourself. It says to prospective clients that you have mastered the competencies and knowledge required, and a certifying body has validated your competency and expertise.

Growth of the profession

Through various supporting organizations, the patient advocate can make connections and network with other patient advocates. Some of these organizations are the Alliance for Professional Healthcare Advocates, the National Association of Healthcare Advocacy, and Greater National Advocates Now. The value of this networking with other professional patient advocates is invaluable, especially to those just starting in their practice. The new patient advocate can find mentors through these organizations, and the experienced advocate can become a mentor. In this way, the profession grows in expertise and credibility.

Certification requirements include the dedication to continued education, accountability for professional conduct, adherence to ethical standards, and minimum practice standards. As more patient advocates gain certification, the profession is elevated in terms of reputation and trust in the eyes of consumers and other professional bodies. As you can see, the value of certification is in the advocate's increased knowledge, skills, confidence, and abilities, which provides better care for clients, which in turn elevates the profession as a whole. Thus everyone wins!



**JUDITH TOTH-WEST, RN, Ph.D., CCCTM,
CCM, CPHQ, BCPA**

By Judith Toth-West, RN, Ph.D., CCCTM, CCM, CPHQ, BCPA

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UNDERSTANDING THE PROCESS OF HOW A CERTIFICATION EXAMINATION IS DEVELOPED

Understanding the Process of How a Certification Examination is Developed

Most professionals navigating their career paths in today's challenging and competitive workforce will find themselves considering the pursuit of certification. For many, the decision to seek certification may not be an easy one. The level of commitment, time, and cost of obtaining certification is substantial and many wonder if it is worth the effort. However, once professionals educate themselves on the purpose and process of certification, the true value and return on investment can really be appreciated.

To become certified, candidates must meet education and experience requirements and achieve a passing score on a certification examination. Many find that the examination is more challenging than they originally anticipated. It is important to keep in mind that the examination is based on all aspects of the profession. Most practitioners, especially seasoned professionals, have specialized experience, and to have a full understanding of the knowledge the examination is testing, it is important to adequately prepare by reviewing the published content outline for the examination and any recommended references or reading material. Some also take practice tests to assess their readiness for the certification examination and others may search for review courses or form study groups with other professionals.

It is also important to take into consideration the rigorous process that goes into developing the examination. Similar to how a strong foundation is critical when building a home, the same is true for a certification program. The foundation that a certification program is built on is a job analysis (also known as a practice analysis or role delineation). During this process, a comprehensive review of the profession is conducted and the major areas of responsibility (domains of practice), specific work-related tasks that are associated with those domains, and the knowledge and skills to perform those tasks are identified and then validated, typically through a survey of practitioners. The results of the job analysis are then used to develop the content outline with test specifications. This serves as the "blueprint" for which items are written and examinations are constructed. Since the items on the examination are linked back to the profession through the job analysis, the job analysis provides necessary evidence that the examination is job-related and content-valid. It is important to repeat this process every few years so that it accurately reflects the scope of practice as the profession evolves over time.

The next step is to write and review items (test questions). This process typically begins with a testing professional, such as a psychometrician, conducting item writing training that prepares subject matter experts (SMEs) to write items effectively. SMEs will write practice-related items that target the knowledge specified in the content outline. Items then go through several stages of review including psychometric review followed by a content review by another panel of SMEs representative of the candidate population. This panel edits and reviews each item to confirm that the knowledge being tested is accurate, reflective of current, best practice as delineated in the content outline, relevant and important to practice, and is free from bias and stereotyping. Approved items are then reviewed for grammar and style and entered into an item bank. To ensure that the item bank continues to reflect current, best practice of the profession, it is important to continuously refresh the item bank with new items by conducting periodic item writing and review initiatives.

Following the item writing and review process, examination drafts are constructed by selecting items from the item bank in proportion to the weightings of each content area as indicated in the test specifications of the content outline. A panel of SMEs will then critically review each item to confirm that all items reflect current, best practice; accurately represent content as delineated in the content outline; have one and only one correct or best answer with plausible distracters; adhere to item writing guidelines; and are appropriate for the candidate population as described in the eligibility criteria. A final review for grammar is done and the final version of examination is then produced and made ready for the administration.

Once examinations are approved, the passing score (also referred to as a standard, passing point, or a cut-score) must be determined. The passing score represents the lowest score on the examination that represents success. It is the minimum level of knowledge that must be demonstrated by a candidate to ensure competency. The passing score is the basis to which pass and fail decisions are determined, so a defensible passing standard is essential. There are typically two different types of approaches that are used to set the standard for examinations – a relative (norm-referenced) testing standard or an absolute (criterion-referenced) testing standard. Using the norm-referenced approach, a normal distribution of scores is assumed, based on a bell-shaped curve, and the standard is set by holding the passing rate consistent from administration to administration. In other words, the actual number of items required to pass the examination may vary depending on the level of competency of the group testing.

One of the biggest misconceptions among candidates is that all certification examinations use this method to make pass/fail decisions, when in fact most certification examinations use a criterion-referenced standard, such as the modified Angoff method. A criterion-referenced standard is set by determining the total number of items that must be answered correctly to pass the examination. Criterion-referenced standards are based on achieving a specific score set before the examinations are administered, do not depend on the relative ability of other candidates' scores, and do not have a pre-determined passing rate.

After examinations are administered, item analyses and summary statistics are produced. Item performance statistics, such as item difficulty and discrimination indices, are reviewed. Items that exhibit problematic statistics are flagged and presented to SMEs for further review to determine if any changes to the scoring key should be made. These statistics are also helpful when reviewing and revising the question for future examination forms. Once the SMEs have completed their review of the flagged items, the examinations are scored and pass and fail score reports are sent to candidates.

Certification does not end with passing the examination. Candidates who successfully meet the requirements and pass the examination are granted certification for a specific period of time and then must maintain their certification by renewing it every few years. This process promotes continued competency and life-long learning. Not only do candidates have to meet education and experience requirements to recertify, but they also must demonstrate that they are keeping current in the profession by either passing the examination again or by achieving a specific number of continuing education credits that they have obtained since initially passing the examination.

Those seeking certification may experience tangible benefits, such as career advancement (i.e., new job opportunities or promotions), increase in salary, and formal recognition from employers and peers. They may also experience intangible benefits, such as feelings of personal accomplishment/satisfaction and professional growth. Not only is achieving certification a way to demonstrate commitment to the profession, it also allows the certificant a way to stand out from other practitioners. Successfully earning certification shows that the practitioner has not only taken the initiative to seek certification but has also met specific standards in the industry as set

by the certifying organization. Especially for seasoned professionals, seeking and maintaining certification indicates that the knowledge and skills that they have are current in practice.

The benefits to certification are not solely for the certificant. Benefits to certification are experienced by other stakeholders as well. For example, certification programs not only improve the industry by establishing professional standards that can be utilized to build a more qualified workforce, they also help those hiring professionals to make better informed decisions when filling positions, and they help protect the public by providing a way to benchmark competence among practitioners. By taking that step to seek certification, it not only helps propel the professional into a brighter future, but it also raises the bar for the industry and takes the profession to new levels.

By Vita Greco, MA



Vita Greco has over 14 years of experience in the administration and development of certification and licensure programs. Her expertise includes managing certification programs of all sizes and industries, launching new credentials, item and exam development, standard setting, analyzing statistical reports, accreditation compliance, marketing, strategic planning, and advising clients on all aspects of their assessment programs. Vita has an M.A. in Industrial/Organizational Psychology from Hofstra University.

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THE IMPACT OF CASE MANAGEMENT CERTIFICATION

The Impact of Case Management Certification

As healthcare becomes more and more complex the demand for highly skilled, knowledgeable, and experienced case managers is increasing. Certification is the mark of excellence that allows you to stand out as one of these professionals, officially recognizing your achievement, expertise, and clinical judgement. By becoming certified and maintaining your certification you communicate to your employer, peers, and the public that you take your career seriously, are dedicated to your professional growth, and are committed to maintaining the high standards that have been established by the certifying body.

Impact on you

By becoming certified in case management you open yourself up to more job opportunities, job security, and better work environments. An increasing number of employers as well as certain state and federal laws require certification for their case managers. In addition, employers seeking Magnet®, URAC® and other accreditations must have certified case managers to meet the criteria for inclusion. These agencies believe certification of staff is a key component of excellence. Employers meeting these standards are more likely to have better work environments for their case managers.

Certified case managers have influence, input, and better opportunities for career advancement. They have more career choices both within their organization and in the open job market. They are invited to join expert panels, develop workshops, and lead committees that develop policies and procedures. Obtaining your certification positions you for long term career success, increased pay, and better overall job satisfaction.

Impact on the practice

When we as professionals rise to the higher standards put forth by the accrediting bodies the entire practice of case management benefits. By having more case managers practicing at these higher standards we develop a reputation that can be trusted by both other healthcare professionals and the public. These accrediting bodies also have rules, codes, and or standards of conduct in place to self-regulate the practice.

Impact on your client

Becoming certified makes you a better case manager. Research shows a correlation between certification and the knowledge and judgement that affect patient care and safety. The preparation and study necessary to pass a certification exam expands your knowledge improving your ability to care for your clients. The continued competency requirements to maintain your certification keep you accountable to staying up to date with current developments and best practice.

Obtaining your certification requires time, money, and dedication, but in the end it provides you with a sense of pride, fulfillment, and professional accomplishment that is priceless.

By DEANNA COOPER GILLINGHAM, RN, CCM



Deanna is a Registered Nurse Case Manager with over 20 years of healthcare experience. She is the author of [CCM Certification Made Easy: Your Guide to Passing the Certified Case Manager Exam](#) which is now in its third edition and has impacted thousands of case manager preparing for certification. Deanna is the founder of The Stay at Home Nurse, LLC, co-founder of the Case Management Institute™, and created a thriving Facebook group, Case Managers Community.

**CONGRATULATIONS ON ACHIEVING
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Congratulations on Achieving Certification! Now What?

Professionals who step up to certification commit to continuous learning and to active participation in their field of practice. In this article, I would like to share some of the ways that professionals can advocate for their area of practice while growing professionally and personally.

Joining and Being Active in your Professional Organization

Joining a professional organization is an important part of your professional growth. Individuals in the caring professions have a number of choices when it comes to joining a professional organization. Take time to research what is available in your area of practice. Once you find an organization, go to a local meeting if there is a chapter in your area. This will allow you to get a feel for the organization and to meet professionals who share common interests. If there is not a local chapter in your area, look on the national level and plan to attend the annual conference.

Regardless of the choice you make, the most important thing to do is to find a way to be active in the organization. Doing so allows you to stay up to date, influence practice and advocate for your area of practice with stakeholders in your local community, throughout your state on up to the federal level and even an international level. Today, we are learning that all healthcare is local, but all countries share common interest especially in the area of healthcare.

Being a member is important as it shows your commitment to your practice. Being an active member is essential as your voice is needed to ensure the organization is meeting the needs of its members. Successful organizations keep lines of communication open in many ways. Members are encouraged to share their experiences, challenges and goals so the organization can offer resources to meet those needs.

Continuous Learning

As they say, the only constant is change. The healthcare industry is constantly changing, so staying up to date is critical for all professionals. Continuous learning can take various avenues such as reading professional journals and industry e-newsletters as they provide insights into advances, challenges and opportunities in your field of practice. Attending educational events and e-learning activities are also ways for you to stay up to date. Today, there is a wide variety of educational opportunities open to professionals at all levels. Some do cost money, but many are free.

Going back to school for advanced education is another form of continuous learning. Taking courses that enhance your competencies in areas such as motivational interviewing, ethics challenges and other areas is also important regardless of your years in practice.

Validating Your Role

Today, we are living in a time where value cannot be assumed. Each professional and organization must set achievement goals. Measuring, analyzing and evaluating those metrics are important so we know if we are making progress. We are called to do this on an organizational level as well as an individual level.

Advocating For Your Practice

As a professional you are viewed as a subject matter expert in your area of practice. Taking time to share your successes and achievements is another area of professional development. You can do this internally within your organization by serving on committees and advisory boards. Also, taking the time to share information on how patients and families can access case managers is important. Be visible in your organization and in your community. Be a resource people can come to. Some areas that you can look into are patient and family councils, as well as local and national radio shows that help inform audiences on various topics.

Give Back To Your Practice

As professionals giving back to your practice is important. As mentioned earlier, belonging to your professional organization is one way. Also, once you become certified, you can volunteer to assist in updating certification examinations by volunteering to be an item writer or serving on a Board or committee.

As you can see there are a number of ways you can be involved. As NIKE says.... Just Do It!

A Call to Action: Reporting Data to Amplify Your Voice

By Anne Llewellyn, MS, BHSA, RN-BC, CCM, CRRN & Kayoko 'Ky' Corbet, MS, RN, BCPA

With so many national certifications in place for 'helping professionals' it begs the question, are we making a difference? Do the people we work with, the patient, the family, the healthcare team, the leadership in hospitals, managed care organizations, employers, and legislative leaders know the impact we make in the healthcare system? Do they know who you are and what you do?

Today there are more people than ever in place to 'help' people navigate the complex healthcare system. Yet, quality ratings in national polls show the United States consistently places low compared to the rest of the world while healthcare costs continue to soar. Despite being the richest country in the world, we still have not found a way to provide safe, equitable care for all. The recent pandemic is highlighting the gaps in our system. Thus, this call to action!

We look to the leadership of the national certification bodies and the national professional organizations to take up this challenge to begin to collaborate and start a dialogue to find a way to explain the value WE all bring to the patient, the family and stakeholders.

Today, as we move toward a value based healthcare system WE need to show the value we bring and be able to clearly demonstrate that value through data. There is room for everyone in the system, but there is no room for any of us if we don't work together for the common goal and be able to demonstrate that value with data that matters to the various stakeholders.

Our healthcare system has been using complex lengthy sets of 'care quality indicators' that are heavily focused on clinicians, business-operation, as well as on reimbursement.¹ More recently, some measures related to "patient experience" and "satisfaction" have been added. But these have been the result of what they experience at an institution "on several levels"². In addition, patient satisfaction scores have been criticized by the providers who felt they were unfairly held accountable. As 'Helping Professionals' who are viewed as change agents in our disruptive healthcare system we need to have a common set of metrics that we can point to and measures the work we do.

A CALL FOR ACTION:

With all the information technology, social media and other communities available to them, patients are actively involved in their own care and are pressuring the healthcare system to change. Especially, with

the value-based care ‘Helping Professionals’ must step up to show our value in data sets and share with the patients, family members and all the stakeholders.

For example, the ‘Helping Professionals’ often coordinate and facilitate better communication between the patient and the provider, as a result, we should capture tangible data that represents our value – whether it be an improved outcome, increased satisfaction by the patient, the provider or both when we are involved. But this time, these datasets must be simple, easy to collect, and easy to be understood by the patients and the general public as well as other stakeholders. Even though our specific activities and work setting may vary, it’s important for us to start capturing the COMMON TANGIBLE VALUES we create for the patient, the family, and other stakeholders.

Here are some suggestions:

- Documenting the patient’s and/or the caregiver’s **stress level** (0 – 10) prior to engagement with the ‘Helping Professionals’ can be benchmark on the initial assessment. Measuring one month after engagement and then at any appropriate length of time - would speak to the value we create especially in care coordination/transitions of care.
- Measuring the patient’s and the caregiver’s perceived **level of confidence** with their health and healthcare (0 – 10)) just prior to engagement with the ‘Helping Professional’, one month after and then any appropriate length of time would speak to the value we create especially in patient and family education. Related to this, we could also capture patients level of adherence to the plan of care.
- **Perceived ease of the work by provider** with the particular patient (0-10), just prior to a ‘helping professional’ getting involved with the patient and one month after, or any appropriate length of time. This data set would show provider satisfaction.
- **Cost reduction data** – how much would have been spent without a patient/health advocate, a case/care manager, without a social worker, without a patient experience professional in place to address issues that cause duplication, fragmentation, preventing errors and other unnecessary cost? Even though we may not be able to tabulate accurate dollar figures, it is important for us to capture the circumstance and some details of resources we saved. When we have collected enough evidence of saving various kinds of resources, we may be able to collaborate with monetizing specialists, then we would be on the way to be viewed as ‘revenue generating centers’ versus cost centers which continue to drain the system!
- **Patient satisfaction** (Powerful Stories): it is important to encourage patients/families to share their experience. Some of the surveys need to be revised to make them more pertinent. You as ‘Helping Professionals’ can have input into these so they are used for process improvement. Getting published by telling a story of how a ‘helping professional’ made a difference brings the theory of our work to real life experiences that stakeholders understand.

Having these kinds of metrics will allow ‘helping professionals’ to validate the work they do. If you are working in one of the ‘Helping Professions’ such as patient/health advocacy, care/care management, or in the area of patient experience, we strongly suggest that you start capturing metrics along with your testimonials and include them in your reports to your clients as well as in your marketing materials to show the value you bring.

Sources:

1. Institute of Healthcare Improvement: Measurement:

<http://www.ihi.org/resources/Pages/Measures/default.aspx>

2. The Patient Experience and Patient Satisfaction: Measurement of a Complex Dynamic:

<http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-21-2016/No1-Jan-2016/The-Patient-Experience-and-Patient-Satisfaction.html>

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Is a board-certified patient advocate with a broad professional background. Her own vulnerable experience as a patient prompted her to become an RN and she's been advocating for the patients ever since.

After working in hospitals, home health case management, and Nursing Informatics, she had to move away from the Healthcare Industrial Complex, and founded her own patient advocacy firm, Patient Advocacy & Beyond LLC.

Patient Advocacy & Beyond LLC is a full-service independent patient advocacy practice that guides, educates and empowers patients with a wide range of difficult medical and mental health conditions, and their caregivers, with the goals of improving safety, care quality, and minimizing stress, time, and costs.

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Anne has been a leader in the area of case management and was the President of the Case Management Society of America 2003-4. She was awarded their Lifetime Achievement Award in 2015 for her service to the case management industry. She also served on the Patient Advocate Certification Board and was one of the professionals to develop and launch the first National Certification in Patient Advocacy.

Anne is also a patient, a Brain Cancer Survivor, who uses her expertise and knowledge to educate people about how to navigate the complex healthcare system. Today, Anne works as a patient advocate to assist people on their healthcare journeys.

Anne writes a weekly Blog, Nurses Advocate to share stories and events that will help people be better prepared when they enter the healthcare system.
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Thank you for reading the 2021 Special Report: Stepping Up to Certification. It is my hope that you find the report helpful as you, or someone you know, Step up to Certification!

I would like to thank each of the certification bodies who contributed to this report.

Last, I would also like to thank Mary Ann Mace, MBA, for helping me with this report. I could not have done it without her.

If you have questions or comments, please feel free to email Anne Llewellyn, at allewellyn48@gmail.com

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