The Healthcare Leadership Alliance

The Healthcare Leadership Alliance (HLA) was formed in the early 2000s. It is a conglomeration of six of the premier healthcare professional membership organizations in the United States. Together, these organizations represent a population of over 1,440,000 medical executives and other medical professionals within the healthcare industry (Healthcare Leadership Alliance, 2013). The HLA is made up of the following professional member organizations (Stefl, 2008):

- The American College of Healthcare Executives (ACHE),
- the American Organization of Nurse Executives (AONE),
- the Healthcare Financial Management Association (HFMA),
- the Healthcare Information and Management Systems Society (HIMSS),
- the American College of Physician Executives (ACPE), and
- the Medical Group Management Association (MGMA), whose certifying body is the American College of Medical Practice Executives (ACMPE).

The purpose of the HLA is to pursue shared interests in professional competency development and for the professional advancement of healthcare management (Healthcare Leadership Alliance, 2013). In the hopes of simplifying the pursuit of shared interests and with the desire to apply similar standards to all members of the HLA, the HLA needed to first determine if such an undertaking was feasible.
The HLA Competency Task Force & Development of the HLA Competency Model

In 2002, the HLA Competency Task Force was assembled by HLA leadership to make an in-depth review of all of the credentialing and certification processes of each HLA member organization. The Task Force was made up of a member from each organization that belonged to the HLA. The purpose of the review was to determine if the member organizations shared management competencies, and if so, recommend how HLA leadership could further advance the field of healthcare management. The impetus for convening the Competency Task Force was due to the desire to seek better ways to provide better professional guidance to those in healthcare leadership and management (Stefl, 2008).

Upon review of the credentialing and certification processes of all HLA organizations, the Competency Task Force indeed discovered many shared competencies across all of the HLA member organizations (Stefl, 2008). The Task Force organized each of these shared and overlapping competencies into five competency domains that were already shared across each of the HLA members (Stefl, 2008):

1. Communication and Relationship Management

2. Leadership

3. Professionalism

4. Knowledge of the Healthcare Environment

5. Business Skills and Knowledge

Each of the five competency domains was considered independent and mutually supporting with leadership as the central and stabilizing domain (Stefl, 2008).
The Healthcare Leadership Alliance Competency Directory

With the advent of the competency movement, the HLA was looking for ways to emphasize competency and measurable outcomes for the healthcare industry, as many other industries had done theretofore (Stefl, 2008). Therefore, the Task Force formulated a strategy of competency assessment using the Dreyfus Model of the five stages of skill
development, which are: novice, advanced beginner, competent, proficient, and expert (Stefl, 2008). The Dreyfus model is the framework that HLA continues to use as it adequately defines requirements of competency across all domains.

While the outcome of the HLA Competency Task Force lead to the development of a model that succinctly and adequately expressed the HLA design and structure for competency, a functional tool was also created to assist in competency development of healthcare managers from entry-level through senior-level management (Stefl, 2008). In order for this competency development tool to be useful it was essential that the competencies contained within each domain be clearly defined. To achieve this, senior-level executives conducted and expert panel review of the preliminary competency listing submitted by the Competency Task Force (Stefl, 2008). The outcome of this process was the development of an interactive Excel-based tool known as the HLA Competency Directory (Stefl, 2008). The Directory was designed with filters that enable a user to sort the entire document and to query by any number of criteria or combination of data fields whether by core versus specialty, to compare skill to knowledge, keyword, professional association, or skill area. This functional design enables the user to take full advantage of customized searches according to the need or circumstance of the user (Stefl, 2008).

Figure 2. The Healthcare Leadership Alliance Competency Directory
In 2005, after a great deal of collaboration, the HLA Competency Directory was made available for the first time (Stefl, 2008). The final product was organized under the five competency domains with over twenty sub-competency groups or clusters. Similarly, within the competency clusters, hundreds of individual competencies were listed with precise competency statements. Each of these statements is categorized as knowledge, skills, and abilities (KSA) (Stefl, 2008). Each KSA defines a necessary attribute that all healthcare professionals and executives should have to effectively manage their respective organizations across the broad field of healthcare.

Since its last revision in 2010, the Competency Directory contained 300 competencies. Of the 300 current competencies, 232 of them are common to all the professions that participated in the development of the Competency Directory. The Directory also contains 68 other competencies not commonly shared by all HLA members, but that are specific to disciplines within healthcare management (Healthcare Leadership Alliance, 2010). It is apparent from the large number of competencies shared across the healthcare industry, that all healthcare professionals hold great amounts of knowledge in common (Stefl, 2008). The Competency Directory is regularly reviewed by the HLA. It can be expected that the HLA will continue to revise this tool as the healthcare industry continues to evolve and as competency requirements change to meet future challenges.
References

