# Achieving CPHQ Recognition

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Learning Objectives

- After completion of this program, the participant will be able to

- Identify objectives of certification

- Describe the purpose of the practice analysis

- Identify the four categories of questions and the number of questions in each category

- Describe the method used to determine the minimum passing score
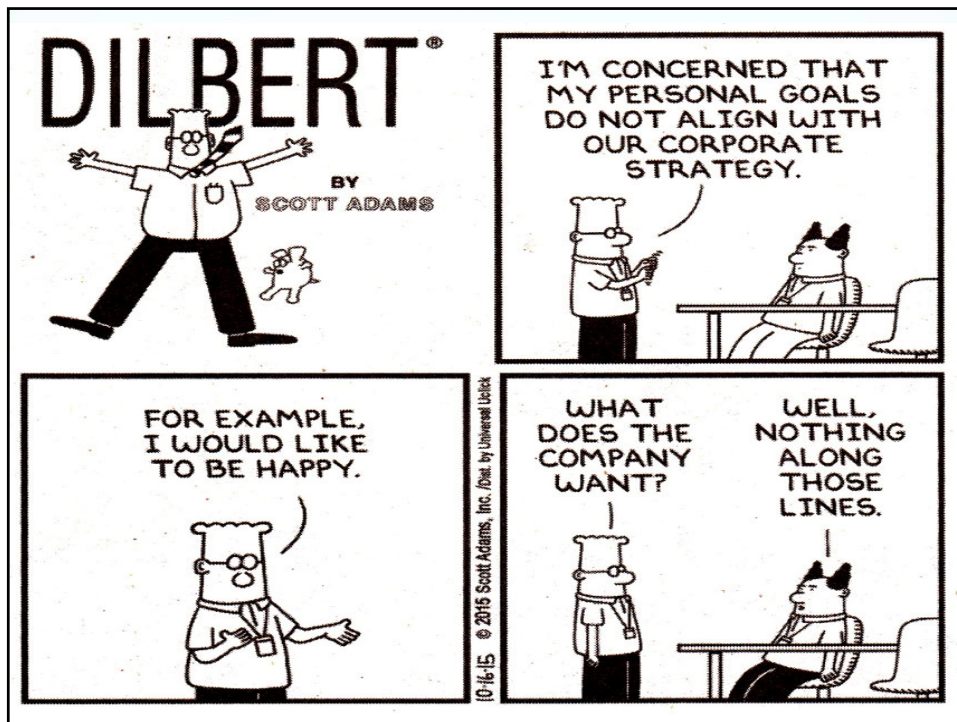
CPHQ

- Goal of CPHQ
  - Promote excellence and professionalism by documenting individual performance as measured against a predetermined level of knowledge about quality

- CPHQ candidates and certificants span the continuum of care and are at various levels in their healthcare quality careers

CPHQ

- Healthcare Quality Certification Commission (HQCC)
  - Goal is to produce examinations that test generic concepts that can be applied to any healthcare setting
  - Candidates who pass the CPHQ exam must understand how all of these important elements of quality and case/care/disease/ utilization/risk management, as well as data and general management skills, integrate to produce an effective and efficient system to monitor and improve care
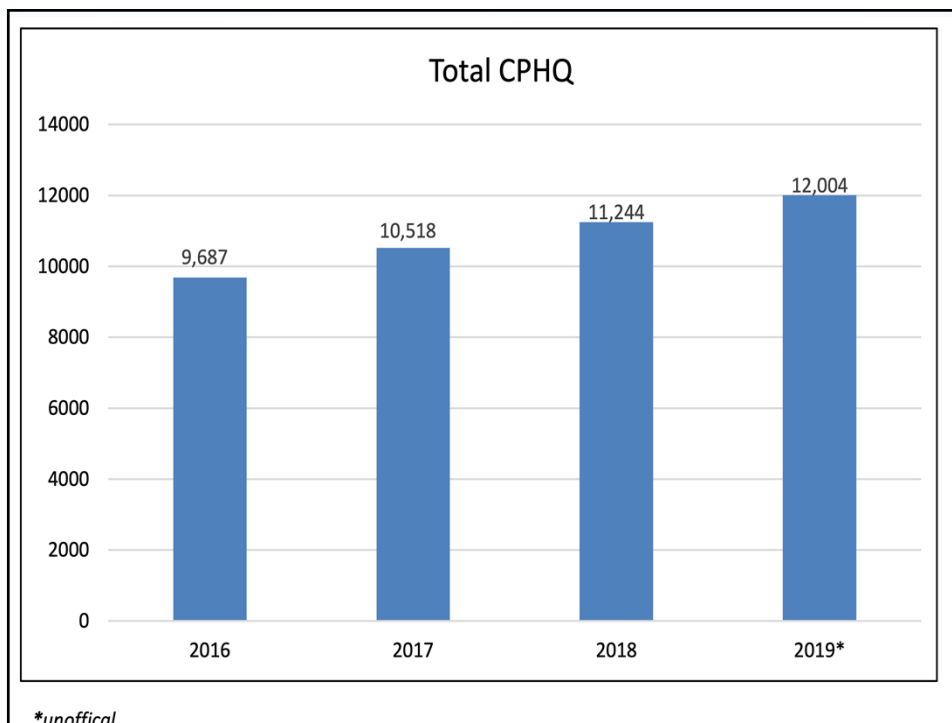
CPHQ

A Certified Professional in Healthcare Quality (CPHQ) is

an individual who has passed the accreditation examination, demonstrating competent knowledge, skill, and understanding of program development and management, quality improvement concepts, coordination of survey processes, communication and education techniques, and departmental management.

CPHQ

- Achieving CPHQ sets up for success in advancing the profession; joining more than 12,000 healthcare quality professionals

- CPHQs
  - Demonstrate competence in healthcare quality
  - Can be distinguished from other healthcare quality professionals
  - Have enhanced credibility
  - Demonstrate dedication to the field
  - Show preparedness to improve outcomes across the continuum of care

Total CPHQ

Year	Total
2016	9,687
2017	10,518
2018	11,244
2019*	12,004

*unoffical

CPHQ

- CPHQ incorporates body of knowledge in profession including
  - Strategic and operational roles in management and leadership
  - Information management, including design and data collection, measurement and analytics, and communication
  - Performance/quality measurement and improvement including planning, implementation and evaluation, and training
  - Strategic and operational tasks in patient safety

Objectives

- Objectives of certification
  - Promote professional standards and improve the practice of quality
  - Give special recognition to those professionals who demonstrate an acquired body of knowledge and expertise in the field through successful completion of the examination process

Objectives

- Objectives of certification
  - Identify acceptable knowledge of the principles and practice of healthcare quality for employers, the public, and members of allied professions
  - Foster continuing competence and maintain the professional standard in healthcare quality through the recertification program

Quality Professional

- Definition of the Quality Professional
  - The practice of quality occurs in all healthcare settings, is performed by professionals with diverse clinical and nonclinical educational and experience backgrounds, and involves the knowledge, skills, and abilities needed to perform the tasks significant to practice in the CPHQ examination content outline

CPHQ

- CPHQ certification is fully accredited by the National Commission for Certifying Agencies (NCCA), the accrediting arm of the Institute for Credentialing Excellence (ICE) in Washington, DC

- Only fully accredited, standardized measurement of knowledge, skills, and abilities expected of competent healthcare quality professionals

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Certified Professional in Healthcare Quality ®

2020 Domestic Candidate Examination Handbook

CPHQ

- Examination differentiates between candidates who are able to demonstrate competence and those who are not

- Eliminated barriers such as minimum education and experience requirements that are not objectively linked to success on the examination and effectiveness as a healthcare quality professional

CPHQ

- Candidates need to assess and judge readiness to apply to take CPHQ exam

- Exam committee develops and writes examination to test knowledge, skills, and abilities of effective quality professionals who have been performing a majority of the tasks on the exam outline for at least 2 years

- Exam doesn't test at the entry level and isn't appropriate for entry-level candidates

CPHQ

- If candidate is
  - New to healthcare quality
  - Has worked in the quality field less than two years
  - Experience as a quality manager was not specifically related to healthcare
- May not be ready to take the exam

CPHQ Practice Analysis

Practice Analysis

- Content validity of CPHQ examination based on practice analysis approximately every 3-5 years which surveys healthcare quality professionals on tasks performed as a part of job

- Each question on exam links directly to one of tasks listed in content outline

- Each question is designed to test if candidate possesses knowledge necessary to perform task and/or has ability to apply it to a job situation

Practice Analysis

- Professional in healthcare quality defined as having experience in managing and/or conducting activities in one or more of following areas of expertise in healthcare quality for at least one year

- Performance and process improvement

- Care coordination

- Population health

- Data analytics, measurement, and analysis

Practice Analysis

- Patient safety

- Risk management

- Compliance with standards and regulations

- In performing functions, healthcare quality professional applies information management, general administrative, and program development and evaluation skills

Practice Analysis

- Each task listed in content outline rated as significant to practice by healthcare quality professionals employed across the continuum of care
  - Acute care
  - Health systems
  - Managed care
  - Consultants
  - Critical access hospitals
  - Government agencies

Practice Analysis

- Academic institutions
- Physicians
- Behavioral health
- External quality review organizations
- Home health
- Long term care
- Other care settings

Categories of Questions

Previous
1. **Quality Leadership and Structure** (20 items, 16%)
   A. Leadership
   B. Structure
2. **Information Management** (25 items, 20%)
   A. Design & Data Collection
   B. Measurement & Analysis
3. **Performance Measurement & Process Improvement** (52 items, 42%)
   A. Planning
   B. Implementation & Education
   C. Education & Training
   D. Communication
4. **Patient Safety** (28 items, 22%)
   A. Assessment & Planning
   B. Implementation & Evaluation

Current
1. **Organizational Leadership** (35 items, 28%)
   A. Structure & Integration
   B. Regulatory, Accreditation, & External Recognition
   C. Education, Training, and Communication
2. **Health Data Analytics** (30 items, 24%)
   A. Design & Data Management
   B. Measurement & Analysis
3. **Performance & Process Improvement** (40 items, 32%)
   A. Identifying opportunities for improvement
   B. Implementation & Evaluation
4. **Patient Safety** (20 items, 16%)
   A. Assessment & Planning
   B. Implementation & Evaluation

Additions to Content Outline

- [Engage stakeholders] to promote quality and safety (e.g., emergency preparedness, corporate compliance, case management, patient experience, provider network, vendors)

- Assist in evaluating or developing data management systems (e.g., data bases, registries)

- Evaluate the success of performance improvement projects

- Participate in activities to identify and evaluate innovative solutions and practices

- Identification of reportable events for accreditation and regulatory bodies

Additions to Content Outline

- Communicate resource needs to leadership to improve quality (e.g., staffing, equipment, technology)

- Use data management systems (e.g., organize data for analysis and reporting)

- [Design performance, quality improvement] and process [training]

- [Provide training] including improvement methods, culture change, project and meeting management

- Document performance and process improvement results

Additions to Content Outline

- [Facilitate] discussion about improvement opportunities

- Measure development (e.g., definitions, goals, and thresholds)

- [Incident report review] (e.g., near miss and actual events)

- [Clinical practice] guidelines and [pathways]

- Value-based contracts

- Process map

- Gaps in patient experience outcomes

Additions to Content Outline

- [Determine how technology can enhance patient safety program] (e.g., alerts)

- Use safety principles
  [Human factors engineering]
  High reliability
  Systems thinking

- FMEA, AAAHC, HEDIS

- Integration

- Best practice

- Outcome measures

Deletions from Content Outline

- Participate in the integration of environmental safety programs within the organization (e.g., air quality, infection control practices, building, hazardous waste)

- Participate in selection of evidence-based practice guidelines

- Identify opportunities for participating in collaboratives

- Communicate the financial benefits of a quality program

- Communicate the impact of health information management on quality (e.g., ICD10, coding, meaningful use)

- Capitation

Content Outline

1. Organizational Leadership (35 items, 28%)
   A. Structure and Integration
   1. Support organizational commitment to quality
   2. Participate in organization-wide strategic planning related to quality
   3. Align quality and safety activities with strategic goals
   4. Engage stakeholders to promote quality and safety (e.g., emergency preparedness, corporate compliance, infection prevention, case management, patient experience, provider network, vendors)
   5. Provide consultative support to the governing body and clinical staff regarding their roles and responsibilities (e.g., credentialing, privileging, quality oversight risk management)
   6. Facilitate development of the quality structure (e.g., councils and committees)

Content Outline

1. Organizational Leadership (35 items, 28%)
   A. Structure and Integration

      7. Assist in evaluating or developing data management systems (e.g., data bases, registries)

      8. Evaluate and integrate external best practices (e.g., resources from AHRQ, IHI, NQF, WHO, HEDIS, outcome measures)

      9. Participate in activities to identify and evaluate innovative solutions and practices

      10. Lead and facilitate change (e.g., change theories, diffusion, spread)

Content Outline

1. Organizational Leadership (35 items, 28%)
   A. Structure and Integration

      11. Participate in population health promotion and continuum of care activities (e.g., handoffs, transitions of care, episode of care, outcomes, healthcare utilization)

      12. Communicate resource needs to leadership to improve quality (e.g., staffing, equipment, technology)

      13. Recognize quality initiatives impacting reimbursement (e.g., pay for performance, value-based contracts)

Content Outline

1. Organizational Leadership (35 items, 28%)
 B. Regulatory, Accreditation, and External Recognition

1. Assist the organization in maintaining awareness of statutory and regulatory requirements (e.g., CMS, HIPAA, OSHA, PPACA)

2. Identify appropriate accreditation, certification, and recognition options (e.g., AAAHC, CARF, DNV GL, ISO, NCQA, TJC, Baldrige, Magnet)

3. Assist with survey or accreditation readiness

4. Participate in the process for evaluating compliance with internal and external requirements for:

   a. Clinical practice guidelines and pathways (e.g., medication use, infection prevention)

Content Outline

1. Organizational Leadership (35 items, 28%)
 B. Regulatory, Accreditation, and External Recognition

4. Participate in the process for evaluating compliance with internal and external requirements for:

   b. Service Quality

   c. Documentation

   d. Practitioner performance evaluation (e.g., peer review, credentialing, privileging)

   e. Gaps in patient experience outcomes (e.g., surveys, focus groups, teams, grievance, complaints)

   f. Identification of reportable events for accreditation and regulatory bodies

5. Facilitate communication with accrediting and regulatory bodies

Content Outline

1. Organizational Leadership (35 items, 28%)
   C. Education, Training, and Communication

   1. Design performance, process, and quality improvement training

   2. Provide education and training on performance, process, and quality improvement (e.g., including improvement methods, culture change, project and meeting management)

   3. Evaluate effectiveness of performance/quality improvement training

   4. Develop/provide survey preparation training (e.g., accreditation, licensure, or equivalent)

   5. Disseminate performance, process, and quality improvement information within the organization

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Content Outline

2. Health Data Analytics (30 items, 24%)
   A. Design and Data Management

   1. Maintain confidentiality of performance/quality improvement records and reports

   2. Design data collection plans:

   a. Measure development (e.g., definitions, goals, and thresholds)

   b. Tools and techniques

   c. Sampling methodology

   3. Participate in identifying or selecting measures (e.g., structure, process, outcome)

   4. Assist in developing scorecards and dashboards

   5. Identify external data sources for comparison (e.g., benchmarking)

   6. Collect and validate data

Content Outline

2. Health Data Analytics (30 items)

   B. Measurement and Analysis

      1. Use data management systems (e.g., organize data for analysis and reporting)

      2. Use tools to display data or evaluate a process (e.g., Pareto chart, run chart, scattergram, control chart)

      3. Use statistics to describe data (e.g., mean, standard deviation, correlation, t-test)

      4. Use statistical process control (e.g., common and special cause variation, random variation, trend analysis)

      5. Interpret data to support decision-making

      6. Compare data sources to establish benchmarks

      7. Participate in external reporting (e.g., core measures, patient safety indicators, HEDIS bundled payments)

Content Outline

3. Performance and Process Improvement (40 items, 32%)

   A. Identifying Opportunities for Improvement

      1. Facilitate discussion about quality improvement opportunities

      2. Assist with establishing priorities

      3. Facilitate development of action plans or projects

      4. Facilitate implementation of performance improvement methods (e.g., Lean, PDCA, Six Sigma)

      5. Identify process champions

Content Outline

3. Performance and Process Improvement (40 items)
   B. Implementation and Evaluation

   1. Establish teams, roles, responsibilities, and scope

   2. Use a range of quality tools and techniques (e.g., Fishbone diagram, FMEA, process map)

   3. Participate in monitoring or project timelines and deliverables

   4. Evaluate team effectiveness (e.g., dynamics, outcomes)

   5. Evaluate the success of performance improvement projects

   6. Document performance and process improvement results

Content Outline

4. Patient Safety (20 items, 16%)
   A. Assessment and Planning

   1. Assess the organization's culture of safety

   2. Determine how technology can enhance the patient safety program (e.g., electronic health record (EHR), abduction/elopement security systems, smart pumps, alerts)

   3. Participate in risk management assessment activities (e.g., identification and analysis)

Content Outline

4. Patient Safety (20 items)
   B. Implementation and Evaluation

       1. Facilitate the ongoing evaluation of safety activities

       2. Integrate safety concepts throughout the organization

       3. Use safety principles

          a. Human factors engineering

          b. High reliability

          c. Systems thinking

Content Outline

4. Patient Safety (20 items)
   B. Implementation and Evaluation

       4. Participate in safety and risk management activities related to

          a. Incident report review (e.g., near miss and actual events)

          b. Sentinel/unexpected event review (e.g., never events)

          c. Root cause analysis

          d. Failure mode and effects analysis

CPHQ Exam

Types of Questions

- Recall questions test knowledge of specific facts and concepts

- Application questions require ability to interpret or apply information to a situation

- Analysis questions test ability to evaluate, problem solve, or integrate a variety of information and/or judgment Into a meaningful whole

Types of Questions

- Select the best answer, not necessarily the correct answer

- All potential answers may be correct

- Select the best one

CPHQ Exam

- Computerized, comprehensive, job-related objective test; available daily at PSI Test Centers

- 140 Multiple choice questions - 15 are not scored

- Previous
  - Recall   - 26%   (32 questions)
  - Application   - 57%   (72 questions)
  - Analysis   - 17%   (21 questions)

- Current
  - Recall   - 23%   (29 questions)
  - Application   - 57%   (71 questions)
  - Analysis   - 20%   (25 questions)

Pass or Fail Score

- Statistical equating is used

- Select an appropriate mix of individual questions for each version of the examination that meets the content distribution requirements of exam content blueprint

- Because each question has been pretested, difficulty level can be assigned

- Process considers difficulty level of each question selected for each version of exam, attempting to match difficulty level of each version as closely as possible

Pass or Fail Score

- Angoff Method used to set minimum passing score

- Experts evaluated each question on exam to determine how many correct answers are necessary to demonstrate knowledge and skills required to pass

- Candidate's ability to pass depends on own knowledge and skills displayed (not performance of other candidates)

- Passing scores may vary slightly for each version of the exam

Pass or Fail Score

- To ensure fairness, slight variations in difficulty level are addressed by adjusting the passing score up or down

- Adjustment depends on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination

- Individual questions are not released to or discussed with candidates after an examination

CPHQ Practice Exam

- CPHQ Self Assessment on NAHQ website nahq.org
- Practice exam used to assess if candidate prepared for CPHQ examination
- Diagnostic tool to assess strengths and weaknesses; great study tool
- 130 multiple choice questions
- Questions presented in same computer format
- Opportunity to receive immediate feedback with answer rationales for each question
- Access to practice exam for one year
- NAHQ Members $150   Non-members $180

Register for Exam

- Review U.S. CPHQ Candidate Handbook

- Pricing:
  - NAHQ Member rate $423
  - Nonmember rate $529

- Apply by credit card through NAHQ secure website

- Apply by check by downloading and completing paper application (additional $25 fee)

Register for Exam in Person

- Exam available in computerized format during year at PSI Test Centers

- Candidates required to complete health questionnaire related to possible COVID-19 exposure and present it when arriving at PSI test center

- High-touch areas (keyboards, desktops, chair handles, check-in stations, door handles, writing instruments, etc.) are sanitized after each use

- Face coverings required for all Candidates and Test Center administrators during entire testing experience

- Physical distancing encouraged

Take Exam in Person

- Open centers in Utah as of 10/2/20

- Davis Technical College, 550 East 300 South, Kaysville, Utah

- North Salt Lake, 25 North 400 West, North Salt Lake, Utah

- Weber State University, 3885 Campus Drive, Ogden, Utah

- Dixie State University (PAN), 46 South 1000 East, St. George, Utah

- Will receive score when exam complete

Take Exam Online

- Option available to complete exam online with remote proctor

- Throughout year by appointment only (except major U.S. holidays)

- Choose quiet area of home or office

- Avoid any space with loud noises (i.e., radio, television, family, music, pets, visitors, etc.)

- Do not choose public spaces (i.e., coffee shop)

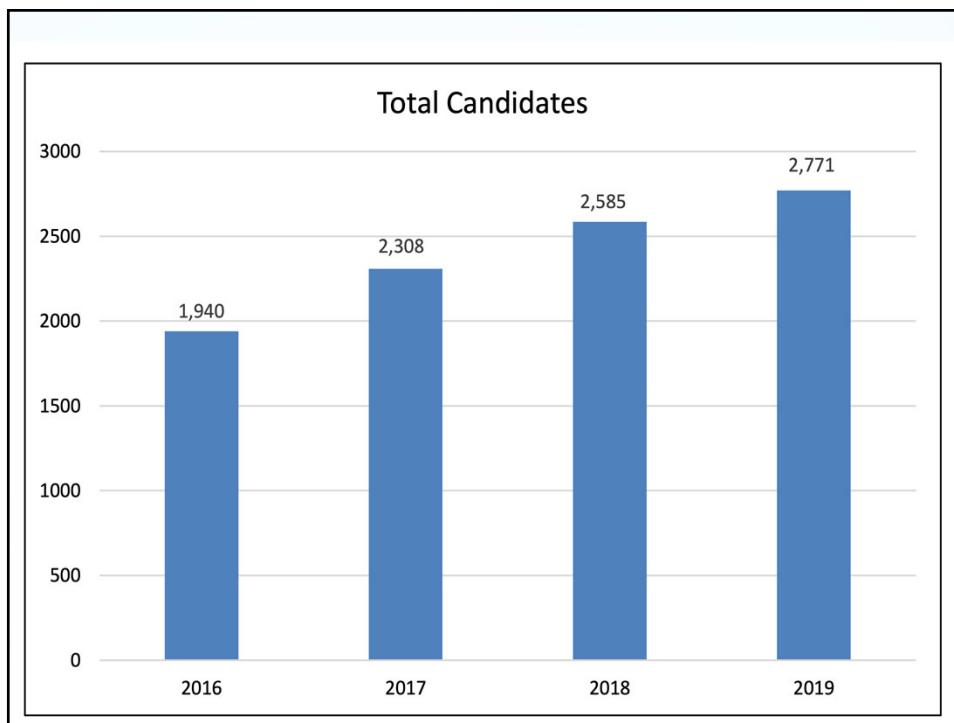- No one permitted in room with you

Take Exam Online

- Technical requirements

- Test computer prior to scheduling exam

- Perform a second compatibility check 72 hours before exam

- Can change from a scheduled in person exam to online

- Can reschedule online exam at one time free but must be at least 24 hours prior to exam

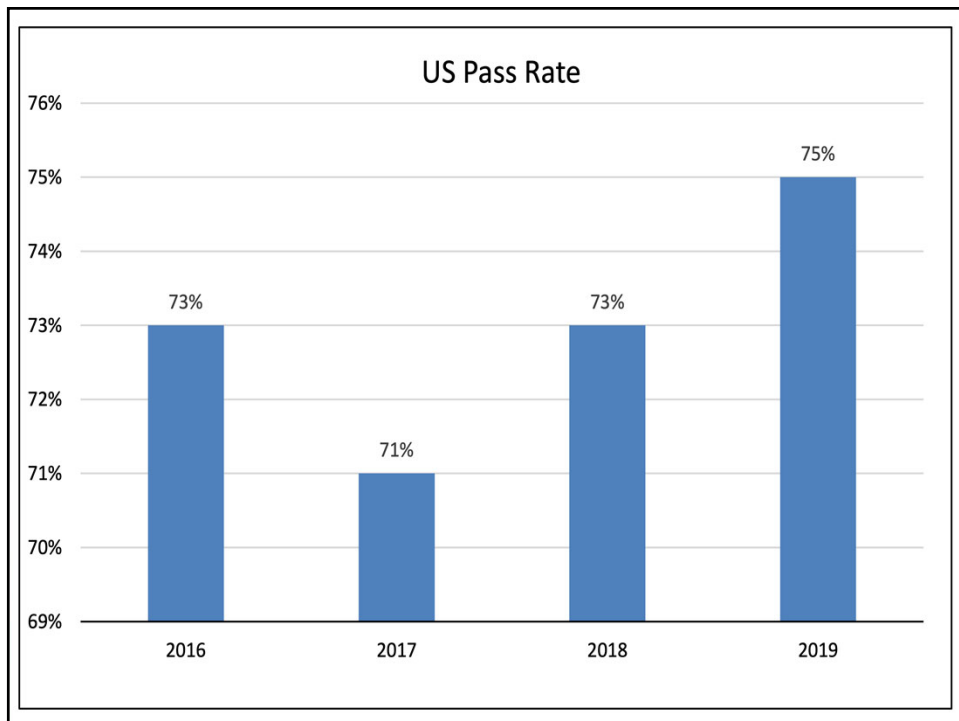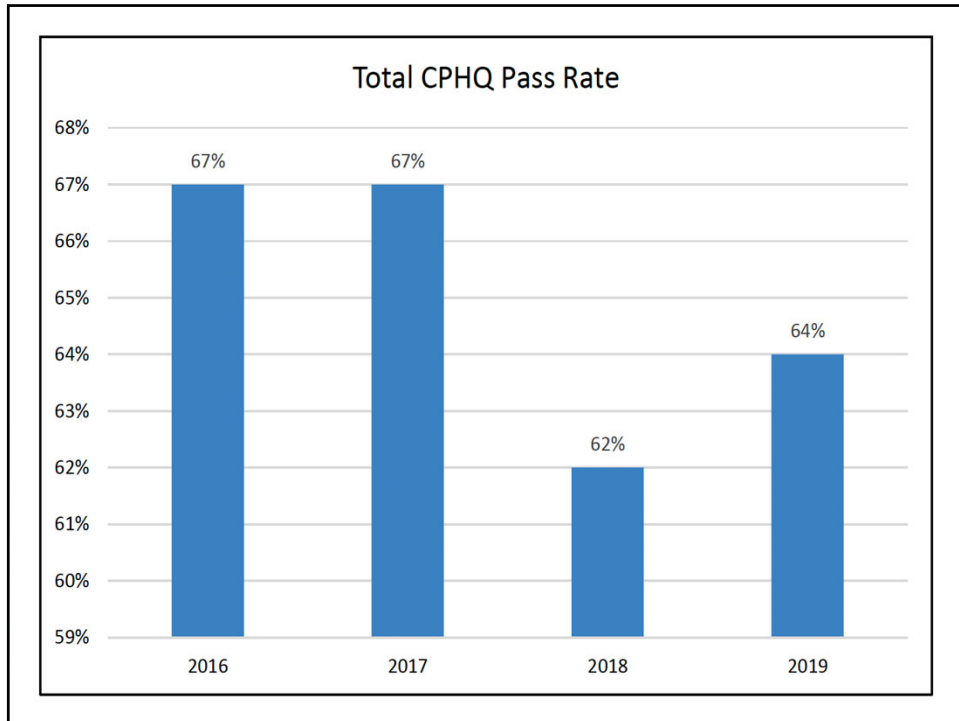- Will receive reminder email 2 days before exam

During Online Exam

- Prepare workspace; clean and remove items not allowed (reference materials, binders, books, magazines, etc.; cellphones, chargers, plants, eyeglass cases, sticky notes, food and drinks – one clear glass with water is allowed)

- Access 30 minutes prior to start time to connect with remote proctor and launch exam properly

- Valid, government-issued photo ID made clearly visible to camera when prompted by proctor; name on ID must match registration

During Online Exam

- Ensure computer has sufficient battery life/or plugged in for duration of exam

- Ensure stable and continuous Internet connectivity

- If you lose Internet connectivity during exam, session will be ended automatically and results voided

- Can't use any materials; cannot take a break

- Proctor will monitor activity entire time

- If technical issues, chat with proctor, contact PSI

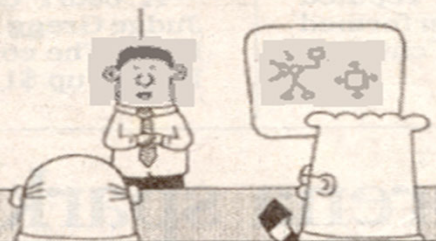- Will receive score in PSI account immediately after completing exam

Total Candidates

Year	Total Candidates
2016	1,940
2017	2,308
2018	2,585
2019	2,771

Total CPHQ Pass Rate

Year	Pass Rate
2016	67%
2017	67%
2018	62%
2019	64%

US Pass Rate

Year	Pass Rate
2016	73%
2017	71%
2018	73%
2019	75%