This research identifies the most important domains in Coast Guard health care administration. It further delineates the Skills, Knowledge and Abilities (SKAs) required to be successful in today's environment and for the next five years. This paper reports the results from a Delphi study conducted among Coast Guard health care administrators and Commanding Officers of units with large medical facilities. The Delphi study was conducted in two iterations and resulted in 101 specific SKAs being identified. These SKAs fell into 15 rank ordered domains which were; Managed Care, Cost/Finance, Personnel, Technology, Leadership, Education, Business, Strategic Management, Quality, Healthcare Delivery, Readiness, Access, Professional Staff Relations, Marketing and Ethics. Analysis of the results indicates that leadership skills are key elements while an advanced education is seen as less important. A detailed description of the study is included and the implications of the findings are discussed as they pertain to the United States Coast Guard as well as the Department of Defense.
Executive Competencies and Skills Required by United States Coast Guard Health Care Administrators

A graduate management project submitted to the Program Director in candidacy for the degree of Masters in Health Care Administration

Lieutenant Commander (Select) Guy L. Snyder
U.S. Army-Baylor University
in residency at
Department of the Air Force
81st Medical Group/DOD Region IV Lead Agent
Keesler Air Force Base
Biloxi, MS 39518

20080312102
ACKNOWLEDGMENTS

In completing this project and the U.S. Army-Baylor University Graduate Program in Health Care Administration, I am eternally grateful to my wife Kathleen. Without her love, understanding, support and calming influence this endeavor would not have been nearly so successful or rewarding.

To my Preceptor Colonel Paul T. Williamson, USAF, I thank you for your unbridled support and enthusiasm. Your willingness to allow me to fully participate in a multitude of projects yet focus on completion of my program unfettered speaks volumes about you. I sincerely appreciate your guidance, mentorship and willingness to openly share with me the inner workings of health care administration. I can truly say that I have seen the good, the bad and the ugly and that it was all presented openly. Most importantly, I was encouraged to ask questions and voice my opinion and thus was able to gain a deeper understanding.

To Brigadier General Dan L. Locker, USAF and the entire staff of Keesler Medical Center, I am forever grateful. You made me a member of your team!

Additionally, I would like to recognize the group that comprised the expert panel for this project and all of those who participated as respondents. Without their unselfish participation this project would not have come to fruition.

Finally, the assistance of my reader Kenn Finsteun, Ph.D. and the professors of U.S. Army-Baylor University deserve recognition. This is truly a group of professionals dedicated to excellence in education.
Abstract

This research identifies the most important domains in Coast Guard health care administration. It further delineates the Skills, Knowledge and Abilities (SKAs) required to be successful in today’s environment and for the next five years. This paper reports the results from a Delphi study conducted among Coast Guard health care administrators and Commanding Officers of units with large medical facilities. The Delphi study was conducted in two iterations and resulted in 101 specific SKAs being identified. These SKAs fell into 15 rank ordered domains which were; Managed Care, Cost/Finance, Personnel, Technology, Leadership, Education, Business, Strategic Management, Quality, Healthcare Delivery, Readiness, Access, Professional Staff Relations, Marketing and Ethics. Analysis of the results indicates that leadership skills are key elements while an advanced education is seen as less important. A detailed description of the study is included and the implications of the findings are discussed as they pertain to the United States Coast Guard as well as the Department of Defense.
LIST OF TABLES

Table 1

Publications in Professional Journals

Table 2

Presentations at Professional Conferences
Executive Competencies and Skills 6

List of Figures

Figure 1
Frequencies of Identified HCA Domains 87
Executive Competencies and Skills Required by United States Coast Guard Health Care Administrators

INTRODUCTION

In response to the Congressional Defense Appropriation Act of 1992, U.S. Army-Baylor University began a series of research projects designed to determine the skills, knowledge, and abilities (SKA) required of health care executives of the future. The first project conducted was a survey of Fellows of the American College of Healthcare Executives (Hudak, Brooke, Finstuen, and Riley, 1993). It was published in the Summer edition of Hospital & Health Services Administration and subsequently presented at the Faculty Research Colloquium, San Antonio, TX.

Nine additional published papers and nine presentations from the faculty, staff and students of U.S. Army-Baylor University, have continued to add to this body of research. Military, public and professional organizations, spanning four years, from 1994 through 1998 have been recipients of this information. The tables below provide a chronology of the publications in professional journals (Table 1) and the presentations at professional conferences (Table 2).
<table>
<thead>
<tr>
<th>Year</th>
<th>Publications in Professional Journals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>FORECAST 2000: A Prediction of Skills, Knowledge, and Abilities Required by Senior Medical Treatment Facility Leaders into the 21st Century - Military Medicine, July 94</td>
</tr>
<tr>
<td>1996</td>
<td>A Needs Analysis for Department of Defense Medical Executive Skills Competencies - Fellowship Paper, LCDR Mamot, MSC, USN</td>
</tr>
<tr>
<td>1997</td>
<td>Management Competencies for Medical Practice Executives: Skills, Knowledge, and Abilities Required for the Future - Journal of Health Administration Education, Fall 97</td>
</tr>
<tr>
<td>1997</td>
<td>Vision 21 Delphi Panel: Senior Army Medical Service Corps Officers' Vision of Behaviors for Success of Future Medical Service Corps Officers - Military Medicine, Jul 97</td>
</tr>
<tr>
<td>1998</td>
<td>Executive Skills 21: A Forecast of Leadership Skills and Associated Competencies Required by Naval Hospital Administrators into the 21st Century - Military Medicine, Jan 98</td>
</tr>
<tr>
<td>1998</td>
<td>Senior Executive Behaviors for the Army Dental Care System of the 21st Century - Military Medicine, Jun 98</td>
</tr>
<tr>
<td>1998</td>
<td>Physician Executives: Management Competencies Required in Ambulatory Care Settings - The Physician Executive, accepted Dec 97</td>
</tr>
</tbody>
</table>

Table 1
### Executive Competencies and Skills

<table>
<thead>
<tr>
<th>Year</th>
<th>Presentations at Professional Conferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>Federal Nurses Annual Meeting, Las Vegas, NV</td>
</tr>
<tr>
<td>1996</td>
<td>9th Annual Army-Baylor University Research Conference, San Antonio, TX</td>
</tr>
<tr>
<td>1996</td>
<td>38th Annual Conference International Military Testing Association, San Antonio, TX</td>
</tr>
<tr>
<td>1996</td>
<td>70th Annual Medical Group Management Association Conference, Minneapolis, MN</td>
</tr>
<tr>
<td>1996</td>
<td>10th Annual Army-Baylor University Research Conference, San Antonio, TX</td>
</tr>
<tr>
<td>1997</td>
<td>Medical Group Management Association Quarterly Executive Meeting, Denver, CO</td>
</tr>
<tr>
<td>1997</td>
<td>71st Annual Medical Group Management Association Conference, Washington, DC</td>
</tr>
<tr>
<td>1997</td>
<td>11th Annual Army-Baylor University Research Conference, San Antonio, TX</td>
</tr>
<tr>
<td>1998</td>
<td>Annual U.S. Army-Baylor University Preceptor Conference, San Antonio, TX</td>
</tr>
</tbody>
</table>

**Table 2**

This Graduate Management Project is a Coast Guard specific direct tie-in to the ongoing "Executive Competencies in Health Care Professions" research being conducted by U.S. Army-Baylor University.

Including the executive competencies and skills required by Coast Guard health care administrators adds to this body of
Executive Competencies and Skills

knowledge, further rounds out the U.S. Army-Baylor initiative and highlights the unique characteristics of the Coast Guard. This is critically important as the military services move closer to a unified medical service and endeavor to operate within the constraints of the managed care environment.

CONDITIONS WHICH PROMPTED THE STUDY

In reviewing the U.S. Army-Baylor University executive competencies body of research, it became apparent that a study of the SKAs required of Coast Guard health care administrators was absent. Several Army and one Navy specific study have been researched; however, the U.S. Coast Guard, a small service under the auspices of the Department of Transportation (DOT), has not.

A basic understanding of the unique aspects of the Coast Guard and the Coast Guard medical system is necessary to fully appreciate why this study is singular and contributes to this important overall body of knowledge.

The United States Coast Guard was officially established by Congress in 1790, although its roots can be traced back to 1716, to promote the general welfare and to; promote safe and efficient marine transportation, promote the collection of national revenues, promote measures to enhance national security, and promote the preservation of life and property following maritime incidents (Bennett, 1987; Halberstadt, 1987)

Being housed under the DOT allows the U.S. Coast Guard law enforcement capabilities. This is prohibited to the Department of Defense (DOD) by the Constitution. The United States Coast
Guard is the smallest of the five Armed Services and is the Nation's oldest continuous sea going Service.

Serving in all of the Nation's armed conflicts, and through skillful execution of its widely varied assigned missions, the Coast Guard has distinguished itself over the last 208 years. It is recognized around the world as a premier maritime service. This global recognition, in conjunction with its current multitude of assigned missions, takes the Coast Guard into harms' way on a daily basis, and into remote and often arduous environments.

Today, in support of Coast Guard missions, DOD operations, and national interests, the Coast Guard operates small, fixed, shore-based, and ship-based medical and/or dental facilities. These facilities are primarily located within the continental United States and are usually located in conjunction with larger Coast Guard units. Geographic placement of these units is often due to the demands of search and rescue proximity and law enforcement considerations. These factors frequently place units in sparsely populated areas with limited or no access to DOD health care facilities. Small geographically separated units, therefore, must rely on contracted civilian medical care. In response to the medical needs of its members, and mission requirements, the Coast Guard established a medical department which is officially referred to as the Office of Health and Safety.

In today's managed care environment, with ever increasing financial instability, legal and regulatory issues, and
organizational volatility, the Coast Guard medical department, like its DOD and civilian counterparts must adapt in order to remain a viable business enterprise (Hudak, Brooke & Finstuen, 1994; Hudak, Brooke, Finstuen & Trounson, 1997; Hudak, Brooke, Finstuen & Riley, 1993; Sentell & Finstuen, 1998; McCorcle & Heet, 1997; Dewey, 1994). This imperative to adapt is complicated by the Coast Guards' organizational structure and in particular by its lack of a corps specific medical service. Unlike the "Tri Services" (Army, Navy and Air Force), most Coast Guard Officers are considered to be "Line Officers" (although specialization is encouraged) and are therefore subject to a widely varying assignment pattern. For example, in almost 10 years as a Coast Guard Officer, this student has been assigned to the following duties: Congressional Staff Investigator, Commanding Officer of a Long Range Aids to Navigation Station which also served as a NATO base, Clinic Administrator, Multi-National Operations Officer enforcing United Nations sanctions against Iraq and Somalia, and Executive Officer of a Military Processing Station. Others tell a similar story of diverse career assignments. According to The Coast Guard Officer Career Development Guidebook "It is neither recommended nor desirable for you to spend an entire Coast Guard career in a single specialty. To be successful you must understand a broad range of Coast Guard Policy and management." (undated, P. 4-4)

This varied career pattern shows a striking difference between Coast Guard Officers assigned to health care administration duties and those Officers within the Medical
Service Corps of the DOD. Another major disparity is that the Coast Guard obtains its entire professional medical/dental staff from the U.S. Public Health Service via an inter-agency agreement. These differences are the primary conditions which prompted this study and are further supplemented by the inherent variance in missions between the DOD and Coast Guard.

STATEMENT OF THE PROBLEM OR QUESTION

The United States Coast Guard is a singularly distinct Armed Service that operates its own medical department. While not part of the DOD, the Coast Guard remains entitled to use DOD health care facilities and is highly dependent upon them. In recognition of this, the Coast Guard has recently begun assigning health care administration liaison officers to six DOD Health Service Region (TRICARE) offices and two DOD health care administration billets. Additionally, the Coast Guard has 10 "in-house" health care administration designated officer billets and one civilian position. These positions are listed in Appendix A. Supplementing the line officers are 73 Public Health Service officers with administrative duties (Appendix B), 11 medical administration Warrant Officers (Appendix C), 13 designated enlisted clinic administrators and 14 designated enlisted clinic supervisors (assistant administrators) (Appendix D).

The Coast Guards' dependence on the DOD health system is far from being unilateral. DOD forces, dependents and retirees are frequently seen by Coast Guard medical/dental facilities
throughout the United States. Additionally, the DOD and several other governmental agencies depend on the search and rescue, and medical evacuation services of the Coast Guard.

These factors, when combined with the ever-pressing demands of managed care, necessitate that the Coast Guard be highly skilled in the field of health care administration. To obtain or maintain this competency one must first know what SKAs are required. To date, the Coast Guard has made only one attempt to formally examine this issue. This unpublished study resulted in no discernable system changes and thus assignments to health care billets are currently made with or under a loosely defined set of parameters. These parameters potentially change with every assignment officer or program manager reassignment. This haphazard method has occasionally resulted in the assignment of officers with no medical or health care administration experience to health care administration billets. This potential for unqualified personnel filling skill specific assignments is a major problem for both the Coast Guard and DOD health care systems and cannot be ignored.

LITERATURE REVIEW

A review of current literature encompassing the general subject of executive competencies and skills resulted in a wide variety of topics, opinions and methods of examination. A health care administration specific search resulted in few current published articles. These works (general and specific) covered the spectrum from what can be classified as opinion papers to those qualifying as formal research. Of significance
is that the U.S. Army-Baylor's stream of published papers comprises the vast majority of current literature on this issue.

Considering the non-U.S. Army-Baylor literature first, the overwhelming theme is that managers must be able to adapt to uncertainty and the changing environment (Dewey, 1994; Greene, 1997; Crow & Hartman, 1996; Fazzi, 1997; McCorcle & Heet, 1997; Reinertsen, 1995; Nilson, 1998; Battistella & Weil, 1996).

Battistella & Weil sum up the necessity for change well in their article titled *The New Management Competencies: A Global Perspective:* "New managerial competencies will be required by the paradigm shift away from simply delivering quality health services to tighter cost containment efforts." (1996, P. 21)

From a historical perspective, the issue of competence can be traced back to the personality theorist R. W. White. This was later expounded upon by David McClelland in his "competency movement". (McCorcle & Heet, 1997) Competency, is a fluid concept. It is loosely, if ever, defined in the general literature and subject to great variation. Knowledge, skills, abilities, traits and behaviors, however, are discussed frequently in the literature (McCorcle & Heet, 1997; Reinertsen, 1995; Nilson, 1998; Fazzi, 1997; Dewey, 1994; Crow & Hartman, 1996; Greene, 1997; Battistella & Weil, 1996; Lando, 1998; Barker, Pearce & Johnson, 1995; Carr, 1994; Kekki, 1994)

Reoccurring themes derived from the general literature include: Being able to forecast the future (Fazzi, 1997; McCorcle & Heet, 1997; Dewey, 1994; Greene, 1997; Reinertsen, 1995); Development of specific traits (listing, communication...)
Executive Competencies and Skills

(Barker, Pearce & Johnson, 1995; Kekki, 1994; Carr, 1994; Fazzi, 1997; Reinertsen, 1995; Nilson, 1998); Information technology (Fazzi, 1997; Greene, 1997; Lando, 1998); and Political astuteness (Crow & Hartman, 1996; Greene, 1997; Reinertsen, 1995).

Turning to the U.S. Army-Baylor University published research, these military based findings serve to validate the "non-military" research and identify military specific issues. This body of literature is clearly divided into two distinct foci.

The first, consisting of two scientific papers and one informational publication, relate to personal and interpersonal behaviors deemed essential for successful Army Medical Corps Officers. The identified behaviors varied little between the studied groups (Medical Service Corps and Dental Officers) with statistically significant results \( (p<0.001) \) in all categories, with the exception of honesty in one and integrity in the other. Two researchers, Finstuen and Mangelsdorff co-authored on both of the scientific papers as well as the informational publication, lending consistency to the research (Rogers, Beaty, Hagen, Thieschafer, Mangelsdorff, Finstuen, Zucker & Twist, 1996; Wineman, Mangelsdorff & Finstuen, 1998; Mangelsdorff, Rogers, Zucker, Thieschafer, Hagen & Finstuen, 1997).

The second foci of the U.S. Army-Baylor research deals primarily with aspects of managing the health care environment. Identified key issues within the health care administration domain include; Cost/Finance, Leadership, Professional Staff,
Executive Competencies and Skills


The critical importance of business-related functional skills and analytic abilities to contemporary health services management is indisputable. However, there is strong evidence of increasing concern among practitioners and the academic community that an exclusive focus on the calculative rationality of quantitative analysis and the 'bottom line' may not adequately prepare graduates either conceptually or technically for the visionary, adaptive, and collaborative team-building requirements of the increasingly complex organizational and multi-professional arrangements they will face. (1997, P. 222)

Based on these findings, the empirical evidence indicates a need for continued research in this area, with a broadened scope, and with a specific focus on the interpersonal skills required to be successful (Sentell & Finstuen, 1998; Hudak, Brooke, Finstuen & Trounson, 1997; Hudak, Brooke & Finstuen, 1994; Hudak, Brooke, Finstuen, & Riley, 1993).

All of the scientific research conducted by U.S. Army-Baylor University utilized the Delphi Technique to obtain group consensus. The average initial sample size of six of the
studies was 137 panel members. Respondents to the first round of the technique averaged 74, yielding an average return rate of 54%. Results were tabulated using standard word processing databases to identify key phrases, which were then validated by an expert panel. In each of these studies, hundreds of SKAs or behaviors were identified by the respondents which were then sorted and grouped by the expert panel. Additionally, the expert panel had to account for duplicate items and respondent verbiage with multiple meanings or interpretations. Emphasis on financial and technical skills in conjunction with interpersonal and communication skills were found to be most important (Sentell & Finstuen, 1998).

Finally, a large body of literature exists with regard to the usage of the Delphi Technique for this type of research. Although this method has evolved over the past four decades, the foundations of the technique remain intact while its application has broadened (McKenna, 1994; Crips, Pelletier, Duffield, Adams & Nagy, 1997). Descriptions of the technique are consistent among the literature. One noted difference between the design of this research project and some of those described in the current literature is the use of a "10 point or Likert scale" (Jairath & Weinstein, 1994; Williams & Webb, 1994). For consistency with the U.S. Army-Baylor research stream, a seven-point scale was utilized and is discussed further in the methods section of this project. Key issues identified in the literature include the concept/definition of consensus, anonymity, response and attrition rates, and reliability and
validity. Although there is some disagreement regarding the usefulness of the Delphi technique, the general consensus is that it is a good tool for determining, predicting and exploring group attitudes, needs and priorities.

In light of the Coast Guards' position within the national defense strategy, and its associated medical requirements, a need to identify Coast Guard specific health care administration SKAs is imperative. This study identifies those SKAs and adds them to this growing body of research while specifically aiding the Coast Guard and its health care administrators. Additionally, it may be used to tailor educational programs to the specific needs of Coast Guard administrators.

PURPOSE (VARIABLES/WORKING HYPOTHESIS)

The purpose of this research was to determine the SKAs required by Coast Guard health care administrators. Using the Delphi technique, group consensus of a panel of Coast Guard health care administrators was achieved which identified the relevant Coast Guard health care administration domains and their associated SKAs.

The variables in this project (not inclusive) are listed below:

(a) Respondent panel make-up (PHS, Line, Warrant, Enlisted, CO/XO). Although these panelists are performing essentially the same topical function their backgrounds and scope differed.

(b) Geographic location. Some of these respondents were in mature TRICARE Regions with well-developed health
Executive Competencies and Skills

care networks while others were in rural, limited health care areas.

(c) Response level. Typically in these types of research the response rate is problematic (low return). This can be confounded by the operational tempo of the responding unit.

(d) Interpretation. Minimization of interpretation by the expert panel was required and monitored by the researcher.

In this project the researcher attempted to identify any additional variables and analyze them for their significance and impact upon this research. Factoring for co-variants (respondent panel make-up) was not considered necessary. Understanding the small scale of the Coast Guard, and the relative populations of the various components of the respondent panel, approaching this research from a strict population standpoint would have resulted in a narrow focus that would further tend to divide and isolate these populations. The goal of the Coast Guard health care administration program is to be a unified program delivering the highest quality, readily accessible and cost effective care across the broad spectrum of the Coast Guard. This goal is the exact reason that an understanding of the SKAs across the spectrum is necessary for success at all levels within the Coast Guard health care administration program.

The working hypothesis of this research project was that, health care administration domains and SKAs identified for Coast
Guard health care administrators will closely parallel those of their DOD counterparts. Minor differences were expected due to the size and scope of the Coast Guard and its dependence upon the DOD health care system for a substantial portion of its health care delivery and financing (TRICARE).

**METHOD AND PROCEDURES**

The Delphi technique developed by the RAND Corporation (Hudak, Brooke & Finstuen, 1994; Hudak, Brooke, Finstuen & Trounson, 1997; Hudak, Brooke, Finstuen and Riley, 1993; Sentell & Finstuen, 1998; Mangelsdorff, Rogers, Zucker, Thieschafer, Hagen & Finstuen, 1997; Crisp, Pelletier, Duffield, Adams & Nagy, 1997; Williams, & Webb, 1994) and used in many of the prior studies conducted by U.S. Army-Baylor University was utilized to conduct this project. This technique is used to determine, predict and explore group attitudes, needs and priorities (Jairath & Weinstein, 1994). Additionally, the technique is seen as a way to obtain the most reliable consensus of opinion of a group of experts, by a series of intensive questionnaires interspersed with controlled feedback (McKenna, 1993). For consistency, this project followed these methodologies utilized in the previously conducted U.S. Army-Baylor University studies within this body of research.

Coast Guard and U.S. Public Health Service personnel assigned to Coast Guard and DOD health care administration duties were selected as study primary respondents. Commanding Officers of large Coast Guard units with medical facilities were
additionally selected as respondents to provide a "Command" perspective (Appendix E).

All respondent information was kept strictly confidential and neither directly nor indirectly tied to responses. A code list of respondents was kept in a secure location. Non-attribution and confidentiality was recognized as a critical element of this project and was stressed frequently to all participants.

RESULTS

Two iterations of the Delphi Technique took place. During the first round, participants (n=147) were provided information on the research and asked to identify the five most important issues that are facing Coast Guard health care administrators (Appendix F). Based upon these issues, participants were then asked to identify specific SKAs that they believe will be required to deal with those issues. Appendix F provides an copy of the instrument used by the participants. All correspondence related to this project was handled by official mail and in accordance with DOD/DOT regulations. Two weeks after the initial mailing the response rate was 4%. At this point a follow up letter was mailed to the respondents urging their participation (Appendix G). The option to respond via e-mail was made available and was found to be preferred by nine (13%) of the additional respondents. Of the 147 identified first round respondent mailings only one was returned as undeliverable leaving a sample size of 146. 67 of 146 responses were returned yielding an overall return rate of 46% for
Round One. This response rate is considered adequate for these types of studies and is consistent with the previous U.S. Army-Baylor studies.

All responses were tabulated using a standard word processing database (Appendix H) with 323 total issues identified by the respondents. To ensure validity, an expert panel selected at the residency site identified key phrases and themes. This expert panel consisted of six DOD healthcare administrators. The composition included five male military personnel representing Marketing, Clinical Operations, Information Systems, Utilization Management, and Managed Care Operations and a female civilian employee who directs the DOD Breast Cancer Initiative. The mean age of the expert panel was 42.17 (SD 9.39) years with 13.17 (SD 6.85) years of healthcare experience and 5.50 (SD 4.42) years of healthcare administration experience. Collectively this panel holds five Masters degrees and one Bachelor degree. Additionally, four (67%) out of the six belonged to healthcare or management professional organizations. The frequencies of responses were then recorded and rank ordered by this panel. Fifteen unique domains were identified with 20 SKAs falling into multiple domains. To standardize domain placement the expert panel elected to limit SKAs to a maximum of two domains.

The members of the expert panel were then asked to respond with regard to each identified and ranked key phrase and theme on a seven-point confidence scale. This scale ranged from seven being 'extremely confident' to one being 'extremely unconfident'
The purpose of this instrument was to measure the groups' confidence with regard to their consensus and perceived accuracy of the tabulated results. Cronbach's Coefficient Alpha, a statistical technique, was utilized to assess the degree of overall agreement (inter-rater reliability). Cronbach's Alpha "is a model of internal consistency, based on the average inter-item correlation" (Statistical Package for the Social Sciences (SPSS) definition). Reliability was assessed with scores of (.8) or above indicating internal consistency and stable results. This method is congruent with the previous studies in this genre (Sentell & Finstuen, 1998; Hudak, Brooke & Finstuen, 1994; Hudak, Brooke, Finstuen & Riley, 1993; Mangelsdorff, Rogers, Zucker, Thieschafer, Hagen & Finstuen, 1997; Wineman, Mangelsdorff & Finstuen, 1998). Cronbach's alpha coefficients for this group ranged from a low of (.83) to a high of (1.0) and are displayed in Appendix I. Results of this process yielded the data required for conducting the second Delphi iteration.

During the second Delphi iteration participants were provided the tabulated data from the first round and asked to respond to a relative importance scale. This scale was a seven-point importance rating scale anchored at the margins with one equaling 'extremely unimportant' and seven being 'extremely important'. During this round, background and demographic data was collected on the respondents. A sample of the demographic data capture form, as well as other data from the second round, is included in Appendix J.
Of the 146 second round instruments sent out, 87 were returned yielding a response rate of 60%. No second round mailings were returned as undeliverable.

The average age of the respondents was 42.97 (SD 6.34) years with 18.06 (SD 7.25) years of healthcare experience and 7.98 (SD 6.27) years of reported healthcare administration experience. Eighty-one (93%) of the respondents were males and six (7%) were females. This group collectively holds 47 (54%) advanced degrees and 14 (16%) bachelor degrees. Membership in a healthcare or management professional organization was reported by 41 (47%) of the respondents.

The Likert scale data was tabulated utilizing SPSS (Appendix K), checked for input accuracy and then analyzed for missing variables. Results of this analysis revealed that question 20 had six (6.9%) missing responses and question 21 had five (5.7%) missing. A review of the second round instrument revealed that these questions were at the very top of the fourth page. Additionally, these questions were on the reverse side of the document and their placement was not consistent with the rest of the instrument. These factors are believed to account for some respondents failing to answer these questions as opposed to content ambiguity.

Rank ordering the tabulated data by Means (arithmetic average) in descending order was accomplished via SPSS. This rank ordering revealed the highest Mean equaling 6.4713 and the lowest being 4.4943 (7-point scale). Figure 1, in Appendix K,
Executive Competencies and Skills

graphically demonstrates the frequencies of the identified domains.

Based on the rankings, the top 10 (most important) and bottom 10 (least important) SKAs were identified. These SKAs are listed in Appendix L. On each of these lists, 11 SKAs are present. This dichotomy (10 vs 11) is due to SKAs with equal Means at the 7th and 97th positions.

In the top 10 SKAs, five domains appear with the Leadership domain occupying the top three positions and accounting for 36% of the total issues. Of the other domains making the top 10 list, the Managed Care domain represented 27%, Readiness equaled 18% and Cost/Finance and Professional Staff Relations collectively accounted for the remaining 19%.

With regard to the bottom 10 identified SKAs, the Marketing and Managed Care domains each accounted for 27% of the total issues. Personnel, Quality, Education and Business domains equally made this list and represented the remaining 46%. Of interest is the fact that of the 12 identified Managed Care domain SKAs, three appeared on each of these lists. Additionally, the Cost/Finance domain appeared once on each list. This variation indicates that degrees of relevance exist within domains and needs to be considered by those utilizing this research.

**DISCUSSION**

This study attempted to identify the SKAs broadly believed by current Coast Guard health care administrators as essential elements for success, now, and in the future. The project
Executive Competencies and Skills

additionally considered the SKAs Commanding Officers determined as essential of their health care administrators.

Key issues expected to be developed included financial management, information technology, leadership and strategic thinking. These issues, although not inclusive, are consistent with the current literature. Variation was expected between the results of the previous DOD studies, civilian studies and this Coast Guard study. These differences are expected to be primarily related to the fact that the Coast Guard does not operate any inpatient treatment facilities and functions on a much smaller scale than its DOD counterparts. This expectation is supported by Sentell and Finstuens' statement:

...the higher ranking of interpersonal/leadership and organizational issues, and the lower ranking of cost-finance and business issues compared with the private sector, is evidence of differences in environmental structure and organizational culture. This finding supports the need for military-specific research. (1998, P. 6)

The anticipated findings were borne out by the research. The structure and staffing of the Coast Guards' medical system played a significant role in differentiating this study from those previously conducted. Fifty percent of the respondents were Public Health Service Officers assigned to the Coast Guard, primarily physicians and dentists, serving in dual roles (provider and senior leadership/administrator). Eighteen percent were enlisted personnel in administrative positions. Ten percent were Commanding Officers with medical facilities.
The remaining twenty-two percent (Line and Warrant Officers) were what the DOD would traditionally consider as Medical Service Corps Officers.

This mix of personnel is singular to the Coast Guard and therefore results in a unique perspective. Compounding this perspective is the fact that a high percentage of the Public Health Service officers are only assigned to the Coast Guard for a relatively short period of time. Additionally, the Line officers typically serve for fewer than four years in a medical administration billet and the number of billets available to enlisted personnel is low in comparison to those potentially qualified to fill them.

When comparing this study to those that preceded it, a number of commonalties were apparent. One of the most striking pertains to the question related to the necessity of an advanced degree in healthcare administration. In Duperrior's (1995), Sentell's (1996), and this research, this question was ranked as one of the bottom 10 SKAs. No scientific conclusions can be drawn as to why based on the available data and the issue needs further research. This is however, a disturbing finding, especially when viewed in the context of the ever increasingly complex requirements of healthcare administration.

Conversely, the Leadership domain occupies the top 3 positions in this research and consistently ranks in the top 10 rated SKAs in both the civilian and military literature. The most commonly reoccurring theme in this vein is communication skills (oral, written and listening).
These commonalities suggest that while the Coast Guard is a unique entity with a very different staffing model, it is not that much different than its DOD counterparts. Capitalizing on this common ground provides a unique opportunity for resource sharing and obtaining efficiencies of scale. To this end, the DOD was given a Congressional directive in 1992 and in 1996 legislation created “The Joint Medical Executive Skills Development Program (JMESDP)” (Claypool, Kiley, Tibbits, Watkins, Jacoby, Baker & McCarthy, 1998). As a result of this program the “Virtual Military Health Institute (VMHI)” was created on June 29, 1998. The mission of the VMHI is two-fold:

- Prepares prospective health care management organization commanders, lead agents, and senior staff to meet the challenges of the rapidly changing environment.
- Serves as clearinghouse for executive skills education programs. (Virtual Military Health Institute, undated).

The major thrusts of VMHI are; Consolidation Initiatives, Course Evaluations, Gap Analysis, Evaluate Instructional Inventory, Inquiry/Research and Record Keeping. Based on these thrusts the VMHI has produced the following products.

- Identification of 40 administrative skill competencies necessary for successful command of an MTF.
- A core curriculum for use by curriculum planners and instructional designers that defines the behaviors expected in each of the competencies.
- The Capstone Course which addresses pre-command issues which will influence the success of a new commander
Executive Competencies and Skills

- A self-assessment tool to help officers determine how well they are prepared to perform the 40 executive skill competencies. This instrument will help in planning and formulation of goals that will guide career planning and educational decisions toward command levels. (Virtual Military Health Institute, undated).

One shortcoming from this researcher’s perspective regarding the VMHI is the lack of non DOD representation on the JMESDP staff. This however, is not an indictment of the JMESDP nor the non DOD entities (Coast Guard, Public Health Service, Veterans Affairs) with medical programs. More so, it is interpreted as a reflection of the time when this organization was formed and its original charter. Otherwise, the VMHI while still in its infancy, is quickly becoming a valuable repository, resource and recognized leader in Executive Skills education.

CONCLUSIONS AND RECOMMENDATIONS

Although there are service specific issues, there are many commonalties with respect to this research and the previous DOD studies. This study adds to the current body of knowledge with regard to SKA’s required of health care administrators and specifically identifies those SKA’s required of Coast Guard health care administrators.

These identified SKA’s are however a snapshot in time. The long-term relevance will have to be gauged periodically and will be influenced by a multitude of intervening variables. These variables will include such things as changing management
philosophies, political agendas, programmatic changes, and as always, and impact of budgetary concerns.

Coast Guard health care administrators can take solace in the knowledge that leadership skills are key and will likely remain highly relevant. Based on this observation, this researcher concludes that although the Coast Guard staffing model is diametrically opposed to the DOD model, it is successful. This success however is minimized by the rapid turnover of personnel and the concomitant loss of corporate knowledge. Nevertheless, utilization of this research can help alleviate the sharpness of the learning curve. The findings of this research can serve to focus perspective Coast Guard health care administrators on the key elements that will be required to be successful. Further, it will provide a road map of 101 rank ordered SKAs, which when mastered, will indicate a significant level of achievement. This research however does not suggest that other SKAs have no relevance.

Recommendations specific to this research include the following items. Programs such as the U.S. Army-Baylor University Masters in Health Care Administration, should have their curriculum committee review this and the associated research with an eye towards any need for change. Additional executive skills research should be conducted in areas such as the United States Air Force, the United States Public Health Service and the Department of Veterans Affairs. Further follow-up studies of previously conducted research would be interesting and helpful. These follow-ups would serve to provide an
indicator of change and further help guide curriculum development. Finally, this research should be included in the VMHI repository for future reference.

Coast Guard specific application of this research relates primarily to tailoring internal education and training programs for personnel assigned to health care administration duties as well as providing a template for self-improvement. Finally, these results could substantially assist assignment officers in selecting appropriate personnel to fill health care administration billets within the Coast Guard.

Note: The opinions expressed herein are strictly those of the authors and do not reflect the official policy or position of the Department of the Army, the Department of Defense, the Department of Transportation, the United States Coast Guard or the United States Government.
REFERENCES


Virtual Military Health Institute. (Undated). Joint Medical Executive Skills for Senior Medical Department Officers [Brochure].

APPENDIX A

Liaison Officers
Civilian Position
In-house Billets
<table>
<thead>
<tr>
<th>Executive Competencies and Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Med Admin Branch</td>
</tr>
<tr>
<td>USCG MLC Atlantic (KMA)</td>
</tr>
<tr>
<td>300 Main St. Tower</td>
</tr>
<tr>
<td>Norfolk, VA 23510</td>
</tr>
<tr>
<td>Chief Med Admin Branch</td>
</tr>
<tr>
<td>USCG MLC Pacific (KMA)</td>
</tr>
<tr>
<td>Coast Guard Island</td>
</tr>
<tr>
<td>Alameda, CA 94501</td>
</tr>
<tr>
<td>CG Liaison</td>
</tr>
<tr>
<td>TMA West</td>
</tr>
<tr>
<td>Aurora, CO</td>
</tr>
<tr>
<td>Clin Med &amp; Wellness Prog. Div</td>
</tr>
<tr>
<td>USCG Headquarters (G-WKH)</td>
</tr>
<tr>
<td>2100 Second St. S.W.</td>
</tr>
<tr>
<td>Washington, DC 20593</td>
</tr>
<tr>
<td>Medical Admin - General</td>
</tr>
<tr>
<td>USCG TRACEN</td>
</tr>
<tr>
<td>Cape May, NJ 08204</td>
</tr>
<tr>
<td>Chief Health and Safety</td>
</tr>
<tr>
<td>USCG MLC Pacific (K)</td>
</tr>
<tr>
<td>Coast Guard Island</td>
</tr>
<tr>
<td>Alameda, CA 94501</td>
</tr>
<tr>
<td>Medical Administrator</td>
</tr>
<tr>
<td>USCG Academy Clinic</td>
</tr>
<tr>
<td>15 Mohegan Ave</td>
</tr>
<tr>
<td>New London, CT 06320-4195</td>
</tr>
<tr>
<td>Managed Care Project Officer</td>
</tr>
<tr>
<td>USCG MLC Pacific (KMA)</td>
</tr>
<tr>
<td>Coast Guard Island</td>
</tr>
<tr>
<td>Alameda, CA 94501</td>
</tr>
<tr>
<td>USCG Liaison</td>
</tr>
<tr>
<td>TRICARE Management Agency</td>
</tr>
<tr>
<td>Washington, DC 20301</td>
</tr>
<tr>
<td>Medical Admin Branch Duty</td>
</tr>
<tr>
<td>USCG MLC Atlantic (KMA)</td>
</tr>
<tr>
<td>300 Main St. Tower</td>
</tr>
<tr>
<td>Norfolk, VA 23510</td>
</tr>
<tr>
<td>Med. Admin (KMA)</td>
</tr>
<tr>
<td>USCG MLC Atlantic</td>
</tr>
<tr>
<td>300 Main St. S.W.</td>
</tr>
<tr>
<td>Norfolk, VA 23510</td>
</tr>
<tr>
<td>Clinic Administrator</td>
</tr>
<tr>
<td>USCG AVTRACEN</td>
</tr>
<tr>
<td>Mobile, AL 36608</td>
</tr>
<tr>
<td>USCG Liaison</td>
</tr>
<tr>
<td>TRICARE Region 2</td>
</tr>
<tr>
<td>5425 Robin Hood Rd</td>
</tr>
<tr>
<td>Norfolk, VA 23513</td>
</tr>
<tr>
<td>USCG Liaison</td>
</tr>
<tr>
<td>TRICARE Region 4</td>
</tr>
<tr>
<td>111 G St.</td>
</tr>
<tr>
<td>Keesler AFB, MS 39534</td>
</tr>
<tr>
<td>USCG Liaison</td>
</tr>
<tr>
<td>TRICARE Region 1</td>
</tr>
<tr>
<td>6825 16th St. NW</td>
</tr>
<tr>
<td>Washington D.C. 20307</td>
</tr>
</tbody>
</table>
APPENDIX B

Public Health Service Officers
<table>
<thead>
<tr>
<th>Position</th>
<th>Division</th>
<th>Office Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief, Basic Dental Unit</td>
<td>U.S. Coast Guard</td>
<td>Ketchikan, AK 99901</td>
</tr>
<tr>
<td>Staff Dental Officer</td>
<td>USCG Headquarters Clinic</td>
<td>2100 Second St. S.W., Washington, DC 20593</td>
</tr>
<tr>
<td>Area/Reg Clinical Spec Consultant</td>
<td>USCG, MLC Atlantic</td>
<td>Norfolk, VA 23510</td>
</tr>
<tr>
<td>Chief General Dental Unit</td>
<td>Kaehler Memorial Medical Clinic</td>
<td>Cape Cod, MA 02542</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG Support Center</td>
<td>Seattle, WA 98134</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>Curtis Bay Dental Clinic</td>
<td>Baltimore, MD 21226</td>
</tr>
<tr>
<td>Chief Complex Dental Unit</td>
<td>Portsmouth Clinic</td>
<td>Portsmouth, VA 24703</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG Air Station Miami</td>
<td>Opa Locka, FL 33054</td>
</tr>
<tr>
<td>Chief General Dental Unit</td>
<td>USCG Training Center</td>
<td>Petaluma, CA 94952</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG Support Center Clinic</td>
<td>P.O. Box 2, Kodiak, AK 99619</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG Yard</td>
<td>Baltimore, MD 21226</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>Curtis Bay Dental Clinic</td>
<td>4000 Coast Guard Blvd, Portsmouth, VA 24703</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG Air Station Miami</td>
<td>Opa Locka Airport</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG ISC</td>
<td>100 Mac Arthur Causeway, Miami Beach, FL 33139</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>Senior Program Management Officer</td>
<td>2100 2nd St. S.W., Washington, DC 20593</td>
</tr>
<tr>
<td>Chief General Dental Unit</td>
<td>USCG ISC</td>
<td>4640 Urquhart St., New Orleans, LA 70117</td>
</tr>
</tbody>
</table>

---

**Executive Competencies and Skills**

- Chief Health Services Division
- USCG
- Support Center
- Clinic
- P.O. Box 2
- Twin Tower
- USCG Air Station
- Miami
- 100 Mac Arthur Causeway
- Miami Beach, FL 33139
<table>
<thead>
<tr>
<th>Position</th>
<th>Organization</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Health Services Division</td>
<td>USCG AIRSTA Dental Clinic</td>
<td>Galveston, TX 77553</td>
</tr>
<tr>
<td>Program Management Officer</td>
<td>USCG AIRSTA Dental Clinic</td>
<td>Clearwater, FL 34622</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG AIRSTA Dental Clinic</td>
<td>Cape Cod, MA 02542</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG AIRSTA Dental Clinic</td>
<td>Sand Island, HI 96819</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG AIRSTA Dental Clinic</td>
<td>Honolulu, HI 99802</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG AIRSTA Medical Clinic</td>
<td>Ketchikan, AK 99901</td>
</tr>
<tr>
<td>Medical Officer, QAB</td>
<td>USCG MLC Atlantic</td>
<td>300 Main St. Tower 10th floor, Norfolk VA 23510</td>
</tr>
<tr>
<td>Chief Basic Dental Unit</td>
<td>USCG AIRSTA Clinic</td>
<td>Sitka, AK 99835</td>
</tr>
<tr>
<td>Chief Complex Dental Unit</td>
<td>USCG SUPCEN Coast Guard Island</td>
<td>Alameda, CA 94501</td>
</tr>
<tr>
<td>Medical Officer, QAB</td>
<td>USCG AIRSTA</td>
<td>Mobile, AL 36608</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG RESTRACEN</td>
<td>Yorktown, VA 23690</td>
</tr>
<tr>
<td>Department Chief</td>
<td>USCG 5th District</td>
<td>Portsmouth, VA 23703</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG SUPCEN</td>
<td>Boston, MA 02109</td>
</tr>
<tr>
<td>Chief of Health Services Division</td>
<td>USCG Chief Office of Health and Safety</td>
<td>Washington, DC 20593</td>
</tr>
<tr>
<td>Chief Medical Officer</td>
<td>USCG, Nassif Bldg Medical Clinic</td>
<td>Washington, DC 20590</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG AIRSTA</td>
<td>Sitka, AK 99835</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG AIRSTA</td>
<td>Clearwater, FL 34622</td>
</tr>
<tr>
<td>Senior Staff Medical Officer</td>
<td>USCG AIRSTA</td>
<td>Opa Locka Airport</td>
</tr>
<tr>
<td>Senior Staff Medical Officer</td>
<td>USCG AIRSTA</td>
<td>Opa Locka, FL 33054</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG AIRSTA</td>
<td>Aguadilla, PR 00604</td>
</tr>
<tr>
<td>Chief Health Services Division</td>
<td>USCG AIRSTA</td>
<td>Elizabeth City, NC 27909</td>
</tr>
<tr>
<td>Chief of Health Services Division</td>
<td>USCG AIRSTA</td>
<td>17th Coast Guard District (AK)</td>
</tr>
</tbody>
</table>
Chief Health Services Division
USCG AIRSTA Humbolt Bay
McKinleyville, CA 95521

Chief Health Services Division
USCG Academy
15 Mohican Ave.
New London, CT 06320

Senior Staff Medical Officer
USCG AIRSTA Astoria Clinic
2185 S.E. Airport Rd
Warrenton, OR 97146

Senior Clinical Nurse Specialist
MLC Atlantic (K)
300 Main St. Tower
Norfolk, VA 23510

Area/Regional Pharmacy Consultant
USCG MLC (KA)
300 Main St. Tower
Norfolk, VA 23510

Senior Clinical Specialist
USCG Base
100 MacArthur Causway
Miami Beach, FL 33139

Senior Staff Medical Officer
USCG ISC
P.O. Box 8, Terminal Island
San Pedro, CA 90731

Senior Clinical Specialist
USCG AIRSTA
2000 Connecticut Ave.
North Bend, OR 97459

Quality Assurance Program Manager
USCG Headquarters (GWKH)
2100 Second St. S.W.
Washington, DC 20593

Senior Staff Medical Officer
USCG Medical SVCS, Infirmary
USCG AIRSTA
Port Angeles, WA 98362

Medical Officer III (Epidemiology)
USCG Headquarters
2100 Second St. S.W.
Washington, DC 20593

Chief Health Services Division
USCG AIRSTA
Medical Clinic
Traverse City, MI 49684

Chief Quality Assurance Branch
USCG Headquarters (GWKH)
2100 Second St. S.W.
Washington, DC 20593
APPENDIX C

Warrant Officers
<table>
<thead>
<tr>
<th>Position</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warrant Officer - Medical Administration</td>
<td>USCG Headquarters (G-WKH)</td>
</tr>
<tr>
<td>Warrant Officer - Medical Administration</td>
<td>Clinical Support &amp; QA Division</td>
</tr>
<tr>
<td>Warrant Officer - Medical Administration</td>
<td>Patient Affairs Office</td>
</tr>
<tr>
<td>Warrant Officer - Medical Administration</td>
<td>Alcohol Program Administrator</td>
</tr>
<tr>
<td>Warrant Officer - Medical Administration</td>
<td>HQ (G-WKH)</td>
</tr>
<tr>
<td>Warrant Officer - Medical Administration</td>
<td>MLC Pacific (KQA)</td>
</tr>
<tr>
<td>Warrant Officer - Medical Administration</td>
<td>MLC Pacific (KMA)</td>
</tr>
<tr>
<td>Warrant Officer - Medical Administration</td>
<td>MLC Pacific (FCP)</td>
</tr>
<tr>
<td>Warrant Officer - Medical Administration</td>
<td>MLC Atlantic (KQA)</td>
</tr>
<tr>
<td>Warrant Officer - Medical Administration</td>
<td>MLC Atlantic (KMA)</td>
</tr>
<tr>
<td>Warrant Officer - Medical Administration</td>
<td>MLC Atlantic (FCP)</td>
</tr>
</tbody>
</table>

Address: 2100 Second St. S.W., Washington, DC 20593

- **Warrant Officer - Medical Administration**
- **USCG Headquarters (G-WKH)**
- **Clinical Support & QA Division**
- **Patient Affairs Office**
- **Alcohol Program Administrator**
- **HQ (G-WKH)**
- **MLC Pacific (KQA)**
- **MLC Pacific (KMA)**
- **MLC Pacific (FCP)**
- **MLC Atlantic (KQA)**
- **MLC Atlantic (KMA)**
- **MLC Atlantic (FCP)**

- **USCG MLCA (KMA)**
- **Medical Administration Branch**
- **Alameda, CA 94501**
- **Norfolk, VA 23510**

- **Alameda, CA 94501**
- **Norfolk, VA 23510**

- **Executive Competencies and Skills**

- **USCG MLCA (KMA)**
- **Medical Administration**
- **Detached Duty**
APPENDIX D

Enlisted Clinic Administrators

Enlisted Clinic Supervisors
Executive Competencies and Skills

Clinic Supervisor
USCG AIRSTA CAPE COD
Otis ANGB, MA 02542-5024

Clinic Administrator
USCG AIRSTA BORINQUEN
Aquadilla, PR 00604-9999

Clinic Administrator
USCG AIRSTA PORT ANGELES
Port Angeles, WA 98362-0159

Clinic Administrator
USCG AIRSTA Sitka
611 Airport Rd
Sitka, AK 99835-6500

Clinic Supervisor
USCG ISC PORTSMOUTH
4000 Coast Guard Blvd
Portsmouth, VA 23703-2199

Clinic Administrator
USCG 17TH DISTRICT
P.O. Box 25517
Juneau, AK 99802-5517

Clinic Supervisor
USCG ISC SEATTLE
1519 Alaskan Way South
Seattle, WA 98134-1192

Clinic Administrator
USCG ISC HONOLULU
Area 4, Sand Island Access Rd
Honolulu, HI 96819-4398

Clinic Supervisor
USCG RESTRACEN YORKTOWN
York Town, VA 23590-5000

Clinic Supervisor
USCG ACADEMY
15 Mohegan Ave
New London, CT 06320-4195

Clinic Supervisor
USCG TRACEN PETALUMA
599 Tomales Rd
Petaluma, CA 94952-5000

Clinic Supervisor
USCG TRACEN CAPE MAY
1 Munro Ave
Cape May, NJ 08204-5002

Clinic Supervisor
USCG HQ SUPPORT COMMAND
2100 Second St. S.W., Room B-811
Washington, DC 20593-0001

Clinic Administrator
USCG AIRSTA MIAMI
1500 NW 42nd Ave
Opa Locka, FL 33054-2397

Clinic Administrator
USCG AIRSTA TRAVERSE CITY
1174 Airport Access Rd
Traverse City, MI 49686-3586

Clinic Administrator
USCG GP AIRSTA ASTORIA
2185 SE Airport Rd
Warrenton, OR 97146-9693

Clinic Administrator
USCG GP AIRSTA NORTH BEND
2000 Connecticut Ave
North Bend, OR 97459-2399

Clinic Administrator
USCG ISC BOSTON
427 Commercial St
Boston, MA 02109-1027

Clinic Administrator
USCG ISC NEW ORLEANS
4640 Urquhart St.
New Orleans, LA 70117-4698

Clinic Administrator
USCG ISC KODIAK
P.O. Box 195014
Kodiak, AK 99619-5000

Clinic Administrator
USCG ISC SAN PEDRO
P.O. Box 8 - Terminal Island
San Pedro, CA 90731-0208

Clinic Administrator
USCG ISC ALAMEDA
Coast Guard Island
Alameda, CA 94501-5100

Clinic Supervisor
USCG TRACEN CAPE MAY
1 Munro Ave
Cape May, NJ 08204-5002
APPENDIX E

Commanding Officers

with Medical Facilities
<table>
<thead>
<tr>
<th>Commanding Officer</th>
<th>Commanding Officer</th>
<th>Commanding Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>USCG AIRSTA Otis ANGB, MA 02542</td>
<td>USCG AIRSTA Elizabeth City, NC 27909</td>
<td>USCG AIRSTA North Bend OR, 97459</td>
</tr>
<tr>
<td>Commanding Officer</td>
<td>Commanding Officer</td>
<td>Commanding Officer</td>
</tr>
<tr>
<td>USCG AIRSTA 15100 Rescue Way Clearwater, FL 34622</td>
<td>USCG AIRSTA Aquadilla, PR 00604</td>
<td>USCG RESTRACEN York Town, VA 23690</td>
</tr>
<tr>
<td>Commanding Officer</td>
<td>Commanding Officer</td>
<td>Commanding Officer</td>
</tr>
<tr>
<td>USCG AIRSTA Barbers Point, HI 96862</td>
<td>USCG AIRSTA 2185 SE Airport Rd Warrenton, OR 97146</td>
<td>USCG TRACEN 1 Munro Ave Cape May, NJ 08204</td>
</tr>
<tr>
<td>Commanding Officer</td>
<td>Commanding Officer</td>
<td>Commanding Officer</td>
</tr>
<tr>
<td>USCG TRACEN Petaluma, CA 94952</td>
<td>USCG AVTRACEN Mobile, AL 36608</td>
<td>Coast Guard Liaison Officer USAF Academy Colorado Springs, CO 80840</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commanding Officer</th>
<th>Superintendent</th>
</tr>
</thead>
<tbody>
<tr>
<td>USCG YARD 2401 Hawkins Point Rd Baltimore, MD 21226</td>
<td>USCG Academy 15 Mohegan Ave. New London, CT 06320</td>
</tr>
</tbody>
</table>
APPENDIX F

Round I Cover Letter

Informational Paper

Delphi Round I Data Capture Form
Dear «Name» or current billet holder

I would appreciate your taking a few minutes to read the enclosed material and consider participating in a worthwhile Delphi Study. This research, entitled "Executive Competencies and Skills Required by United States Coast Guard Health Care Administrators" will seek to identify the most critical issues and differentiate the job skill, knowledge, and ability requirements facing Coast Guard Health Care Administrators.

You were selected to participate in this study because of your recognized leadership and contributions to health care management in the Coast Guard. The importance of this study cannot be overstated since it will help to identify the critical issues of the future and will enable institutions of higher education to educate our future health care executives in the requisite skills. The research results, of course, will be shared with all of our federal colleagues throughout the military health care system.

Please read Enclosure (1) which discusses the objectives of the study. The second enclosure is the actual Delphi instrument. Please note that this is not a survey, but an effective means of assessing the judgment of a group of experts. Of course, your responses will be absolutely confidential. At no time will individual respondents be identified.

I appreciate your assistance and thank you in advance for your election to participate in this worthwhile project. If there are any questions or a need for clarification on any part of this research, please call me at (228)377 8170 or send E-mail to: snyder@datasync.com or snydcr.guy@keesler.af.mil.

Very Respectfully,

Guy L. Snyder
G. L. Snyder
Lieutenant
U.S. Coast Guard
U.S. Army-Baylor University
Administrative Resident
consideration; and 3) the group generally achieves a consensus after a few rounds. It is anticipated that for this project only two rounds will be required.

**How Long Will It Take?**

It is anticipated that a total of no more than one hour of time over a three to four month period will be required to respond to two questionnaires. The first questionnaire will request one or two sentence answers to specific questions as well as suggestions for additional questions. In the subsequent questionnaire, the format will change to numerical responses, such as rating or ranking items. Upon receiving a questionnaire I would appreciate receiving your responses within a week in order to remain on schedule with this project.

**Utility of Results**

Through active participation panelists can play a significant role in the understanding of the critical competencies and skills required of Coast Guard health care administrators in today’s managed care environment.

**What Will The Results Be Used For?**

The results of this project may be used in a multitude of ways. Some of the most likely uses of this data are: 1) Determination of likely candidates for assignment to health care administration billets, 2) Strategic planning for institutions of higher federal education as they plan future curriculum programs, and 3) As a template for Coast Guard officers, senior enlisted and civilian personnel desiring careers or advancement in the field of health care administration. An additional use will be to compare and contrast the results with the DOD Medical Service Corps identified competencies and skills and to publish the outcomes in a professional journal to add to the stream of research in this area.

**For Further Information Please Contact:**

Lieutenant Guy L. Snyder, USCG
U.S. Army-Baylor University Resident
DOD HSRIV, 111 G St.
Biloxi, MS  39534

(228) 377 8170 (comm)
597 8170 (DSN)
(228) 432 8170 (home)

E-mail: snyder@datasync.com or snyder.guy@keesler.af.mil
consideration; and 3) the group generally achieves a consensus after a few rounds. It is anticipated that for this project only two rounds will be required.

**How Long Will It Take?**

It is anticipated that a total of no more than one hour of time over a three to four month period will be required to respond to two questionnaires. The first questionnaire will request one or two sentence answers to specific questions as well as suggestions for additional questions. In the subsequent questionnaire, the format will change to numerical responses, such as rating or ranking items. Upon receiving a questionnaire I would appreciate receiving your responses within a week in order to remain on schedule with this project.

**Utility of Results**

Through active participation panelists can play a significant role in the understanding of the critical competencies and skills required of Coast Guard health care administrators in today’s managed care environment.

**What Will The Results Be Used For?**

The results of this project may be used in a multitude of ways. Some of the most likely uses of this data are: 1) Determination of likely candidates for assignment to health care administration billets, 2) Strategic planning for institutions of higher federal education as they plan future curriculum programs, and 3) As a template for Coast Guard officers, senior enlisted and civilian personnel desiring careers or advancement in the field of health care administration. An additional use will be to compare and contrast the results with the DOD Medical Service Corps identified competencies and skills and to publish the outcomes in a professional journal to add to the stream of research in this area.

**For Further Information Please Contact:**

Lieutenant Guy L. Snyder, USCG  
U.S. Army-Baylor University Resident  
DOD HSRIV, 111 G St.  
Biloxi, MS 39534  
(228) 377 8170 (comm)  
597 8170 (DSN)  
(228) 432 8170 (home)  
E-mail: snyder@datasync.com or snyder.guy@keesler.af.mil
DELPHI ROUND I

Executive Competencies and Skills Required by
United States Coast Guard Health Care Administrators

**Please complete and return this questionnaire in the enclosed preaddressed envelope as soon as possible.**

**Instructions:** Specifically, list what you consider to be the **TOP FIVE** issues that Coast Guard health care administrators (HCA) will encounter in the next five to ten years. Define the problems or issues as clearly as possible (in more than categorical terms). An example of the kind of issues we are seeking might be: "Management of vendor contracts".

Next, for each of the identified issues, list what you consider to be the requisite skills, knowledge, or abilities that will be needed to deal with each of the health care administrative issues. To follow the previous example; the skills, knowledge, or abilities to meet this need may include emphasis on negotiating, interpersonal relations, communication, computing, forecasting, or cost analysis.

**THANK YOU FOR YOUR TIME AND COOPERATION.**

<table>
<thead>
<tr>
<th>Top Five HCA Issues</th>
<th>Skills, Knowledge, or Abilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:
APPENDIX G

Round I Reminder Letter
Dear addressee:

About ten days ago I mailed you a Delphi study on Executive Competencies and Skills Required by United States Coast Guard Health Care Administrators.

If you have already returned the Delphi Round I response - THANK YOU and please disregard this letter.

If you have not returned the Delphi Round I response - PLEASE do so in the next day or two.

So far the return rate has been about 4%. In-as-much as this study will be published, I believe it will be a poor reflection on Coast Guard health care and health care management if the return rate is dismal.

If it is more convenient for you, you can return your response via e-mail to the following address: snyder.guy@keesler.af.mil

THANK YOU FOR YOUR VALUED PARTICIPATION!

Guy L. Snyder

Guy L. Snyder
Lieutenant, USCG
U.S. Army-Baylor University
Graduate Resident in
Health Care Administration
APPENDIX H

Identified Health Care Administration Issues
Executive Competencies and Skills

Ability to predict the future in 5-10 yrs
Accurate budget build
Actual cost of healthcare
Adapting to TRICARE
Adequate funding
AFC 57 budget
AFC 57 Costs for PHS providers
Availability of qualified personnel
Availability of specialty healthcare services
Baldrige measurement and methods
Base closures
Beneficiary choice in plans / less reliance on direct care system
Billing
Budget
Budget
Budget
Budget assessment
Budget constraints
Budget issues
Budget issues
Budget management
Budget management
Budget restraints
Budgetary constraints
Budgets
Business
CHCS – DOD information systems
CHCS connectivity with DOD to allow specialty referrals
Chief, health services divisions administrator empowered to manage the clinic
Civilian hospital care and AD case management
Civilian personnel
Civilian providers
Claims processing
CLAMS II
Clear directives from MLC/HQ level
Clearly defining roles of CG health administrators
Clinic leadership – who is in charge
Clinic management
Communication
Communication between MLC/HQ/COs
Competing with PCMS for dependent patients
Computer issues
Computer knowledge
Computer skills
Computer systems
Computerized records
Conflicts in prioritizing AD vs DEP medical care
Continuing education for healthcare providers
Contract personnel management
Contracting
Contracting
Contracting officers representative
Contracts
Contracts with private sector for specialized care
Cost containment
Cost overruns
Customer relations
Data bases
Data management
Data utilization
Database administration
Decreased budget
Decreased budget
Decreased staff
Decreased staffing
Decreasing budgets
Decreasing resources
Decreasing workforce pool
Define the end result and the continually focusing on this end
Defined roles
Delegation of authority
Delivery of healthcare
Dental assistant retention
Dependent/Retired and active duty care
Development/management of a integrated medical information system
Difficulty maintaining state of art care without money
DOD coordination
DOD retiree dependent HC at CG clinics reimbursement system
DOD/CG healthcare integration
Education
Effective operational support
Efficient access to care
Ensuring accurate data capture analysis
Equipment update and repair
Establish/integrate USCG HCFs with TRICARE
Establishment of electronic medical information computer system compatible with DOD
Evaluations
Ever changing HC demands
Field support
Finance
Financial management
Fiscal and commercial
Fiscal management
Fiscal management
Forming cohesive teams
Funding
Funding shortage
Funding/cost containment
GSU
Have CG define HCA as independent career path
HBA knowledge
HCA structure
Health benefits advice
Health care benefits advice
Health insurance contract management
Healthcare finance
Healthcare in remote areas
Healthcare standards
Highly skilled PC user
HMOs
HS education and career development
HS training
Identifying cost saving opportunities
IM/IT
Implementing MIS management tools
Implementing TRICARE for AD CG
Improve data gathering
In depth knowledge of HMO systems
Increased leveraging of technologies
Increased number of provider contracts
Increasing operational tempo
Inexperienced leadership
Information management
Information systems
Information technology
Insufficient training – Continuing education
Integrating with DOD health care system
Integration of managed care into CG
Integration of TRICARE
Integration of TRICARE Prime
Integration with DOD force protection application system
Interacting with civilian healthcare
Interaction with TRICARE and AD care agents at the input
Interagency partnering
Interagency relations
Justification of CG health care resources (clinics)
Lack of adequate funding
Lack of training
Leadership
Leadership and communication
Leadership development
Leadership skills
Legal issues
Loss of beneficiary population
Maintaining quality assurance program
Maintaining quality in environment that is not conducive
Maintaining standards of care
Managed care
Managed care
Managed care delivery system
Managed care evolution
Managed care initiatives
Management Information Systems
Management information systems
Management information systems development
Management of active duty care
Management of CG issues not related to medical issues
Management of contract workers
Management of contracts
Management of contracts
Management of decreasing issues, personnel, funds...
Management of healthcare personnel
Management of IDTs
Management of managed care
Management of outsourcing contracts
Management of personnel
Management of providers outside the network
Management of specialty provider contracts
Management of staff
Management of TRICARE issues
Management of vendor contracts
Management of vendor contracts
Management skills – motivation, interpersonal relations
Managing clinical costs
Managing contract healthcare providers
Managing human resources
Marketing
Matching CG credentials with civilian counterparts
MEDEVAC communication
Medical boards
Medical cost control
Medical experience/admin experience
Medical information management
Medical information systems
Medical manual
Medical office business practices
Medical oversight of active duty
Meeting HIPPA requirements
Mental health eval/rx
Merging CG healthcare system into the global healthcare system
MIS data accuracy
MLC centralization
Money / Budget
No corporate knowledge
No medical service corps
Not reinventing the wheel
Executive Competencies and Skills

Obtaining specialty care at DOD and civilian facilities
Operational experience
Optimal Lab and Drug use
Oral communication
Orienting clinics to readiness support
Outcome driven medical quality assurance
Outsourcing of CG medical functions
Oversight of MCSC contract compliance
Paperwork management
Participating in TRICARE
PCM
PCS transfers / militarism
Performance management
Personality conflict
Personnel
Personnel
Personnel
Personnel competency
Personnel gaps
Personnel management
Personnel management
Personnel management
Personnel management
Personnel management
Personnel management
Personnel retention
Personnel shortage
Pharmacy costs
Policies disregarded because of rank
Policy writing
Prescribed care guidelines
Prescription drugs
Pressure on budget constraints
Prevention
Primary care delivery
Primary care/managed care
Prime vendor
Prime vendor program
Prior medical knowledge
Privatization
Professional recruiting
Program knowledge
Program marketing
Program vision
Proper provider utilization
Protecting providers (legal issues)
Provider/Lead Agent relationship
Provision of optimal medical care
Public relations
Quality assurance
Executive Competencies and Skills

Quality assurance
Readiness staffing requirements
Recruiting HC professionals
Recruitment and placement of qualified providers
Reduced resources
Referral to specialties
Referrals
Relationship with DOD – CHCS
Resource management
Resource management
Resource management – budgetary
Resource management – personnel
Resources / funding
Retaining quality staff
Retention
Retirees and dependants
Risk management
Role of HCA/manager
Running clinics on business footing
Shortage of providers
Skill level of HS"a" graduates
Source comparison: Fed vs Civ
Specialist referrals
Specialty care
Staff training
Staffing
Staffing issues
Statistical analysis of healthcare data
Strategic planning
Supplemental funds
Switch from delivery to contractors
Systems management
Technical advances
Time management
Training
To many non-medical people running the show
Total contracting for healthcare
Training
Training / schooling
Training and education
Training enlisted personnel
Training of health care personnel
Training shortage
Transfer of healthcare to other branches of military or civilian sources
TRICARE
TRICARE
TRICARE
TRICARE – HMO
TRICARE / Insurance’s
TRICARE active duty integration
TRICARE co-payment not enough coverage
TRICARE in isolated sites
TRICARE insurance
TRICARE knowledge
TRICARE managed healthcare for AD
TRICARE participation
TRICARE participation
Under trained jr. personnel
Understanding best business practices
Understanding the CG mission
Uniform benefit for CG under TRICARE
Verbal communication
Work force management
Written communication
Written communication
Y2K
Y2K
APPENDIX I

Expert Panel Confidence Rating Scale

Expert Panel Reliability Ratings
EXPERT PANEL CONFIDENCE RATING SCALE

Domain: ____________________________

On the below scale from 1 to 7, please rate how confident you are with the groups selection accuracy of this domain.

Extremely unconfident    Extremely confident

1  2  3  4  5  6  7
## EXPERT PANEL
### RELIABILITY RATINGS

<table>
<thead>
<tr>
<th>Domain</th>
<th>SKA Items Rated</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed Care</td>
<td>12</td>
<td>.97</td>
</tr>
<tr>
<td>Cost/Finance</td>
<td>9</td>
<td>1.00</td>
</tr>
<tr>
<td>Personnel</td>
<td>10</td>
<td>.97</td>
</tr>
<tr>
<td>Technology</td>
<td>7</td>
<td>.91</td>
</tr>
<tr>
<td>Business</td>
<td>4</td>
<td>.86</td>
</tr>
<tr>
<td>Strategic Mgt.</td>
<td>7</td>
<td>.83</td>
</tr>
<tr>
<td>Quality</td>
<td>7</td>
<td>.97</td>
</tr>
<tr>
<td>Leadership</td>
<td>11</td>
<td>.86</td>
</tr>
<tr>
<td>Education</td>
<td>9</td>
<td>.91</td>
</tr>
<tr>
<td>Healthcare Delivery</td>
<td>7</td>
<td>.83</td>
</tr>
<tr>
<td>Readiness</td>
<td>4</td>
<td>.89</td>
</tr>
<tr>
<td>Access</td>
<td>4</td>
<td>.91</td>
</tr>
<tr>
<td>Professional Staff Relations</td>
<td>4</td>
<td>.89</td>
</tr>
<tr>
<td>Marketing</td>
<td>4</td>
<td>.94</td>
</tr>
<tr>
<td>Ethics</td>
<td>2</td>
<td>.91</td>
</tr>
</tbody>
</table>

**Totals**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>101</td>
</tr>
</tbody>
</table>
APPENDIX J

Round II Cover Letter
Round I Feedback
Demographic Data Capture Form
Final Round Data Capture Form
Dear participant:

Enclosed are the first round results of the Delphi study entitled "Executive Competencies and Skills Required by United States Coast Guard Health Care Administrators." As you may recall, this research seeks to identify the most critical issues and differentiate the job skill, knowledge, and ability requirements facing Coast Guard Health Care Administrators.

As promised, I intend to provide as much feedback as possible. Accordingly, I think the enclosed results will be of interest to you since it provides the first round's detailed responses from all of the participants. I am very appreciative for the prompt and thorough responses that led to approximately a 46 percent return rate; a rate that is quite reasonable given the type of research methodology used.

Regardless of whether you responded to the first round questionnaire, I now request that you take a few minutes to complete and return the final round and the demographic data sheet. Although the questionnaire is longer than the first one, you will be able to complete it more quickly because the format only requests numerical responses. I would really appreciate you returning the questionnaire within one week from receipt - THANK YOU IN ADVANCE!

Thank you again for your valuable time. Participating in this project may help benchmark the direction of executive skill education in Coast Guard Health Care Administration for the next decade.

If there are any questions or a need for clarification on any part of this research, please call me at (228)377 8170 or send an E-mail to: snyder@datasync.com or snyder.guy@keesler.af.mil.

Very Respectfully,

Guy L. Snyder
G. L. Snyder
Lieutenant
U.S. Coast Guard
U.S. Army-Baylor University
Administrative Resident
ROUND I FEEDBACK

Once again, **THANK YOU** for your interest and participation in this research project. These first round feedback results are provided for your information and are preliminary in nature.

- Sample size: 147
- Undeliverable mail: 1
- n used for research: 146
- 1st round returns: 67
- Return rate: 46%

Issues identified by respondents: 323
Domains: 15
Frequency of issues: 343*

*Issues falling into multiple domains: 20

The domain (categorized) issues identified by an expert panel are listed below. The value in the parentheses is the frequency (number of times that a particular issue was identified) for that item.

### Managed Care Issues

<table>
<thead>
<tr>
<th>Issues identified (8)</th>
<th>Frequency of issues (53)</th>
<th>Percent of total frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrating TRICARE into CG (27)</td>
<td></td>
<td>15.5%</td>
</tr>
<tr>
<td>Loss of beneficiary population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managed care concepts (11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of AD care (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing clinical costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing contract healthcare providers (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referrals (5)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Cost/Finance Issues

<table>
<thead>
<tr>
<th>Issues identified</th>
<th>Frequency of issues</th>
<th>Percent of total frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate funding</td>
<td>(16)</td>
<td>14.6%</td>
</tr>
<tr>
<td>Billing</td>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>Budgeting</td>
<td>(23)</td>
<td></td>
</tr>
<tr>
<td>Equipment update and repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Justification of CG healthcare resources (clinics)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing clinical costs</td>
<td>(4)</td>
<td></td>
</tr>
</tbody>
</table>

### Personnel Issues

<table>
<thead>
<tr>
<th>Issues identified</th>
<th>Frequency of issues</th>
<th>Percent of total frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of qualified personnel</td>
<td>(20)</td>
<td>12.5%</td>
</tr>
<tr>
<td>Evaluations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have CG define HCA as independent career path</td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>Management of IDTs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCS transfers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>Personnel management</td>
<td>(12)</td>
<td></td>
</tr>
<tr>
<td>Role of administrator</td>
<td>(2)</td>
<td></td>
</tr>
</tbody>
</table>

### Technology Issues

<table>
<thead>
<tr>
<th>Issues identified</th>
<th>Frequency of issues</th>
<th>Percent of total frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHCS - DOD connectivity</td>
<td>(5)</td>
<td>11.4%</td>
</tr>
<tr>
<td>CLAMS II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer knowledge/skills</td>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>Computerized records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data accuracy</td>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>Statistical analysis of healthcare data</td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>System/information management</td>
<td>(15)</td>
<td></td>
</tr>
<tr>
<td>Technical advances</td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>MEDEVAC communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y2K</td>
<td>(2)</td>
<td></td>
</tr>
</tbody>
</table>
Leadership Issues

Issues identified (10)
Frequency of issues (31)

- Ability to predict the future in 5-10 years
- Clear directives from MLC/HQ level (4)
- Clinic management
- Communication (6)
- Decreased staffing
- DOD coordination (5)
- Leadership skills (9)
- Management of CG issues not related to medical issues
- Matching CG credentials with civilian counterparts
- Time management (2)

Percent of total frequencies

9%

Education Issues

Issues identified (7)
Frequency of issues (29)

- HBA knowledge (3)
- Highly skilled PC user
- Matching CG credentials with civilian counterparts
- Operational experience
- Prior medical knowledge (2)
- Program knowledge (5)
- Training issues (16)

Percent of total frequencies

8.5%

Business Issues

Issues identified (5)
Frequency of issues (24)

- Management of contracts (13)
- Business practices (4)
- Paperwork management
- Prime vendor (2)
- Source comparison: Fed vs Civ (4)

Percent of total frequencies

7%
Executive Competencies and Skills

Strategic Management Issues

Issues identified (8)
Frequency of issues (17)

Baldridge measurement and methods
Decreasing resources (2)
DOD/CG healthcare integration (2)
MLC centralization
No medical service corps (2)
Policy writing
Provision of optimal medical care (3)
Strategic planning (5)

Percent of total frequencies
5%

Quality Issues

Issues identified (5)
Frequency of issues (15)

Baldridge measurement and methods
Prescribed care guidelines
Proper provider utilization
Protecting providers (legal issues)
Quality assurance (11)

Percent of total frequencies
4.4%

Healthcare Delivery Issues

Issues identified (8)
Frequency of issues (11)

Actual cost of healthcare
Availability of specialty healthcare services
Competing with PCMs for dependent patients
Delivery of healthcare (2)
Dependent/retired and active duty care (3)
Difficulty maintaining state of art care with money
Integration with DOD force protection application system
MEDEVAC communication

Percent of total frequencies
3.2%
Readiness Issues

Issues identified (4)
Frequency of issues (8) 2.3%

Increased operational tempo
Medical oversight of active duty (3)
Orienting clinics to readiness support (3)
Readiness staffing requirements

Access Issues

Issues identified (5)
Frequency of issues (7) 2%

Availability of specialty healthcare services (2)
Civilian hospital care and AD case management
Efficient access to care
Healthcare in remote areas (2)
Retirees and dependants

Professional Staff Relations Issues

Issues identified (3)
Frequency of issues (7) 2%

Interacting with civilian healthcare (3)
Managing contract healthcare providers (2)
Too many non-medical people running the show (2)

Marketing Issues

Issues identified (5)
Frequency of issues (7) 2%

Base closures
Beneficiary choice in plans - less reliance on direct care
Dependent/retired and active duty care
Education
Program marketing (3)
<table>
<thead>
<tr>
<th>Issues identified (2)</th>
<th>Frequency of issues (2)</th>
<th>Percent of total frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare standards</td>
<td></td>
<td>.06%</td>
</tr>
<tr>
<td>Legal issues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DEMOGRAPHIC DATA

Delphi Respondents
Please take a moment to complete the following items (Fill in, X or Circle).

◊ Age:_____

◊ Gender: Female or Male

◊ Rank or Grade:___________

◊ Title/Position

(i.e. CO, XO, SMO, SDO, Clinic Administrator, Clinic Supervisor, MLC/HQ Staff)

◊ Educational Background: Please "X" all of the appropriate blocks.

Professional Degree ______
Bachelor's Degree ______
Master's Degree ______
Doctorate Degree ______
Other ______

◊ Years of experience in health care:_____

◊ Years of experience in health care administration:_____

◊ Membership in health care or management professional organizations:____________________

(i.e. AAMA, ACHE, MGMA)

◊ If a member of a health care professional organization what is your status:____________________

(i.e. Member, Fellow)

THANK YOU FOR YOUR ASSISTANCE!
A panel of DOD Medical Service Corps executives assisted in grouping the issues from the first round of the Delphi study into the domains or categories listed below. On the following pages are questions that apply to the respective domains identified. Please rate the RELATIVE IMPORTANCE of all of the skills, knowledge, and abilities (SKAs) using the 7-point scale provided to the right of the items.

<table>
<thead>
<tr>
<th>Issue Domains</th>
<th># of unique issues</th>
<th>Frequency</th>
<th>SKA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed Care</td>
<td>08</td>
<td>53</td>
<td>12</td>
</tr>
<tr>
<td>Cost/Finance</td>
<td>06</td>
<td>50</td>
<td>09</td>
</tr>
<tr>
<td>Personnel</td>
<td>09</td>
<td>43</td>
<td>10</td>
</tr>
<tr>
<td>Technology</td>
<td>10</td>
<td>39</td>
<td>07</td>
</tr>
<tr>
<td>Leadership</td>
<td>10</td>
<td>31</td>
<td>11</td>
</tr>
<tr>
<td>Education</td>
<td>07</td>
<td>29</td>
<td>09</td>
</tr>
<tr>
<td>Business</td>
<td>05</td>
<td>24</td>
<td>04</td>
</tr>
<tr>
<td>Strategic mgt.</td>
<td>08</td>
<td>17</td>
<td>07</td>
</tr>
<tr>
<td>Quality</td>
<td>05</td>
<td>15</td>
<td>07</td>
</tr>
<tr>
<td>Healthcare delivery</td>
<td>08</td>
<td>11</td>
<td>07</td>
</tr>
<tr>
<td>Readiness</td>
<td>04</td>
<td>08</td>
<td>04</td>
</tr>
<tr>
<td>Access</td>
<td>05</td>
<td>07</td>
<td>04</td>
</tr>
<tr>
<td>Pro staff Relations</td>
<td>03</td>
<td>07</td>
<td>04</td>
</tr>
<tr>
<td>Marketing</td>
<td>05</td>
<td>07</td>
<td>04</td>
</tr>
<tr>
<td>Ethics</td>
<td>02</td>
<td>02</td>
<td>02</td>
</tr>
<tr>
<td>Totals</td>
<td>95</td>
<td>343</td>
<td>101</td>
</tr>
</tbody>
</table>

When the data analysis is complete, you will be provided with a copy of the final results of the study. Again, thank you for your time and cooperation.

**PLEASE TURN OVER TO COMPLETE THE FINAL ROUND**
PLEASE RATE ALL of the following Skills, Knowledge, and Abilities according to how important you think they are for a Coast Guard Healthcare Administrator to know/understand. Indicate your answers by circling the appropriate number.

### Questions 1 - 12 Managed Care Issues

**Rating Scale**

1 = Unimportant 7 = Extremely Important

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understanding of Healthcare plans</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>2. In-depth knowledge of TRICARE program</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>3. Knowing Population demographics</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>4. Being able to manage clinical costs</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>5. Contracting skills</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>6. Understanding Primary Care Manager concept</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>7. Knowledge of referral system</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>8. Active Duty medical care requirements</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>9. Thorough knowledge of Managed Care</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>10. Knowledge of Federal and State requirements</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>11. How to process healthcare claims</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>12. Healthcare customer relations skills</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

### Questions 13 - 21 Cost/Finance Issues

**Rating Scale**

1 = Unimportant 7 = Extremely Important

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to create and manage a budget</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>2. Understanding of healthcare financing</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>3. Knowledge of billing procedures</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>4. Ability to contain costs</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>5. Understanding of equipment repair and maintenance issues</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>6. Knowledge of funding sources</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>7. Understanding of DOD reimbursement system</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>
8. General fiscal management skills 1 2 3 4 5 6 7
9. Understanding of medical services costs (i.e. pharmacy, lab, x-ray) 1 2 3 4 5 6 7

<table>
<thead>
<tr>
<th>Questions 22 - 31</th>
<th>Personnel Issues</th>
<th>Rating Scale</th>
<th>1=Unimportant 7=Extremely Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Thorough understanding of CG military Personnel System</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ability to evaluate personnel</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Civilian personnel management skills</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Understanding of civilian personnel system</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Knowledge of IDT program</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Need for a defined Healthcare Administrator career path designation</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Ability to influence personnel assignments based on qualifications</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Knowledge of healthcare professional recruiting techniques</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Personnel retention knowledge and skills</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Ability to schedule personnel</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions 32 - 38</th>
<th>Technology Issues</th>
<th>Rating Scale</th>
<th>1=Unimportant 7=Extremely Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understanding of CHCS</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ability to access CHCS</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Having high level computer skills</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ability to analyze data</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Understanding of data accuracy</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Ability to keep abreast of technological advances</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Understanding of computer systems and usage</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Leadership Issues

**Questions 57 - 67**

| 1. Ability to communicate orally | 1 2 3 4 5 6 7 |
| 2. Written communication skills | 1 2 3 4 5 6 7 |
| 3. Ability to manage time | 1 2 3 4 5 6 7 |
| 4. Ability to form cohesive teams | 1 2 3 4 5 6 7 |
| 5. Knowledge of how DOD functions | 1 2 3 4 5 6 7 |
| 6. Interagency partnering and relations skills | 1 2 3 4 5 6 7 |
| 7. Ability to develop leaders | 1 2 3 4 5 6 7 |
| 8. Listening skills | 1 2 3 4 5 6 7 |
| 9. Ability to motivate personnel | 1 2 3 4 5 6 7 |
| 10. Skills to deal with non-medical issues | 1 2 3 4 5 6 7 |
| 11. Ability to handle conflict | 1 2 3 4 5 6 7 |

### Education Issues

**Questions 68 - 76**

| 1. Ability to conduct efficient training | 1 2 3 4 5 6 7 |
| 2. Being a highly skilled computer user | 1 2 3 4 5 6 7 |
| 3. Having a medical background | 1 2 3 4 5 6 7 |
| 4. Knowledge of the Coast Guard medical system prior to assignment to Admin duties | 1 2 3 4 5 6 7 |
| 5. Understanding of HS training | 1 2 3 4 5 6 7 |
| 6. Knowledge of health benefits | 1 2 3 4 5 6 7 |
| 7. Need to attend HBA training | 1 2 3 4 5 6 7 |
| 8. Requirement for external training such as JACHO, CLIA, TQM... | 1 2 3 4 5 6 7 |
| 9. Need for an advanced degree in Healthcare Administration | 1 2 3 4 5 6 7 |
Executive Competencies and Skills

Questions 39 - 42  **Business Issues**

Rating Scale

1 = Unimportant
7 = Extremely Important

1. Ability to manage contracts
   1 2 3 4 5 6 7
2. Understanding of common business practices
   1 2 3 4 5 6 7
3. Knowledge of source comparison techniques
   1 2 3 4 5 6 7
4. Office management skills
   1 2 3 4 5 6 7

Questions 43 - 49  **Strategic Management Issues**

Rating Scale

1 = Unimportant
7 = Extremely Important

1. How to write policy
   1 2 3 4 5 6 7
2. How to develop a strategic plan
   1 2 3 4 5 6 7
3. Coping with dwindling resources
   1 2 3 4 5 6 7
4. Ability to work cooperatively with DOD
   1 2 3 4 5 6 7
5. Ability to stay competitive with peers (Line Officers)
   1 2 3 4 5 6 7
6. Plan for future healthcare needs
   1 2 3 4 5 6 7
7. Ability to work for two masters (MLC and CO)
   1 2 3 4 5 6 7

Questions 50 - 56  **Quality Issues**

Rating Scale

1 = Unimportant
7 = Extremely Important

1. Being able to measure quality
   1 2 3 4 5 6 7
2. Understanding of Quality Assurance program
   1 2 3 4 5 6 7
3. JACHO standards
   1 2 3 4 5 6 7
4. Knowledge of prescribing guidelines
   1 2 3 4 5 6 7
5. Knowing how to deal with legal issues
   1 2 3 4 5 6 7
6. Provider credentials and privileges
   1 2 3 4 5 6 7
7. Knowledge of provider types and scope of practice
   1 2 3 4 5 6 7
Questions 77 - 83  Healthcare Delivery Issues
Rating Scale
1=Unimportant 7=Extremely Important

1. Knowledge of how healthcare is delivered 1 2 3 4 5 6 7
2. Cost of healthcare 1 2 3 4 5 6 7
3. Understanding force protection and prevention 1 2 3 4 5 6 7
4. Ability to locate specialty care 1 2 3 4 5 6 7
5. Ability in obtain/influence patient mix (i.e. Dependent/Retiree care) 1 2 3 4 5 6 7
6. Understanding of MEDEVAC issues 1 2 3 4 5 6 7
7. Knowledge of medical equipment needs 1 2 3 4 5 6 7

Questions 84 - 87  Readiness Issues
Rating Scale
1=Unimportant 7=Extremely Important

1. Understanding operational tempo 1 2 3 4 5 6 7
2. Active Duty medical standards 1 2 3 4 5 6 7
3. Readiness staffing 1 2 3 4 5 6 7
4. Requirements to support operational mission 1 2 3 4 5 6 7

Questions 88 - 91  Access Issues
Rating Scale
1=Unimportant 7=Extremely Important

1. Knowledge of access standards 1 2 3 4 5 6 7
2. Geographically Separated Unit healthcare issues 1 2 3 4 5 6 7
3. How to access specialty care in DOD and civilian facilities 1 2 3 4 5 6 7
4. Understanding case management 1 2 3 4 5 6 7
Questions 92 - 95

**Professional Staff Relations Issues**

**Rating Scale**

1 = Unimportant
7 = Extremely Important

1. Ability to interact with providers
   1 2 3 4 5 6 7

2. Contract management skills
   1 2 3 4 5 6 7

3. Understanding differences between military and civilian systems
   1 2 3 4 5 6 7

4. Knowledge of Lead Agent responsibilities
   1 2 3 4 5 6 7

Questions 96 - 99

**Marketing Issues**

**Rating Scale**

1 = Unimportant
7 = Extremely Important

1. Ability to market program
   1 2 3 4 5 6 7

2. Understanding consumer needs/desires
   1 2 3 4 5 6 7

3. Identifying competition
   1 2 3 4 5 6 7

4. Impact of base closures
   1 2 3 4 5 6 7

Questions 100 - 101

**Ethics Issues**

**Rating Scale**

1 = Unimportant
7 = Extremely Important

1. Understanding of healthcare standards
   1 2 3 4 5 6 7

2. Knowledge of legal concepts
   1 2 3 4 5 6 7
### Descripatives

#### Descriptive Statistics

<table>
<thead>
<tr>
<th>Question</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q58</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.4713</td>
<td>.8330</td>
</tr>
<tr>
<td>Q64</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.4368</td>
<td>.8983</td>
</tr>
<tr>
<td>Q57</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.3793</td>
<td>.8792</td>
</tr>
<tr>
<td>Q8</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.3448</td>
<td>.9502</td>
</tr>
<tr>
<td>Q13</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.2874</td>
<td>.9989</td>
</tr>
<tr>
<td>Q85</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.2529</td>
<td>1.0025</td>
</tr>
<tr>
<td>Q2</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.2414</td>
<td>1.0780</td>
</tr>
<tr>
<td>Q67</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.2414</td>
<td>.9996</td>
</tr>
<tr>
<td>Q92</td>
<td>86</td>
<td>1.00</td>
<td>7.00</td>
<td>6.2299</td>
<td>.9239</td>
</tr>
<tr>
<td>Q12</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.2209</td>
<td>.9988</td>
</tr>
<tr>
<td>Q87</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.1839</td>
<td>1.0402</td>
</tr>
<tr>
<td>Q60</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.1609</td>
<td>1.0770</td>
</tr>
<tr>
<td>Q59</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.1494</td>
<td>.9588</td>
</tr>
<tr>
<td>Q45</td>
<td>86</td>
<td>1.00</td>
<td>7.00</td>
<td>6.1163</td>
<td>.9752</td>
</tr>
<tr>
<td>Q65</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.0920</td>
<td>1.1476</td>
</tr>
<tr>
<td>Q46</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.0920</td>
<td>1.0525</td>
</tr>
<tr>
<td>Q36</td>
<td>87</td>
<td>3.00</td>
<td>7.00</td>
<td>6.0460</td>
<td>.9389</td>
</tr>
<tr>
<td>Q35</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.0230</td>
<td>1.0227</td>
</tr>
<tr>
<td>Q51</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.0230</td>
<td>1.1511</td>
</tr>
<tr>
<td>Q71</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.0115</td>
<td>1.1663</td>
</tr>
<tr>
<td>Q90</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>6.0115</td>
<td>1.0172</td>
</tr>
<tr>
<td>Q33</td>
<td>85</td>
<td>2.00</td>
<td>7.00</td>
<td>6.0000</td>
<td>1.0690</td>
</tr>
<tr>
<td>Q77</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.9885</td>
<td>1.0057</td>
</tr>
<tr>
<td>Q73</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.9885</td>
<td>.9823</td>
</tr>
<tr>
<td>Q89</td>
<td>86</td>
<td>2.00</td>
<td>7.00</td>
<td>5.9535</td>
<td>1.1157</td>
</tr>
<tr>
<td>Q100</td>
<td>86</td>
<td>1.00</td>
<td>7.00</td>
<td>5.9535</td>
<td>1.1571</td>
</tr>
<tr>
<td>Q84</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.9310</td>
<td>1.0092</td>
</tr>
<tr>
<td>Q7</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.9195</td>
<td>1.1434</td>
</tr>
<tr>
<td>Q4</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.8736</td>
<td>1.1594</td>
</tr>
<tr>
<td>Q86</td>
<td>87</td>
<td>2.00</td>
<td>7.00</td>
<td>5.8736</td>
<td>1.1186</td>
</tr>
<tr>
<td>Q78</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.8621</td>
<td>1.1015</td>
</tr>
<tr>
<td>Q48</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.8621</td>
<td>1.0362</td>
</tr>
<tr>
<td>Q6</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.8506</td>
<td>1.1261</td>
</tr>
<tr>
<td>Q34</td>
<td>87</td>
<td>2.00</td>
<td>7.00</td>
<td>5.8391</td>
<td>1.0551</td>
</tr>
<tr>
<td>Q72</td>
<td>87</td>
<td>2.00</td>
<td>7.00</td>
<td>5.8391</td>
<td>1.0770</td>
</tr>
<tr>
<td>Q23</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.8276</td>
<td>1.0913</td>
</tr>
<tr>
<td>Q27</td>
<td>87</td>
<td>2.00</td>
<td>7.00</td>
<td>5.8161</td>
<td>1.3600</td>
</tr>
<tr>
<td>Q32</td>
<td>85</td>
<td>2.00</td>
<td>7.00</td>
<td>5.8118</td>
<td>1.1073</td>
</tr>
<tr>
<td>Q74</td>
<td>87</td>
<td>3.00</td>
<td>7.00</td>
<td>5.8046</td>
<td>1.1293</td>
</tr>
<tr>
<td>Q42</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.7931</td>
<td>1.0905</td>
</tr>
<tr>
<td>Q97</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.7816</td>
<td>1.2706</td>
</tr>
<tr>
<td>Q49</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.7701</td>
<td>1.4200</td>
</tr>
<tr>
<td>Q16</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.7701</td>
<td>1.1279</td>
</tr>
<tr>
<td>Q18</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.7531</td>
<td>1.2004</td>
</tr>
<tr>
<td>Q20</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.7531</td>
<td>1.1240</td>
</tr>
<tr>
<td>Q63</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.7471</td>
<td>1.2125</td>
</tr>
<tr>
<td>Q93</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.7176</td>
<td>1.1507</td>
</tr>
<tr>
<td>Q38</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.7126</td>
<td>1.0665</td>
</tr>
<tr>
<td>Q50</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.7126</td>
<td>1.1403</td>
</tr>
<tr>
<td>Q26</td>
<td>87</td>
<td>2.00</td>
<td>7.00</td>
<td>5.7093</td>
<td>1.1769</td>
</tr>
<tr>
<td>Q68</td>
<td>87</td>
<td>1.00</td>
<td>7.00</td>
<td>5.6782</td>
<td>1.0510</td>
</tr>
</tbody>
</table>
Descriptive Statistics

| Q91 | 87 | 1.00 | 7.00 | 5.6667 | 1.1581 |
| Q88 | 86 | 1.00 | 7.00 | 5.6628 | 1.0245 |
| Q80 | 87 | 1.00 | 7.00 | 5.6552 | 1.1697 |
| Q43 | 87 | 3.00 | 7.00 | 5.6552 | 1.0210 |
| Q28 | 86 | 1.00 | 7.00 | 5.6512 | 1.3614 |
| Q37 | 87 | 3.00 | 7.00 | 5.6437 | .9880 |
| Q94 | 87 | 1.00 | 7.00 | 5.6437 | 1.2293 |
| Q62 | 87 | 3.00 | 7.00 | 5.6322 | 1.0129 |
| Q14 | 87 | 1.00 | 7.00 | 5.6322 | 1.2019 |
| Q21 | 82 | 1.00 | 7.00 | 5.6220 | 1.0017 |
| Q1  | 87 | 2.00 | 7.00 | 5.6207 | 1.2690 |
| Q44 | 87 | 1.00 | 7.00 | 5.6092 | 1.2042 |
| Q9  | 87 | 2.00 | 7.00 | 5.6092 | 1.0822 |
| Q24 | 86 | 2.00 | 7.00 | 5.6047 | 1.0658 |
| Q70 | 87 | 1.00 | 7.00 | 5.5862 | 1.2900 |
| Q54 | 87 | 2.00 | 7.00 | 5.5862 | 1.0179 |
| Q66 | 87 | 1.00 | 7.00 | 5.5747 | 1.0302 |
| Q79 | 84 | 3.00 | 7.00 | 5.5714 | 1.0674 |
| Q101| 86 | 1.00 | 7.00 | 5.5116 | 1.2053 |
| Q83 | 87 | 2.00 | 7.00 | 5.5057 | 1.0441 |
| Q47 | 83 | 1.00 | 7.00 | 5.4940 | 1.5010 |
| Q22 | 87 | 1.00 | 7.00 | 5.4828 | 1.2282 |
| Q69 | 86 | 2.00 | 7.00 | 5.4767 | 1.1348 |
| Q82 | 86 | 2.00 | 7.00 | 5.4302 | 1.1012 |
| Q40 | 87 | 2.00 | 7.00 | 5.4253 | 1.1577 |
| Q95 | 87 | 1.00 | 7.00 | 5.4253 | 1.1875 |
| Q56 | 86 | 2.00 | 7.00 | 5.4070 | 1.2497 |
| Q39 | 87 | 2.00 | 7.00 | 5.4023 | 1.1254 |
| Q30 | 87 | 1.00 | 7.00 | 5.3678 | 1.3217 |
| Q61 | 87 | 2.00 | 7.00 | 5.3448 | 1.0210 |
| Q81 | 86 | 2.00 | 7.00 | 5.3140 | 1.1506 |
| Q25 | 87 | 2.00 | 7.00 | 5.3103 | 1.3666 |
| Q53 | 87 | 3.00 | 7.00 | 5.3103 | 1.1341 |
| Q31 | 87 | 1.00 | 7.00 | 5.2874 | 1.2474 |
| Q15 | 87 | 2.00 | 7.00 | 5.2874 | 1.2751 |
| Q55 | 87 | 2.00 | 7.00 | 5.2759 | 1.2170 |
| Q19 | 86 | 1.00 | 7.00 | 5.2442 | 1.3100 |
| Q3  | 87 | 2.00 | 7.00 | 5.2069 | 1.1628 |
| Q75 | 86 | 1.00 | 7.00 | 5.1860 | 1.4101 |
| Q41 | 85 | 1.00 | 7.00 | 5.1059 | 1.1446 |
| Q99 | 87 | 1.00 | 7.00 | 5.0805 | 1.5036 |
| Q96 | 87 | 1.00 | 7.00 | 5.0460 | 1.5012 |
| Q11 | 87 | 2.00 | 7.00 | 5.0230 | 1.3638 |
| Q10 | 86 | 1.00 | 7.00 | 5.0000 | 1.3805 |
| Q76 | 87 | 2.00 | 7.00 | 4.9655 | 1.3334 |
| Q17 | 87 | 2.00 | 7.00 | 4.9655 | 1.1659 |
| Q5  | 87 | 1.00 | 7.00 | 4.9540 | 1.4052 |
| Q52 | 86 | 1.00 | 7.00 | 4.8256 | 1.4728 |
| Q29 | 86 | 1.00 | 7.00 | 4.5930 | 1.4743 |
| Q98 | 87 | 1.00 | 7.00 | 4.4943 | 1.6130 |

Valid N (listwise) 63
Executive Competencies and Skills

Managed Care 15.5%
Ethics 6%
Marketing 2.0%
Professional Staff R 2.0%
Access 2.0%
Readiness 2.0%
Healthcare Delivery 3.2%
Quality 4.4%
Strategic Management 5.0%
Business 7.0%
Education 8.5%

Cost/Finance 14.0%
Personnel 12.5%
Technology 11.4%
Leadership 9.0%

Frequencies of Identified HCA Domains
APPENDIX L

Top 10 (Most Important) SKAs

Bottom 10 (Least Important) SKAs
## TOP 10 (MOST IMPORTANT) SKAs

<table>
<thead>
<tr>
<th>Rank</th>
<th>Question/Issue</th>
<th>Domain</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Q58: Written communication skills</td>
<td>Leadership</td>
<td>6.4713</td>
<td>.8330</td>
</tr>
<tr>
<td>#2</td>
<td>Q64: Listening skills</td>
<td>Leadership</td>
<td>6.4368</td>
<td>.8983</td>
</tr>
<tr>
<td>#3</td>
<td>Q57: Ability to communicate orally</td>
<td>Leadership</td>
<td>6.3793</td>
<td>.8792</td>
</tr>
<tr>
<td>#4</td>
<td>Q08: Active duty medical care requirements</td>
<td>Managed Care</td>
<td>6.3448</td>
<td>.9502</td>
</tr>
<tr>
<td>#5</td>
<td>Q13: Ability to create and manage a budget</td>
<td>Cost/Finance</td>
<td>6.2874</td>
<td>.9989</td>
</tr>
<tr>
<td>#6</td>
<td>Q85: Active duty medical standards</td>
<td>Readiness</td>
<td>6.2529</td>
<td>1.0025</td>
</tr>
<tr>
<td>#7*</td>
<td>Q02: In-depth knowledge of TRICARE Program</td>
<td>Managed Care</td>
<td>6.2414</td>
<td>1.0780</td>
</tr>
<tr>
<td></td>
<td>Q67: Ability to handle conflict</td>
<td>Leadership</td>
<td>6.2414</td>
<td>.9996</td>
</tr>
<tr>
<td>#8</td>
<td>Q92: Ability to interact with providers</td>
<td>Pro Staff</td>
<td>6.2299</td>
<td>.9239</td>
</tr>
<tr>
<td>#9</td>
<td>Q12: Healthcare customer relations skills</td>
<td>Managed Care</td>
<td>6.2209</td>
<td>.9988</td>
</tr>
<tr>
<td>#10</td>
<td>Q87: Requirements to support operational mission</td>
<td>Readiness</td>
<td>6.1839</td>
<td>1.0402</td>
</tr>
</tbody>
</table>

* Equally ranked item(s)
### BOTTOM 10 (LEAST IMPORTANT) SKAs

<table>
<thead>
<tr>
<th>Rank</th>
<th>Question/Issue</th>
<th>Domain</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>#101</td>
<td>Q98: Identify competition</td>
<td>Marketing</td>
<td>4.4943</td>
<td>1.6130</td>
</tr>
<tr>
<td>#100</td>
<td>Q29: Knowledge of healthcare professional recruiting techniques</td>
<td>Personnel</td>
<td>4.5930</td>
<td>1.4743</td>
</tr>
<tr>
<td>#99</td>
<td>Q52: JACHO standards</td>
<td>Quality</td>
<td>4.8256</td>
<td>1.4728</td>
</tr>
<tr>
<td>#98</td>
<td>Q05: Contracting skills</td>
<td>Managed Care</td>
<td>4.9540</td>
<td>1.4052</td>
</tr>
<tr>
<td>#97*</td>
<td>Q17: Understanding of equipment repair and maintenance issues</td>
<td>Cost/Finance</td>
<td>4.9655</td>
<td>1.1659</td>
</tr>
<tr>
<td></td>
<td>Q76: Need for an advanced degree in healthcare administration</td>
<td>Education</td>
<td>4.9655</td>
<td>1.3334</td>
</tr>
<tr>
<td>#96</td>
<td>Q10: Knowledge of federal and state requirements</td>
<td>Managed Care</td>
<td>5.0000</td>
<td>1.3805</td>
</tr>
<tr>
<td>#95</td>
<td>Q11: How to process healthcare claims</td>
<td>Managed Care</td>
<td>5.0230</td>
<td>1.3638</td>
</tr>
<tr>
<td>#94</td>
<td>Q96: Ability to market program</td>
<td>Marketing</td>
<td>5.0460</td>
<td>1.5012</td>
</tr>
<tr>
<td>#93</td>
<td>Q99: Impact of base closures</td>
<td>Marketing</td>
<td>5.0805</td>
<td>1.5036</td>
</tr>
<tr>
<td>#92</td>
<td>Q41: Knowledge of source comparison techniques</td>
<td>Business</td>
<td>5.1059</td>
<td>1.1446</td>
</tr>
</tbody>
</table>

* Equally ranked item(s)