



| STEPPING UP TO |

CERTIFICATION

2025 SPECIAL REPORT

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LETTER FROM THE EDITOR



Welcome to the 2025 Special Report: Stepping Up to Certification—a guide to national certifications for professionals who help people navigate healthcare.

Case managers are pivotal in controlling cost, service access, and quality outcomes. Case managers are educators so patients and caregivers have realistic expectations about the healthcare system and its workings. Among their many competencies, case managers are influencers, collaborators, coordinators, and educators. They bring teams together from both the payer and provider sides to address and meet the individual needs of their patients.

Case managers are in place to educate people in wellness so we can start moving from a sick system to a healthcare system that helps people prevent chronic conditions. Case managers work with their patients to identify what motivates them to change behaviors and avoid risk factors that can cause costly catastrophic and chronic conditions.

Case managers identify people with complex medical conditions and injuries, educate and empower them, and help them find the resources their patients need to manage their conditions and move on with their lives.

To do this work, professional case managers must be educated and assertive in a fragmented and complex system where communication is challenging at best. They must be critical thinkers and advocates for the people they care for and ensure improved communications among all stakeholders, evidence-based care coordination, and safe transitions of care. They must also show the value they bring to the organizations they work for and the patients they serve.

Case management certification was a mainstay of the professional development process that professional case managers followed for years. Today, we see a change, in that organizations suggest certification but do not mandate it for employment. This trend will continue as disruption in healthcare lowers reimbursement benefits across the broad healthcare continuum. Another trend is that as the workforce nears retirement, the next generation is looking at advanced education that will enable them to move into new areas of practice or careers outside of healthcare.

In the 2025 edition of *Stepping Up to Certification*, each certifying body shared their certification information. If you want to Step Up to Certification, use this Special Report as a guide to learn about the various certifications that healthcare professionals can achieve. Once you narrow your choices, visit the different websites to know the eligibility criteria and which would be best for you.

Certification is an investment in your career. Choose wisely!

I want to thank each of the certifying bodies who contributed to this report; my editor, Andrea Morris; and Deanna Cooper Gillingham and the team at the Case Management Institute for their help in publishing the *2025 Special Report: Stepping Up to Certification*.

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ACCREDITED CASE MANAGER (ACM)



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

Q: When and why was the certification developed?

A: The ACM® certification program was created by the ACMA in 2005. It is one program with two different credentials: ACM-RN® and ACM-SW®. It is designed specifically for health delivery systems 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 identified need for a certification specific to case management professionals in the healthcare delivery setting. At that time, no such credential existed. Healthcare 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.

For case managers interested in working in a healthcare 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 healthcare delivery system case management.

Q: Who is your target audience, for whom the certification is designed?

A: 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 the expiration date.
- A social worker (SW) applicant 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 2,080 hours of supervised paid work experience employed as a case manager, or in a role that falls with the case management functions and expectations of a case manager, within a health delivery system.

Q: What makes this certification value-added for the healthcare industry, as well as for the certified professional?

A: 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 with 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 2023 National Hospital Case Management Survey found that, of the organizations offering incentives for certification, these include such items as one-time stipend/bonus, formal preference for hiring and advancement, reimbursement of exam or educational fees, direct payment for the certification fee, formal requirement for hiring, and incorporation into an advancement ladder.

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.

Q: How many professionals have been certified to date?

A: Over 7,000 professionals have earned their ACM certification. As the majority of certificants find value in their credentials, 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.

Q: 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, provide examples of the outcomes certified professionals produce, which demonstrate their value.

A: 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 for many years its position that “Nurses and Social Workers with 36 months of health delivery system experience should have their Accredited Case Manager credential.” 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.

Q: Does your organization conduct research to demonstrate the value of certification? If so, please discuss and share the link.

A: 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.

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

A: A number of tools are provided to ACM certificants to share their credential/ accomplishment with employers or other stakeholders. ACM certificants receive a digital wall certificate, 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 email signature, social media, or other professional correspondence. ACM certificants can also request their status be shared by ACMA with anyone they wish. Messaging is also provided to ACM certificants to help them market their accomplishment along with advocating for 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 certification 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.

Q: One of the purposes of a national certification is consumer protection. How does holding this certification protect the public?

A: 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 healthcare delivery systems, should seek the ACM credential as a means of demonstrating their knowledge and mastery of practice for future employers.

Q: How does the certification body educate certified professionals on their evolving roles in today's complex healthcare environment?

A: 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>.



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Thank you to Michelle Murphey Porter, CAE, Director, Association and Client Services, American Case Management Association | Association of Physician Leadership in Care Management, for working with us on this report.

CASE MANAGEMENT ADMINISTRATOR CERTIFICATION (CMAC)



The Case Management Administrator Certification (CMAC) is owned by the American Case Management Association (ACMA), and the program is overseen by the National Board for Case Management (NBCM), the governing body for the CMAC certification.

Q: When and why was the certification developed?

A: The CMAC was created in 1999 and was acquired by ACMA in 2018. The CMAC provides professional development for, and recognition of, case management administration professionals by:

- Formally recognizing those individuals who meet eligibility requirements designated by the NBCM.
- 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.

Q: Who is your target audience, for whom the certification is designed?

A: 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.

Q: What makes this certification value-added for the healthcare industry, as well as for the certified professional?

A: 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. CMAC holders have demonstrated proficiency in all of these areas, showing value to multiples parties in the system.

Q: How many professionals have been certified to date?

A: CMAC holders currently number over 260. 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.

Q: 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, provide examples of the outcomes certified professionals produce, which demonstrate their value.

A: 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
- Educating patients, families, fellow case managers, and physicians on the most appropriate care settings for each step of the patient care journey

Q: Does your organization conduct research to demonstrate the value of certification? If so, please discuss and share the link.

A: The CMAC is included in the National Hospital Case Management Survey performed by ACMA on a biennial basis. 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.

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

A: A number of tools are provided to CMAC certificants to share their credential/ accomplishment with employers or other stakeholders. CMAC holders receive a digital wall certificate, as well as a lapel pin that they can proudly display/wear. These pins are often worn by CMAC holders on a daily basis to demonstrate their continued competence to patients and their families. Certificants are also provided with a digital lapel pin that they can include in their email signature, social media, or other professional correspondence. CMAC certificants can also request their status to be shared by ACMA with anyone they wish. Messaging is also provided to CMAC certificants to help them market themselves as a thought leader in case management.

Q: One of the purposes of a national certification is consumer protection. How does holding this certification protect the public?

A: 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.

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

A: 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.

For more information on the CMAC, please visit www.acmaweb.org/cmac.



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Thank you to Michelle Murphey Porter, CAE, Director, Association and Client Services, American Case Management Association | Association of Physician Leadership in Care Management, for working with us on this report.

CARE MANAGEMENT PHYSICIAN CERTIFICATION (CMPC)



The Care Management Physician Certification (CMPC) is owned and managed by the Association of Physician Leadership in Care Management (APLCM) as part of the American Case Management Association (ACMA).

Q: When and why was the certification developed?

A: The CMPC® certification program was created by APLCM in 2021. It is designed specifically for physician advisors and physician leaders in healthcare delivery system care management. It was also created to address the growing need to educate and credential physicians on care management teams, granting visibility and credibility to the practice.

Topics covered on the CMPC examination include:

- Utilization management
- Clinical document improvement
- Care transitions
- Advocacy and regulatory compliance
- Medical necessity reviews and denial management
- Education of the care management team

The CMPC certification supports the evolving role of physician advisors, physician case management and transitions of care leaders, medical directors, and chief medical officers who work with case management teams.

Q: Who is your target audience, for whom the certification is designed?

A: The CMPC certification exam is designed for professionals who hold a current Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) designation and are licensed to practice medicine in the United States. There is no specific work experience requirement to sit for the exam, but experience as a physician advisor in care management for at least two years is strongly recommended.

Q: What makes this certification value-added for the healthcare industry, as well as for the certified professional?

A: CMPC certification measures the competence of physician leaders working specifically in care management in the healthcare delivery system and promotes professional practice standards. The selection of physician leaders in these settings is not regulated by states or national authorities; thus, achievement of this credential allows for physician leaders to voluntarily demonstrate their competence in a well-defined body of knowledge of care management. Successful completion of the CMPC examination verifies broad-based knowledge and critical thinking skills relevant to day-to-day practice in care management.

Q: 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, provide examples of the outcomes certified professionals produce, which demonstrate their value.

A: Physician advisors represent the medical staff and medical community standards of practice. CMPC certificants demonstrate operational effectiveness within their organization's structure and advocate for the role of the advisor within their organization as a catalyst for the value-based care initiatives. CMPC holders contribute their commitment to physician leadership in care management and strengthen their profession in many ways benefiting all stakeholders in the healthcare industry.

Physician advisors have a unique value in the healthcare setting, as their tracking of metrics across the system, while also possessing clinical knowledge, allows insight into cost-saving measures hospitals can undertake. Holding a CMPC credential demonstrates proficiency in this work and the commitment to fiscal and patient responsibility.

Q: Does your organization conduct research to demonstrate the value of certification? If so, please discuss and share the link.

A: CMPC holders participate in the ACMA National Physician Leaders in Care Management survey. This survey is the only source of comprehensive national benchmarking data for hospital case managers. This survey is conducted through a biennial randomized study of over 400 hospital Case Management departments and produces 95 percent confidence level on over 75 elements of practice. The data has been used in countless organizations around the country for benchmarking, resource justification, and practice improvement.

This survey is an ACMA/APLCM member-only resource and is not otherwise shared publicly. CMPC candidates and certificants also answer feedback surveys to suggest improvements.

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

A: A number of tools are provided to CMPC certificants to share their credential/accomplishment with employers or other stakeholders. CMPC holders receive a digital wall certificate, as well as a lapel pin that they can proudly display/wear. They are also provided with a digital “lapel pin” that they can include in their e-mail signatures, business cards, or other professional correspondence. CMPC certificants can request their status be shared by ACMA with anyone they wish. Messaging is also provided to CMPC certificants to help them market their own accomplishment along with advocating the importance of certification in the industry.

Q: One of the purposes of a national certification is consumer protection. How does holding this certification protect the public?

A: The CMPC credential seeks to improve patient outcomes by establishing national standards and requisite knowledge for the physician advisor role, as well as establishing increased visibility for the profession and validation of holders for their engagement and commitment with care management physician leadership.

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

A: CMPC credential holders are required to recertify every five (5) years. Forty (40) hours of continuing medical education must be specific to either healthcare delivery case management or related to the practice of healthcare in the credential holder’s field of practice. Continuing education ensures CMPC holders continue to expand their professional knowledge and demonstrate continued competency in the care management field. APLCM offers several ways for CMPC 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.

For more information on the CMPC, please visit www.aplcm.org.



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CARE MANAGER CERTIFIED (CMC)



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

Q: When and why was the certification developed?

A: 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 the Care Manager Certified (CMC) certification and recertification program. The NACCM Care Manager Certified (CMC) is an accredited certification program by the NCCA.

Q: Who is your target audience, for whom the certification is designed?

A: 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.

Q: What makes this certification value-added for the healthcare industry, as well as for the certified professional?

A: 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.

Q: How many professionals have been certified to date?

A: Total certificants (over the life of the certification): 3,779; Current number of certificants: 1,300.

Q: What is your organization's renewal rate?

A: Rates of CMC certification renewal have been steadily increasing, from 58 percent renewing in 2015 to 70 percent renewing in 2023.

Q: 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, provide examples of the outcomes certified professionals produce, which demonstrate their value.

A: 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) and 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 percent 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 healthcare matters. Not only are they called upon to assist with healthcare 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."

Ninety seven percent (97 percent) 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 percent) 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 clients’ 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.

Citations:

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.

Q: Does your organization conduct research to demonstrate the value of certification? If so, please discuss and share the link.

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

Q: One of the purposes of a national certification is consumer protection. How does holding this certification protect the public?

A: 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.

Q: How does holding this certification advance professionals' careers?

A: 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 recognizes the CMC credential for eligibility for membership at the "Advanced Professional" level.

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

A: 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:

- Assess and identify client strengths, needs, concerns, and preferences
- Establish goals and a plan of care

- Initiate, manage and monitor ongoing execution and outcomes of care plan
- Promote and maintain professional standards in care management and in business practices.

Q: How does your organization keep in touch with certified professionals so they understand the value certification brings and they renew certification?

A: 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. NACCM has created a CMC Spotlight program where CMCs are featured on social media (LinkedIn, Facebook, and Instagram), as well as in the e-newsletter. Additionally, certificants are invited to join regularly scheduled CMC Conversations to discuss emerging and challenging professional topics, offering opportunities for insights and growth.

Q: Can consumers, employers, or other stakeholders share their experiences with your organization's certified professionals? If yes, what have you learned about having a case manager during one's healthcare journey?

A: NACCM does not have specific venues for consumer, employer, or other stakeholders to share experiences about professionals who hold CMC certification. However, NACCM does have a consumer member on the Board of Directors who represents this audience.

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

A: 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.

CERTIFICATION IN MANAGED CARE NURSING (CMCN)



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

Q: When and why was the certification developed?

A: 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.

Q: Who is your target audience, for whom the certification is designed?

A: 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.

Q: What makes this certification value-added for the healthcare industry, as well as for the certified professional?

A: 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.

Q: How many professionals have been certified to date?

A: There are over 1,700 Certified Managed Care Nurses/Professionals nationwide.

Q: What is your organization's renewal rate?

A: 80 percent renewal rate.

Q: 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, provide examples of the outcomes certified professionals produce, which demonstrate their value.

A: The overall goal of a Certified Managed Care Nurse is patient advocacy. CMCNs 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 acute care to a skilled nursing facility sooner, or transition to settings like Home Healthcare 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.)

Q: Does your organization conduct research to demonstrate the value of certification? If so, please discuss and share the link.

A: No.

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

A: 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 to hung for all to see, and they're allowed to use the initials CMCN (or CMCP, as applicable) 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 by annually naming a Managed Care Nurse Leader of the Year.

Q: One of the purposes of a national certification is consumer protection. How does holding this certification protect the public?

A: 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.

Q: How does holding this certification advance professionals' careers?

A: Those who obtain their CMCN are 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.

Q: How does the certification body educate certified professionals on their evolving roles in today's complex healthcare environment?

A: The American Board of Managed Care Nursing (ABMCN) does not provide educational content, but the website links 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 be found at <http://namcp.org/home/education>.

Q: Can consumers, employers, or other stakeholders share their experiences with your organization's certified professionals? If yes, what have you learned about having a case manager during one's healthcare journey?

A: No.

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

A: The ABMCN is a certifying body and does not create educational content, but its website lists resources 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 high 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 highlight the providers and care managers and what they do.

Q: How does your organization encourage certified case managers to educate and inform patients, their caregivers, and others who can benefit on finding a case manager when they enter the healthcare system? Please also share any other information you want readers to know about your certification.

A: CMCNs 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

Special thanks to Judith Daughty for assisting us with this project. Judith is a member of the ABMCN Board of Directors.

CERTIFIED CASE MANAGER (CCM)



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

Q: When and why was the certification developed?

A: In 1992 a taskforce was convened 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 an inability to demonstrate competence in 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 was administered in the spring of 1993.

Q: Who is your target audience, for whom the certification is designed?

A: 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.

Q: What makes this certification value-added for the healthcare industry, as well as for the certified professional?

A: 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.

Q: How many professionals have been certified to date?

A: There are more than 50,000 actively certified case managers practicing today, with over 71,000 case managers certified since 1993.

Q: What is your organization's renewal rate?

A: The CCM retention rate varies by individual class.

Q: 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, provide examples of the outcomes certified professionals produce, which demonstrate their value.

A: The Commission engages healthcare policymakers to highlight the importance of including case management in new models of care and new attention to care coordination while meeting the mandate of the Triple Aim. 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.

Q: Does your organization conduct research to demonstrate the value of certification? If so, please discuss and share the link.

A: 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.

A job task analysis (formerly referred to as the Role & 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.

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

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

A: 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 also highlight employers using case management and the outcomes they have seen as examples and case studies for case managers to reference in their practice settings.

Q: One of the purposes of a national certification is consumer protection. How does holding this certification protect the public?

A: 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 (Certified Disability Management Specialist), 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 exams continue to be relevant to today's practice.

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.

Q: How does holding this certification advance professionals' careers?

A: In the interim of the job task analysis, CCMC regularly conducts trends surveys regarding what today's case manager looks like, for both CCMs and those considering certification. As a result, a series of Case Management Coordinates have been developed, which 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/develop-others/make-case-value/professional-and-demographic-characteristics-ccm-certificants>.

Q: How does the certification body educate certified professionals on their evolving roles in today's complex healthcare environment?

A: CCMC provides ongoing professional continuing education through the CMLearning Network™, which encompasses online learning and CCMC's Virtual Symposium. The results of CCMC's job task analysis are released to the industry every five (5) years to inform employers, regulators, and certified professionals about any changes or evolution of the practice of case management.

Q: What is your organization's renewal rate? How does your organization keep in touch with certified professionals so they understand the value certification brings and they renew certification?

A: Constant contact with our certificants is managed through both personal outreach and marketing and communications efforts throughout their five-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.

Q: Can consumers, employers, or other stakeholders share their experiences with your organization's certified professionals? If yes, what have you learned about having a case manager during one's healthcare journey?

A: The Commission has a Code of Professional Conduct for Case Managers (available at: <https://ccmcertification.org/sites/ccmc/files/docs/2023/Code%20of%20Professional%20Conduct%20for%20Case%20Managers%20FINAL%202023.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.

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

A: 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.

Q: How does your organization encourage certified case managers to educate and inform patients, their caregivers, and others who can benefit on finding a case manager when they enter the healthcare system? Please also share any other information you want readers to know about your certification.

A: The Commission collaborates with organizations that 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. These organizations are committed to the recruitment, training, and deployment of a diverse case manager workforce ready to serve across all practice settings. They 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, DNP, RN-BC, CCM, ICE-CCP

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)



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

Q: When and why was the certification developed?

A: The Certified Disability Management Specialist (CDMS) examination was developed 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 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 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 credentials.

Q: Who is your target audience, for whom the certification is designed?

A: 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.

Q: What makes this certification value-added for the healthcare industry, as well as for the certified professional?

A: 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.

Q: How many professionals have been certified to date?

A: There are currently over 1,800 actively certified disability management specialists practicing today.

Q: What is your organization's renewal rate?

A: The CDMS retention rate varies by individual class.

Q: 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, provide examples of the outcomes certified professionals produce, which demonstrate their value.

A: Those who hold the 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.

Q: Does your organization conduct research to demonstrate the value of certification? If so, please discuss and share the link.

A: 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 job task analysis (formerly called the 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.

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

A: The 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.

Q: One of the purposes of a national certification is consumer protection. How does holding this certification protect the public?

A: 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 exams continue 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.

Q: How does holding this certification advance professionals' careers?

A: Becoming a 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.

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

A: 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.

Q: What is your organization's renewal rate? How does your organization keep in touch with certified professionals so they understand the value certification brings and they renew certification?

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

Q: Can consumers, employers, or other stakeholders share their experiences with your organization's certified professionals? If yes, what have you learned about having a case manager during one's healthcare journey?

A: 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 <https://www.cdms.org/sites/default/files/docs/CDMS%20Code%20of%20Professional%20Conduct%20FINAL%202023.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.

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

A: 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.

Q: How does your organization encourage certified case managers to educate and inform patients, their caregivers, and others who can benefit on finding a case manager when they enter the healthcare system? Please also share any other information you want readers to know about your certification.

A: 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 becoming a Certified Disability Management Specialist, visit the website at www.cdms.org.



Vivian Campagna, DNP, RN-BC, CCM, ICE-CCP

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 PATIENT EXPERIENCE PROFESSIONAL (CPXP)



The CPXP certification is a globally recognized designation for individuals committed to championing excellence in healthcare experience. It signifies a strong dedication to maintaining essential skills and knowledge as well as an unwavering commitment to advancing the field of patient experience and transforming the human experience in healthcare.

Q: When and why was the certification developed?

A: The development of the Certified Patient Experience Professional examination has been a community-driven process. The effort has been informed by the work started in 2012 to frame the Patient Experience Body of Knowledge by The Beryl Institute. Certification development has followed a rigorous and standardized process, engaging the voices of over a thousand members of the patient experience community around the world, involving input from subject matter experts, and validated and maintained by psychometric testing and continuous review and evaluation. The purpose of the CPXP examination is to assess whether a candidate has the knowledge necessary for competent practice as a certified patient experience professional, as defined by The Credentialing Center. 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 (PX).

Q: Who is your target audience, for whom the certification is designed?

A: The CPXP is a person who influences the systems, processes, and behaviors that cultivate positive experiences across the continuum of care. The designation is open to all individuals who are committed to improving human experience in healthcare and have at least three years of experience engaging in patient experience efforts.

Q: What makes this certification value-added for the healthcare industry, as well as for the certified professional?

A: The CPXP designation has become a standard in the healthcare industry for recognizing and establishing experts in the patient experience field. It has become a requirement for many organizations for their PX professionals, as

it sets the bar for the knowledge and skill set needed to maintain the high standards expected in the PX field.

Q: How many professionals have been certified to date?

A: There are currently over 1,600 CPXPs worldwide in 19 countries. Over the life of the exam, we have certified over 2,100 CPXPs, who have influenced and improved the healthcare experience around the world.

Q: 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, provide examples of the outcomes certified professionals produce, which demonstrate their value.

A: As healthcare organizations again start to look at cutting budgets and departments, it's even more vital that the professionals we have in charge of our human experience (HX) efforts are the *right* fit for the positions. The CPXP designation allows organizations to more easily identify professionals who are experts in the PX field and can contribute valuable information in improving their HX efforts within their organizations.

Q: Does your organization conduct research to demonstrate the value of certification? If so, please discuss and share the link.

A: Our sister organization, The Center for Human Experience, conducts research across the PX fields worldwide to continue to identify and develop HX needs and ways to improve outcomes for all families.

Our other sister organization, *The Patient Experience Journal*, publishes peer-reviewed PX-related articles four times per year and is free to download. The journal can be found at <https://pxjournal.org/journal/>.

Q: One of the purposes of a national certification is consumer protection. How does holding this certification protect the public?

A: The CPXP designation helps identify industry experts in patient experience and ensures they are staying up to date on their continuing education while working in the field. This ensures that there is someone with proper qualifications and knowledge involved in decision-making processes and execution in our healthcare organizations, to ensure the most positive human experience across the continuum of care.

Q: How does the certification body educate certified professionals on their evolving roles in today's complex healthcare environment?

A: The Beryl Institute is the global community of healthcare professionals and experience champions committed to transforming the human experience in healthcare. As a pioneer and leader of the experience movement and patient experience profession for more than a decade, the Institute offers unparalleled access to unbiased research and proven practices, networking and professional development opportunities, and a safe, neutral space to exchange ideas and learn from others.

We define the patient experience as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care. We believe human experience is grounded in the experiences of patients and families, members of the healthcare workforce, and the communities they serve.



Jessica Barker, CPXP

Jessica is the Director, Certification and Continuing Education, at The Beryl Institute Credentialing Center (Formerly PXI).

CERTIFIED ADMINISTRATOR OF VOLUNTEER SERVICES (CAVS)



The purpose of CAVS certification is to promote healthcare volunteer services management through the certification of qualified individuals by:

- Recognizing those who meet the CAVS eligibility requirements and pass the examination.
- Encouraging continued personal and professional growth in healthcare volunteer services management.
- Providing a global standard of knowledge for certification, helping employers, the public, and health professionals assess healthcare volunteer services managers.

Q: When and why was the certification developed?

A: The CAVS designation was most recently offered by the Association for Health Care Volunteer Resource Professionals (AHVRP) via the American Hospital Association Certification Center. In 2020, when AHVRP decided to no longer support the designation, The Beryl Institute Credentialing Center (formally PXI) took over the designation to support the volunteer professionals and continue to develop the leaders in volunteer management.

Working with our testing partners at Meazure Learning and our team of volunteer experts, we redesigned and updated the previous CAVS exam and relaunched it in 2021. The CAVS designation is designed to support volunteer leaders in healthcare and highlight the leaders and experts in the patient experience (PX) field.

Q: Who is your target audience, for whom the certification is designed?

A: CAVS certification is intended for healthcare professionals or other individuals with an interest in volunteer leadership and at least two years of paid professional experience in healthcare volunteer services management.

Q: What makes this certification value-added for the healthcare industry, as well as for the certified professional?

A: The CAVS designation has become a standard in the healthcare industry for recognizing and establishing experts in the volunteer management field. It has become a requirement for many organizations for their professionals, as it sets the bar for the knowledge and skill set needed to maintain the high standards expected in the PX field.

Q: How many professionals have been certified to date?

A: The CAVS designation is a small and mighty group of committed volunteer management individuals. There are currently over 500 CAVS designees around the world.

Q: 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, provide examples of the outcomes certified professionals produce, which demonstrate their value.

A: As healthcare organizations again start to look at cutting budgets and departments, it's even more vital that the professionals we have in charge of our human experience (HX) efforts are the *right* fit for the positions. The CAVS designation allows organizations to more easily identify professionals who are experts in the PX field and can contribute valuable information in improving their HX efforts within their organizations as well as in volunteer management roles.

Q: Does your organization conduct research to demonstrate the value of certification? If so, please discuss and share the link.

A: Our sister organization, The Center for Human Experience, conducts research across the PX fields worldwide to continue to identify and develop HX needs and ways to improve outcomes for all families.

Our other sister organization, *The Patient Experience Journal*, publishes peer-reviewed PX-related articles four times per year and is free to download. The journal can be found at <https://pxjournal.org/journal/>.

Q: One of the purposes of a national certification is consumer protection. How does holding this certification protect the public?

A: The CAVS designation helps identify industry experts in patient experience and ensures they are staying up to date on their continuing education while working in the field. This ensures there is someone with proper qualifications and knowledge involved in the decision-making processes and execution in our healthcare organizations, to ensure the most positive human experience across the continuum of care.

Q: How does the certification body educate certified professionals on their evolving roles in today's complex healthcare environment?

A: The Beryl Institute is the global community of healthcare professionals and experience champions committed to transforming the human experience in healthcare. As a pioneer and leader of the experience movement and patient experience profession for more than a decade, the Institute offers unparalleled access to unbiased research and proven practices, networking and professional development opportunities, and a safe, neutral space to exchange ideas and learn from others.

We define the patient experience as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care. We believe human experience is grounded in the experiences of patients and families, members of the healthcare workforce, and the communities they serve.

For more information on the CAVS certification, visit the website at <https://theberylinstitute.org/cavs/>.



Jessica Barker, CPXP

Jessica is the Director, Certification and Continuing Education, at The Beryl Institute Credentialing Center (Formerly PXI).

CERTIFIED REGISTERED REHABILITATION NURSE (CRRN)



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

Q: When and why was the certification developed?

A: 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.

The CRRN is accredited by the American Board of Nursing Specialties (ABNS) and is an accepted certification by the American Nursing Credentialing Center (ANCC) Magnet Program.

Q: Who is your target audience, for whom the certification is designed?

A: Rehabilitation nursing practice includes care management and treatment of conditions such as stroke, brain injury, spinal cord injury, and other neurological conditions, as well as debility from other various conditions. 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. For more information on the many roles of a rehabilitation nurse, please visit: <https://rehabnurse.org/about/roles-of-the-rehab-nurse>.

Q: What makes this certification value-added for the healthcare industry, as well as for the certified professional?

A: 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 rehabilitation knowledge, experience, and commitment to excellence in comprehensive care for all people with physical disabilities and chronic illnesses throughout the continuum of care, insurance companies, and private practice.

Q: How many professionals have been certified to date?

A: There are currently over 12,000 CRRNs.

Q: What is your organization's renewal rate?

A: Approximately 65 percent.

Q: 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, provide examples of the outcomes certified professionals produce, which demonstrate their value.

A: 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 on Duty

24/7; Appropriate Quality Measures and Outcomes Across the PAC Continuum; and 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.

Q: Does your organization conduct research to demonstrate the value of certification? If so, please discuss and share the link.

A: A landmark study, “Nurse Staffing and Patient Outcomes in Inpatient Rehabilitation Settings,” published in 2007, found that 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 percent increase in CRRNs on the unit, the average length of stay decreased by one day.

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

A: CMS requires outcomes 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.

Q: One of the purposes of a national certification is consumer protection. How does holding this certification protect the public?

A: 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.

Q: How does holding this certification advance professionals’ careers?

A: Holding the CRRN credential advances professionals’ careers by:

Demonstrating expertise: The CRRN certification validates specialized knowledge in rehabilitation nursing, including case management, care coordination, and patient advocacy, setting certified professionals apart in their field.

Enhancing career opportunities: Many employers prefer or require CRRN certification for leadership and advanced practice roles, increasing job prospects and career mobility.

Increasing earning potential: Certification can lead to higher salaries and greater job stability, as organizations recognize the value of certified professionals in improving patient outcomes.

Expanding professional network: CRRN-certified nurses gain access to a community of like-minded professionals through ARN, fostering mentorship, collaboration, and career growth opportunities.

Strengthening patient advocacy: Certified nurses are equipped with the skills to educate patients, caregivers, and healthcare teams, ensuring better access to and understanding of rehabilitation care.

By earning the CRRN, professionals demonstrate their commitment to excellence, lifelong learning, and advancing the rehabilitation nursing profession.

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

A: 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.

Q: What is your organization's renewal rate? How does your organization keep in touch with certified professionals so they understand the value certification brings and they renew certification?

A: We maintain a 65 percent renewal rate. Our organization maintains a strong renewal rate by implementing a strategic, multi-channel marketing approach to keep CRRNs engaged and informed about the value of their certification.

Targeted email campaigns: We send personalized email reminders leading up to renewal deadlines, highlighting the benefits of maintaining certification, recent industry updates, and available continuing education opportunities.

Content marketing & storytelling: Through newsletters, success stories, and case studies, we showcase how CRRN certification positively impacts careers, patient outcomes, and professional growth.

Social media & digital engagement: We leverage social media to share renewal tips, testimonials, and interactive content that reinforces the value of certification.

Direct mail & multi-touch outreach: In addition to digital reminders, we send postcards and letters in the final years leading up to renewal deadlines to ensure CRRNs are aware of their renewal timeline.

Webinars & member-exclusive events: We offer renewal-focused webinars and Q&A sessions, providing CRRNs with guidance on maintaining their certification and staying ahead in the field. Find more here: learn.rehabnurse.org.

Data-driven personalization: By encouraging CRRNs to update their contact information and tracking engagement metrics, we tailor messaging to their needs and ensure they receive timely, relevant updates.

Through this integrated marketing strategy, we continuously reinforce the value of CRRN certification, driving engagement and retention among certified professionals.

Q: Can consumers, employers, or other stakeholders share their experiences with your organization’s certified professionals? If yes, what have you learned about having a case manager during one’s healthcare journey?

A: We don’t have a process for this.

Q: Today, despite thousands of professionals’ involvement in the practice of case management, many people do not know what a case manager is or how to access one to assist their transition through the complex healthcare system. My question is: How does your organization share information with the general public on the practice of case management and the value it brings?

A: The ARN is committed to raising awareness of the critical role case managers play in navigating the complex healthcare system. ARN shares information about case management and its value through multiple channels, including:

Educational resources & webinars: ARN provides educational content, including webinars, toolkits, and position statements, to inform both healthcare professionals and the public about case management’s impact on patient outcomes.

Public-facing content: Through ARN’s website, blog, and social media platforms, we highlight success stories, best practices, and insights on how case managers support patients and families throughout their healthcare journey.

Collaboration & advocacy: ARN partners with other healthcare organizations and advocates for policies that emphasize the importance of case management in rehabilitation nursing.

Certifications & professional development: By promoting the CRRN credential, ARN ensures that case managers have the knowledge and skills needed to enhance patient care and demonstrate their value in the healthcare continuum.

Through these efforts, ARN continuously works to increase public awareness of case management's essential role in improving patient transitions and outcomes.

Q: How does your organization encourage certified case managers to educate and inform patients, their caregivers, and others who can benefit on finding a case manager when they enter the healthcare system? Please also share any other information you want readers to know about your certification.

A: The ARN encourages certified case managers to educate and inform patients, caregivers, and other stakeholders about the critical role of case management through:

Educational resources & training: ARN provides webinars, toolkits, and best practices to help certified case managers effectively communicate their role and guide patients in accessing case management services.

Advocacy & public awareness campaigns: ARN actively promotes the visibility of case managers through advocacy efforts, ensuring patients and families understand how to find and utilize case management support.

Professional networking & knowledge sharing: ARN fosters a strong community where certified professionals can exchange strategies for educating and supporting patients and caregivers.

Certification promotion: By highlighting the value of the CRRN credential, ARN reinforces the importance of case managers in improving patient outcomes and transitions in care.



Maureen Musto, MS, RN, APRN-CNS, ACNS-BC, CRRN, FARN

We would like to thank Maureen Musto, ARN Board of Directors President, 2023-2025, a Clinical Nurse Specialist at The Ohio State University Wexner Medical Center, Dodd Rehabilitation Hospital.

NURSING CASE MANAGEMENT CERTIFICATION (CMGT-BC)



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

Q: When and why was the certification developed?

A: In 1996, a panel of nurse case managers met and determined that the focus of RNs 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. The first cohort of Nursing Case Management candidates tested in 1997.

Q: Who is your target audience, for whom the certification is designed?

A: 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 CMGT-BC™.

Q: What makes this certification value-added for the healthcare industry, as well as for the certified professional?

A: 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's ability to utilize nursing and case management in their practice.

Q: How many professionals have been certified to date?

A: As of October 1, 2024, there are 1,930 nurses holding the Nursing Case Management Certification.

Q: What is your organization's renewal rate?

A: The 2023 renewal rate was 58 percent.

Q: 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, provide examples of the outcomes certified professionals produce, which demonstrate their value.

A: In today's complex healthcare 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.

Q: Does your organization conduct research to demonstrate the value of certification? If so, please discuss and share the link.

A: 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.

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

A: 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.

Q: One of the purposes of a national certification is consumer protection. How does holding this certification protect the public?

A: 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.

Q: How does holding this certification advance professionals' careers?

A: The knowledge gained through the preparation and study necessary to sit for 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.

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

A: 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.

Q: What is your organization’s renewal rate? How does your organization keep in touch with certified professionals so they understand the value certification brings and they renew certification?

A: 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.

Q: Can consumers, employers, or other stakeholders share their experiences with your organization’s certified professionals? If yes, what have you learned about having a case manager during one’s healthcare journey?

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

Q: Today, despite thousands of professionals’ involvement in the practice of case management, many people do not know what a case manager is or how to access one to assist their transition through the complex healthcare system. My question is: How does your organization share information with the general public on the practice of case management and the value it brings?

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

Q: How does your organization encourage certified case managers to educate and inform patients, their caregivers, and others who can benefit on finding a case manager when they enter the healthcare system? Please also share any other information you want readers to know about your certification.

A: 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 Veteran 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 at <https://www.nursingworld.org/our-certifications/nursing-case-management>, or email certification@ana.org or phone 1.800.284.2378.



Marianne Horahan, MBA, MPH, RN, CPHQ, NEA-BC, CAE

We thank Marianne Horahan, Director of Certification Services and ANA Enterprise Customer Service, American Nurses Credentialing Center, for this information.

BOARD CERTIFIED PATIENT ADVOCATE CERTIFICATION (BCPA)



Q: When and why was the certification developed?

A: The Patient Advocate Certification Board (PACB) was established in 2012 to create professional competencies, ethical standards, and best practices for professionals working in the field of patient or healthcare advocacy. Public input was solicited and reviewed by the Board, which led to defining the original 7 domains of practice for patient advocates. The planning and development of the certification exam spanned several years, culminating in the launch of the first exam in March 2018. Since then, PACB has offered two exam cycles every year, issuing the Board Certified Patient Advocate (BCPA) credential to qualified individuals. Following completion of a formal Job Task Analysis Study last year, the original 7 domains were consolidated into the current 5, with a greater emphasis on patient- and client-centered care, including the impact of Social Determinants of Health.

Q: Who is your target audience, for whom the certification is designed?

A: The BCPA certification is designed for individuals practicing in-patient or healthcare advocacy who wish to demonstrate their proficiency and commitment to the profession. Those who pass the certification exam earn the Board Certified Patient Advocate credential, which is recognized by clients, healthcare professionals, employers, and other professionals as a mark of excellence in the field.

Q: What makes this certification value-added for the healthcare industry, as well as for the certified professional?

A: Patient and healthcare advocates come to the field from a myriad of backgrounds. To support that broad spectrum of potential candidates, PACB established two distinct eligibility pathways to sit for the exam, one education-based and the other experienced-based. As awareness and numbers of certificants have grown, we have found that the BCPA certification is highly

valued by both patient/clients and employers who increasingly seek out certified advocates, further validating the credential's importance in the healthcare industry. Employers have started covering the cost of the exam for advocates to become certified. Leaders in both the Veterans Administration and the Department of Defense, for example, are interested in using the BCPA credential as a standard for those working with veterans, wounded warriors, and their families. In fact, PACB has established a task force to design a subspecialty exam specifically geared toward VA and DoD advocates.

Q: How many professionals have been certified to date?

A: As of February 2025, 1,308 candidates have successfully completed the exam.

Q: 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, provide examples of the outcomes certified professionals produce, which demonstrate their value.

A: In 2023, the Coalition of Healthcare Advocacy Organizations together with The Advocate published the results of a survey on the impact of working with patient advocates. All respondent groups, patient/caregivers, healthcare providers, and advocates agreed that working with an advocate enhances understanding, which leads to more realistic expectations and greater informed decision-making. 88 percent of clients and families felt more confident and less stressed in navigating their healthcare options, and 75 percent felt their voices were heard and wishes respected. 63 percent of healthcare providers said the burden on their staff was reduced when an advocate was involved in a patient's care. And over 90 percent of patient/caregivers and healthcare professionals said they would recommend for others to work with a patient or healthcare advocate.

As a standard setting body, part of PACB's mission is to ensure that certified advocates are competent, confident, and collaborate effectively with all parties within the healthcare arena to achieve truly patient- and family-centered care. While patient and healthcare advocacy is still an emerging profession, the BCPA credential distinguishes patient and healthcare advocates as qualified professionals who have demonstrated specialized knowledge, skills, and abilities in their chosen field. That in turn provides consumers reassurance of the quality, safety, and ethical standards BCPAs are committed to.

Q: Does your organization conduct research to demonstrate the value of certification? If so, please discuss and share the link.

A: In addition to the white paper mentioned above, PACB recently published the results of the first formal Job Task Analysis (JTA). The JTA represents the industry standard for certifying bodies to validate and/or update the examination to ensure it reflects the knowledge and skills required for current patient and healthcare advocacy practice. Analysis of the JTA, for instance, resulted in streamlining and consolidating the domains from the original 7 to 5. The complete results of the JTA and other research efforts are available on the PACB website and shared with the broader industry to promote the value and benefits of certified patient and healthcare advocates.

Q: How do you propose certified professionals share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders?

A: PACB encourages certificants to actively share their BCPA credential with employers, stakeholders, and patients/clients. Individuals who earn the credential receive a certificate and a digital badge for use in email signatures, business cards, or other professional communications. Many BCPAs feature client testimonials on their websites and in social media. PACB's regular newsletters include a feature called BCPAs "In the News," highlighting the achievements of certificants.

Q: One of the purposes of a national certification is consumer protection. How does holding this certification protect the public?

A: The BCPA certification is designed to protect the public by ensuring that certified advocates possess the necessary knowledge, skills, and abilities to provide competent and ethical patient and healthcare advocacy services and requiring all BCPAs to commit to life-long learning and adhering to a common Code of Ethics. PACB in turn is committed to maintaining high standards of exam reliability and validity, continually refining the exam to ensure that the certification reflects the essential competencies required in the field. As part of this commitment, PACB plans to pursue accreditation from the Institute for Credentialing Excellence (ICE), the "Gold Standard" for certifying bodies.

Q: How does the certification body educate certified professionals on their evolving roles in today's complex healthcare environment?

A: PACB regularly updates certificants on significant developments in the patient and healthcare advocacy space, including participating in surveys and research of advocacy practice and weighing in on important policies that may affect safe and equitable patient access or care. Most recently, PACB confirmed with CMS that BCPAs fulfill the professional competency requirements set forth in the new out-patient Principal Illness Navigation/PIN codes for services provided under the direction of the billing practitioner. Required continuing education (CE) opportunities approved by PACB help certificants to remain informed, competent, and up-to-date with current practice. Additionally, PACB continues to foster collaboration with other advocacy organizations and the advocacy community at large by participating in and encouraging attendance at events like the annual Healthcare Advocate Summit.



Heidi B. Kummer, MD, MPH, BCPA

We thank Heidi Kummer, President of the Patient Advocate Certification Board and Chair of the Certification Commission, for her help with this report.

UNDERSTANDING HOW A CERTIFICATION EXAMINATION IS DEVELOPED

Most professionals navigating their career paths in today's challenging and competitive workforce will find themselves considering certification. For many, the decision to seek certification may not be easy. The commitment, time, and cost of obtaining certification is substantial, and many wonder if it's 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 anticipated. Keep in mind that the examination is based on all aspects of the profession. Most practitioners, especially seasoned professionals, have specialized experience, and to understand everything the examination tests, they must review the published content outline and any recommended references or reading material. Some professionals take practice tests to assess their readiness for the certification examination. Others may take review courses or form study groups with other professionals.

It is also important to consider the rigorous process for developing the examination. Like 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. The major areas of responsibility (known as 'domains of practice'), specific work-related tasks 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 it accurately reflects the current scope of practice as the profession evolves.

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, which prepares subject matter experts (SMEs) to write items effectively. SMEs 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 content review by another panel of representative

SMEs. This panel edits and reviews each item to confirm that the knowledge being tested is accurate, reflective of current best practices as delineated in the content outline, relevant and important to practice, and free from bias or stereotyping.

Approved items are then reviewed for grammar and style and entered into an item bank. To ensure the item bank reflects current best practices 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 then critically review each item to confirm that all: reflect current best practice; accurately represent content as delineated in the content outline; have 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 the 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 approaches 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.

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 changes to the scoring key should be made. These statistics are also helpful when reviewing and revising questions 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 since 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 they have are current in practice.

The benefits of 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 build a more qualified workforce, they also help hiring professionals make better-informed decisions when filling positions. They also help protect the public by providing a way to benchmark competence among practitioners. By taking the step to seek certification, it propels the professional into a brighter future and raises the bar for the industry.



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.

About Professional Testing Corporation

PTC is an organization whose services are focused on the measurement aspects of human resources, including the design, development, and administration of tests and testing programs for professional organizations. PTC's services to professional organizations include test development, candidate application and fee processing, scheduling, testing center arrangements, test administration and scoring, secure client portals, and data analysis and reporting. Services also include item banking, development and management of certificants databases, survey and questionnaire studies, accreditation assistance, board management, job analyses, self-assessment, and psychometric research in areas of interest to PTC clients.

To learn more, visit the PTC website at <http://www.ptcny.com>.

THE IMPACT OF CERTIFICATION ON THE INDUSTRY, THE PROFESSIONAL, AND THE PATIENT

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. It should be clear that a person can be a professional case manager, patient advocate, patient experience officer, or rehabilitation professional without the certification. However, the certification allows you to show your expertise in the area of work. It speaks to your competence and your dedication to your profession.

Professional certification is different from a certificate of completion. For example, you can attend multiple workshops, webinars, programs, and college-level classes in various topics as part of continuous learning. In completing the course requirements of the program, a certificate of completion is awarded. But that's different from certification; it's not an agreed-upon set of standards like certification is. Today there are over 6,700 different certifications awarded to millions of workers in the United States. Professional certifications can be awarded by companies, professional associations, and industry groups. 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 ethical standards, competencies, and best practices, professionals gain aptitude, skill, and confidence. All the certification programs in this Special Report imbue the professional with a greater understanding of his or her role in navigating clients through a complex healthcare system, coordinating healthcare and insurance needs, and helping clients find treatment options that meet their needs and values. With this foundational knowledge comes professional growth and the ability to adapt to changing situations.

Understandably, certification provides the professional with credibility and the client with assurance that the professional has met a minimum standard of practice and demonstrates competency in the domains of the certification. The certification validates to clients and others a commitment to accountability and continued professional growth.

Certification is a voluntary process. But some employers require their employees be certified. One certification might not be right for all professionals, so employers should consider the various certifications available for the area of work. Certification should match the professional development goals of the person seeking certification.

Value of certification

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 clients as well. Multiple factors have converged to create an increased demand for professionals who focus in case management, patient experience, disability, rehabilitation, managed care, and nursing. These include an aging population, access barriers, and a healthcare system that simply does not work for most people. Many in leadership roles predict that the demand for workers in the caring professions will increase in coming years. As the demand increases, so does competition for clients. Certification can give you an edge when marketing yourself to employers, clients, and other stakeholders. It says to prospective clients that you have mastered the competencies and knowledge required, and a certifying body has validated your competency and expertise.

Increase in care professionals

Through various supporting organizations, the caring professionals can make connections and network with other like-minded professionals. Some of these organizations are the Case Management Society of America, the American Case Management Association, American Association of Rehabilitation, Beryl Institute, and the National Association of Healthcare Advocacy. Belonging to a professional organization provides opportunities for professionals to network, learn, share knowledge, and be part of groups that share goals and vision.

Certification requirements include dedication to continued education, accountability for professional conduct, adherence to ethical standards, and minimum practice standards. As more professionals gain certification, their professions' reputation and trust are elevated in the eyes of consumers and other professionals. The value of certification lies in the professionals' increased knowledge, skills, confidence, and abilities, which provides better care for clients, which in turn elevates the profession as a whole. Everyone wins!

A CALL TO ACTION: REPORTING DATA TO AMPLIFY YOUR VOICE

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 highlighted 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 begin collaborating and take up the challenge of explaining the value we all bring to the patient, families, and stakeholders.

Today, as we move toward a value-based healthcare system, we need to show our value through data. There is room for everyone in the system, but not if we don’t work together and demonstrate our value with data that matters to stakeholders.

Our healthcare system has been using complex, lengthy sets of ‘care quality indicators’ heavily focused on clinicians, business-operation, and 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 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 measures the work we do and that we can point to.

A Call for Action

With all the information technology, social media, and communities available, patients are actively involved in their own care and are pressuring the healthcare system to change. Especially with value-based care, helping professionals must show our value in data sets and share it with the patients, family members, and all stakeholders.

For example, helping professionals often coordinate and facilitate better communication between the patient and the provider. We should capture the tangible

data that represents our value—whether it be an improved outcome, or increased satisfaction by the patient, the provider, or both. But this time, these datasets must be simple, easy to collect, and easy to be understood by the patients, the general public, and other stakeholders. Even though our specific activities and work settings vary, it's important for us helping professionals to capture 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** (on a scale of 0-10) prior to engagement with the helping professionals can be a 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 in patient and family education. We could also capture the patient's level of adherence to the plan of care.
- **Perceived ease of work** by the provider with a particular patient (0-10), just prior to and one month after a helping professional gets involved (or any appropriate length of time). This data set would show provider satisfaction.
- **Cost reduction data** to measure how much would have been spent without a patient/health advocate, a case/care manager, a social worker, or a patient experience professional to address duplication and fragmentation, to prevent 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 resources, we may be able to collaborate with monetizing specialists; then we would be on the way to being viewed as 'revenue-generating centers,' instead of as 'cost centers' that drain the system!
- **Patient satisfaction** in the form of powerful stories: It is important to encourage patients/families to share their experiences. Some surveys should be revised to be more pertinent. You as helping professionals can have input into various surveys so they're 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.

These kinds of metrics will allow helping professionals to validate their work. If you are working in one of the helping professions, such as patient/health advocacy, care/care management, or patient experience, we strongly suggest you start capturing metrics along with your testimonials. Include them in your reports to clients and in your marketing materials to show the value you bring.

Sources

1. Institute of Healthcare Improvement: Measurement:
<http://www.ihl.org/resources>
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>



Kayoko 'Ky' Corbet, MS, RN, BCPA

Ky Corbet 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 she 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.

Visit Ky's website at www.PatientAdvocacyBeyond.com. You can reach Kai via email at Ky@PatientAdvocacyBeyond.com.



Anne Llewellyn, MS, BHSA, RN, CRRN, CMGT-BC, BCPA, CMF

Read Anne's full bio on page 72.

CONGRATULATIONS ON ACHIEVING CERTIFICATION! NOW WHAT?

Professionals who step up to certification commit to continuous learning and active participation in their field of practice. I'd like to share some of the ways 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. People in the caring professions have a number of choices when it comes to professional organizations. Take time to research what is available in your area of practice. Once you find an organization, go to local chapter meetings, if available. You'll get a feel for the organization and meet professionals who share common ground. If there is no local chapter, try to attend the annual national conference.

Regardless of the choice you make, the most important thing is to be active in the organization. Doing so allows you to stay up to date, influence practice, and advocate for your area of practice. You'll get to influence stakeholders in your community, throughout your state, and on up to the federal and even international levels. Today we are learning that all healthcare is local, and countries share common interests in healthcare.

Being a member is important, as it shows your commitment to your practice. But 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. Healthcare is constantly changing, so staying up to date is critical. 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 other ways to stay up to date. Today there is a wide variety of educational opportunities open to professionals at all levels. 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 or ethics, is also important, regardless of your years in practice.

Validating your role

Value is not assumed. Each professional and organization must set metrics to achieve. Measuring, analyzing, and evaluating those metrics are important so we know if we are making progress. We are called to do this on an organization level and an individual level.

Advocating for your practice

As a professional you are viewed as a subject matter expert. Taking time to share your successes and achievements is another area of professional development. You can do this internally at your organization by serving on committees and advisory boards. You can also take time to share information on how patients and families can access case managers.

Be visible in your organization and in your community. Be a resource people can come to. Look into patient and family councils, as well as local and national radio shows that inform audiences on various topics.

Give back to your practice

As professionals, giving back to your practice is important. Belonging to your professional organization is one way. And once you're certified, you can 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!



Anne Llewellyn, MS, BHSA, RN, CRRN, CMGT-BC, BCPA, CMF
[Read Anne's full bio on page 72.](#)

THANK YOU

Thank you for reading the *2025 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 want to thank again each of the certification bodies that contributed to this report. I would also like to thank our editor, Andrea (Wagner) Morris from [A Ripe Mango: Share Sticky Stories and Do Big Things](#), for helping me with this report. Her insights and recommendations were invaluable.

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



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

Anne Llewellyn is a registered nurse with over forty years of experience in critical care, risk management, case management, patient advocacy, healthcare publications, and training and development.

Anne has been a leader in the area of case management and was the President of the Case Management Society of America from 2003-04. 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 at nursesadvocates.com, to share stories and events that help people be better prepared when they enter the healthcare system. You can reach Anne via email at allewellyn48@gmail.com.