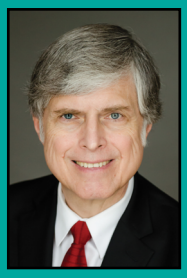
Principles for Determining Whether to Develop a Microcredential



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Much has been written about microcredentials over the last two years. In-person sessions and webinars about microcredentialing have been offered by groups such as the Institute for Credentialing Excellence (I.C.E.), the Certification Network Group, the Association of Test Publishers, and the Health Professions Network. In fact, I have presented or copresented on microcredentials for some of these organizations.

This article aims to offer some theoretical and practical considerations for determining whether a microcredential in a particular profession should be created.

Defining *Microcredential*

Several definitions of *microcredential* and *microcredentialing* have been propounded. The following from I.C.E. is a good working definition:

> In credentialing, [a microcredential is] the recognition awarded to an individual who has demonstrated attainment of a narrow scope of knowledge, skills, or abilities. The scope of the microcredential can be as granular as a single skill or competency.[1]

The Economics of Information

Accurate and pertinent information may be considered a commodity with economic benefits. As is the case with all commodities, there is a cost for obtaining relevant information. A rational decision-maker will opt to obtain the information if the benefits of having certain information outweigh the costs of procuring such information.

Applying the Economics of Information

The principles of the economics of information help frame the following threshold question when considering whether to create a microcredential: Is the demand from employers for an objective indicator of competence in a subset of all required competencies sufficient to justify the development of a microcredential? This threshold question can be put in the form of the following principle: if the demand is great enough and employers are willing to pay a large enough premium for job seekers—or current employees seeking a higher position—with the microcredential, job seekers and employees will be willing to pay a high enough price to justify the creation of the microcredential.

Practical Considerations

In addition to the theoretical analysis, a potential developer of a microcredential must answer essential practical questions. The following are some key questions that incorporate both theoretical and practical elements:

- Is there sufficient demand for a microcredential?
- Is the short-term and long-term estimated revenue generated by a microcredential program greater than the estimated initial and ongoing costs of creating and maintaining a microcredential program?
- Will a microcredential program divert demand (and therefore revenue) from a macrocredential program? If so, is this an acceptable outcome for the body offering the two programs? Is it possible to estimate and compare the net revenue from the microcredential program with the decrease in net revenue (if any) from the macrocredential program?
- Is it possible to partially or completely segment the markets for the microcredential and the macrocredential? (If two markets are completely segmented, decisions in one market do not affect decisions in the other.)
- Are there secondary or indirect benefits and costs of creating a microcredential? Is it possible to quantify these benefits and costs?

A Case Study of a Successful Microcredential

Change in Federal Law

In 2011 the Centers for Medicare & Medicaid Services (CMS) issued regulations establishing the Medicare and Medicaid Electronic Health Record Incentive Programs (subsequently renamed the *Medicare and Medicaid Promoting Interoperability Programs*),[2] pursuant to the 2009 enactment of the Health Information Technology for Economic and Clinical Health Act by Congress. One of the requirements of the Incentive Programs involved a demonstration of the meaningful use of the electronic health record. To receive incentive payments under Stage 2 of the Incentive Programs (effective January 1, 2013), participating providers had to attest that a certain percentage of (1) medication orders, (2) laboratory orders, and (3) diagnostic imaging orders was entered into the computerized provider order entry (CPOE) system by either licensed health care professionals or credentialed medical assistants.[3]

The Dilemma for Non-Credentialed Medical Assistants

Many non-credentialed medical assistants were entering orders into the CPOE system

when CMS announced the meaningful use requirement on August 23, 2012. These medical assistants were at risk of losing their jobs unless they obtained an appropriate medical assisting credential by January 1, 2013.

Obtaining the CMA (AAMA)® was not a practical short-run solution because of the four-month implementation timeline.

The primary credential offered by the American Association of Medical Assistants® (AAMA) was (and is) the Certified Medical Assistant® (American Association of Medical Assistants)—abbreviated as the CMA (AAMA). The only eligibility pathway for the CMA (AAMA) Certification Exam at the time of the CMS requirement was graduation from a postsecondary medical assisting program accredited by either the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES). When the CMS credentialed medical assistant meaningful use requirement went into effect, many of the non-credentialed medical assistants in the workforce either had no academic training in medical assisting or had completed a medical assisting program that was not accredited by either CAAHEP or ABHES. Therefore, they were not eligible for the CMA (AAMA) Certification Exam, and—because CAAHEP- and ABHES-accredited medical assisting programs were (and are) at least one academic year in length—they did not have enough time to go back to school to complete an accredited program.

The ABR-OE

To prevent a significant percentage of the medical assisting population from being terminated because they did not have a credential, the AAMA developed the Assessment-Based Recognition in Order Entry (ABR-OE). The ABR-OE is an assessment-based certificate that measures the attainment of the knowledge needed to enter orders accurately and effectively into the CPOE system. It met the CMS requirement of a credential that would qualify the holder to enter orders into the electronic health record for meaningful use calculation purposes. Importantly, the ABR-OE can be completed in weeks by those willing to study diligently. During the early years of the Incentive Programs, the ABR-OE allowed medical assistants to obtain a qualifying credential and keep their jobs.

Robust Demand

As discussed earlier, the first issue to consider when evaluating the wisdom of developing a microcredential is whether there is enough demand. If a sufficient level of demand exists, a pricing structure can be established to generate an adequate amount of revenue.

Legal mandates often generate opportunities for providing traditional education, an assessment-based certificate, a certification, or a micro version of one or more of these. This is especially true when an individual's ongoing employment is at stake. In light of the CMS rule and its short implementation timeline, medical assistants and employers of medical assistants realized that obtaining an appropriate credential verifying competence in electronic order entry was, in many instances, not an option.

Market Segmentations

Realizing that some medical assistants eligible for the CMA (AAMA) Certification Exam may choose to pursue the ABR-OE instead of the CMA (AAMA), the AAMA prohibited (1) current CMAs (AAMA); (2) anyone who ever was a CMA (AAMA); and (3) anyone who is a student in, or a graduate of, a CAAHEP- or ABHES-accredited medical assisting program from obtaining an ABR-OE. These eligibility requirements were legally permissible under the antitrust laws and effectively brought about a virtually complete segmentation of the market for the ABR-OE and the market for the CMA (AAMA). Consequently, there was no decrease in macrocredential—the CMA (AAMA)—revenue because of the existence of the microcredential—the ABR-OE.

Conclusion

The above case study provides a textbook scenario for developing a microcredential. Complete market segmentation between a macrocredential and a microcredential, as is the case with the CMA (AAMA) and the ABR-OE, is seldom attainable. Nevertheless, the principles set forth above should help determine whether the development of a microcredential is advisable. ✦

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References

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