

SAMPLE CURRICULUM DEVELOPMENT PROPOSAL

**[Department of Public Health Economics, Financial
Management and Administration]**



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Prepared FOR:

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PREAMBLE

After review of your leadership profile, I believe I am a transformative candidate with the undergraduate, graduate and post-graduate subject matter expertise, teaching and business leadership experience; curriculum and syllabi development credentials; faculty recruitment, internship and business incubator acumen; with scholarly accomplishments, global and national contacts, and e-learning acumen worthy of consideration.

Primary GOALS and Responsibilities

Modern healthcare administrators, physician-executives and educators like professors, chairs and deans, are increasingly becoming devotees of Health Economics Nobel Laureate Kenneth J. Arrow PhD. So too, we have the experience and special affinity for such modern healthcare administration curriculum development; as suggested here in the five strategies we often use for developing such specific healthcare policy, management, public health and/or management business curriculum for our clients, and others.

These include undergraduate and graduate level courses prepared for the American College of Physician Executives [ACPE], Medical Group Management Association [MGMA] and the American College of Healthcare Executives. And, streamlining current MBA/MHA content for modernity is something we've do thru Cost Volume Profit Analysis [CVPA] metrics and heuristic experiences.

When purchased by third party vendors, such curriculum guidelines and suggestions, are often outsourced and purchased by schools, colleges and universities for more than \$25-50,000, USD. This is especially true when the need exists to “crash” the curriculum developmental life cycle.

PHILOSOPHY OF CURRICULUM DEVELOPMENT

The word curriculum generally refers to a series of courses that help students and learners achieve specific academic or occupational goals. A curriculum often consists of general learning goals, objectives and a list of courses, case-models, white-papers test questions, textbooks and related resources. Some curricula are akin to lesson plans, or syllabi, containing detailed information about how to teach a course, complete with discussion questions and specific activities for learners. Others are more flexible as we move from pedagogy, to andragogy to heutagogy [undergraduate, graduate and post-graduate levels].

1. Define the objective of the curriculum

In our case, the goal may be to help students earn a graduate or undergraduate degree, or professional certification, in health economics, administration, and/or healthcare finance. In a university program, the main objective might be to provide specific skills or knowledge necessary for completion of the degree or certificate. Being specific about curriculum objectives will assist with its development.

2. Choose an appropriate title

Depending on the learning objective, titling the curriculum may be a straightforward process or one that requires greater thought. A curriculum for a Master of Science in Healthcare Administration [MSHA] degree may be called "MSHA Preparation Curriculum."; etc.

Certification programs, also known as *Executive Service Line [ESL]* education, refer to academic programs for adults that are generally non-credit and non-degree-granting, but may lead to professional certifications. Estimates by *Business Week* magazine suggest that executive education in the United States is an \$800 million annual business with approximately 80 percent provided by university schools. They are ideal complements to any adult education program. By way of example, The American College of Insurance Professionals in Bryn Mawr offers the Certified Financial Planning® designation. Beside the educational benefits, monetary dividends are reaped as open enrollment eases matriculation access. Similar programs at the Wharton School, Darden, Harvard and the Goizueta Business School at Emory University charge premium rates for the *implied* institutional moniker. One popular executive education certification in this space may be Certificated Medical Planner™

3. Create a scope and sequence

This is an outline of key skills and information that students need to achieve the main curriculum objective. For a bachelor's degree curriculum, the scope and sequence might be a list of courses that a student must complete relative to SMB medical group practice, or clinic.

A graduate degree curriculum extends the paradigm to the larger office setting, healthcare organization or hospital space.

- **Determine the teaching approach.**

Depending on the topic and objective, information might best be conveyed in textbooks, with a lecture, AV, electronic, online and/or group discussions format. In other cases, providing written materials, holding discussion sessions and offering hands-on practical exams-might be the most appropriate teaching methods.

- **Include discussion questions, checklists and case models.**

In a curriculum that serves more as a script for teachers, detailed discussion questions provide greater direction. In a healthcare administration curriculum, for example, students might be asked to share their understanding of what constitutes fundamental medical practice management techniques.

- **Allow room for flexibility to meet learners' needs.**

Curriculum development must prioritize the needs of learners. Sometime needs are indiscernible until a teacher/facilitator has worked closely with a group of students across a period of time. In some cases, it is better to provide general directions and allow teachers to fill in the details and revise the curriculum as needed.

4. Build in an assessment component

Determining how to assess the knowledge of learner's is dependent on the main curriculum objective [tests, case models, checklists, orals, papers, etc]. If students are preparing for a standardized degree with exams, implementing practice written tests, orals or CBT is an effective way to simultaneously prepare students and identify weaker skills and knowledge areas. .

5. Establish a system of curriculum evaluation

When preparing students for exams and degrees, gathering statistics of passing rates is helpful for gauging overall effectiveness.

CURRENT USE

Some of our curriculum, textbooks, test questions and answers, case models, tools, white-papers and techniques have been used [fully, partially, seminars, CEUs, references, and ad-hoc basis] by the followings entities.

Professional Organizations

Medical Group Management Association (MGMA), American College of Medical Practice Executives (ACMPE), American College of Physician Executives (ACPE), JAMA.ama-assn.org, American College of Emergency Physicians (ACEP), ACS Healthcare Solutions (NYSE-ACS), Health Care Management Associates (HMA), MomMD, PhysiciansPractice.com, Medical World Communications (MWC); Superior Consultant Company (NASD-SUPC), Microsoft Corporation (NASD-MSFT).

Universities and Academic Institutions

UCLA School of Medicine, Northern University College of Business, Creighton University, Medical College of Wisconsin, Physician Executive MBA Program of the University of Tennessee College of Business Administration, University of North Texas Health Science Center, Washington University School of Medicine, University of Pittsburgh, Cleveland Chiropractic College, Emory University School of Medicine, and the Goizueta School of Business at Emory University, University of Cincinnati, Ohio College of Podiatric Medicine, University of Pennsylvania Medical-Dental Libraries, Joseph's College of Maine, and the University of Medicine Dentistry of New Jersey, among many others.

Corporate Sponsors

Past sponsors included various pharmaceutical companies (Pfizer, Glaxo, Smith-Klein-Fujisawa, Novartis, Shering, Terumo, Sunovion, Sepracor and Aventis, etc), and other medical, and financial services societies [First Global Financial Advisors, Merrill Lynch, The Principal].

Recommendations, Testimonials and Forewords, etc

Venture capitalists like Richard Helppie CEO Superior Consultant Company (NASD-SUPC) and Mike Burry MD of Vanderbilt University; and iconic healthcare business educators like:

Thomas E. Getzen PhD Temple University Medical School PA; Anthony Silva MD MBA Emory University Business School GA; Ahmad Hashem MD PhD Global Healthcare Productivity Manager Microsoft Corp; Lloyd M. Krieger MD MBA UCLA School of Medicine; Michael Stahl PhD MBA University Tennessee Physician MBA Program; and even celebrities like Frank Capriello Wall Street with Louis Rukeyser TV fame.

GENERAL CURRICULUM OUTLINE

The MBA/MSA/MSHA program will help students develop a vision, and the substance required for achieving it. This begins in the 2-3rd year as they build general healthcare management knowledge and confidence. Personalized experiences in the healthcare administration setting, with elective courses, seminars, related joint degrees, executive education other programs is also used.

First-Year Curriculum Overview

Dive into complex healthcare managerial issues with this series of courses. Essential to Healthcare Management Perspectives is the Critical Analytical Thinking (CAT) course in which you will analyze, write about, and debate fundamental issues, questions, and phenomena that arise in medical management. You also will focus on developing your managerial skills, including managing in a global healthcare context.

Toward the end of your first quarter, you may develop a personalized plan for your Healthcare Management Foundations courses, which will provide the base for your general management education. These courses offer a menu of choices in each required discipline, calibrated to your skills, experience, and future goals.

Electives

Take up to XXX electives to broaden experience and perspectives, or broaden healthcare administration knowledge in a specific area. Add new electives or substantially revise existing topics every year to respond to changes in the medical business environment, and student interests. Some broad choices include:

- Healthcare Cost, Financial and Managerial Accounting
- Medical Leadership and Entrepreneurship
- Healthcare Finance and Financial Management
- Modern Portfolio Theory and Securities Analysis
- Global Healthcare Management Overview
- Medical Human Resource Management
- Health Information technology
- Medical Macro and Micro-Economics
- Medical Marketing, Advertising, Sales and Public Relations
- Healthcare Operations and Organizational Behavior
- Politics and Public Management
- Strategic Healthcare Management

MBA /MSA / MHA / HCM CURRICULUM OVERVIEW

Pre-requisite classes provide the necessary foundations for students to be successful in their graduate classes. Students who have recently completed a business degree will have the majority of their prerequisites fulfilled. Additionally, undergraduate students or those with extensive work experience in prerequisite subjects may be able to get some courses waived. Generally, students have to have taken the course within 7 years and received a C or better to waive the pre - requisite. Pre-requisites generally do NOT need to be completed in order to gain admission to the program/certification courses.

CORE CLASSES

Students complete 12 courses [total 26 credits] to earn a strong, comprehensive foundation in healthcare business management. Core classes may be offered on a 2-year, rotating basis.

MBA/MHA/MSHA/MPH/HCM [core 26 credits]

MBUS Orientation (0)

MBUS Healthcare Economics (3)

MBUS Mgmt. Medical Groups (20)

MBUS Quant Methods-Stats Analysis (2)

MBUS Healthcare Ethics (2)

MBUS Healthcare Law (2)

MBUS Strategic Management (2)

Degree Capstone Business Plan - final semester

MBUS Mgmt Healthcare Finance (2)

MBUS Operations for Health Managers (3)

MBUS Healthcare Information Systems (2)

MBUS Marketing Theory & Practice (2)

MBUS Managerial Accounting (2)

MBUS Financial Reporting HCM Mgrs (2)

Elective Classes

MBA/MHA/MSHA/MPH/HCM students complete a third of their program in elective coursework, allowing them the flexibility to tailor the program based on personal and professional goals:

- Change Management
- Service Management
- Community Health Promotion
- Financial Statement Analysis

- Strategic Planning for Healthcare Managers

First Year

First Trimester

- Statistical Analysis for Health Care Administration (3 cr)
- Management: A Behavioral Approach (3 cr)
- Leadership Assessment Development (2 cr)

Second Trimester

- Financial Accounting (3 cr)
- The Social and Governmental Environment of Business (3 cr)

Third Trimester

- Human Resource Management (3 cr)
- Information Systems for Managers I (1.5 cr)
- Information Systems for Managers II (1.5 cr)
- Negotiation (1 cr)

Second Year

Fourth Trimester

- Business Forecasting (1.5 cr)
- Public Health Assessment (1.5 cr)
- Macroeconomics (1.5cr)
- Microeconomics (1.5 cr)

Fifth Trimester

- Health Care Economics (1.5 cr)
- Financial Decision Making (3 cr)
- Quality Management in Health Care (1.5 cr)

Sixth Trimester

- Marketing Management (3cr)
- Managerial Accounting and Applications in Health Care (3 cr)

Third Year

Seventh Trimester

- Legal Aspects of Health Care Administration (3 cr)
- Service Operations Management I (1.5 cr)
- Service Operations Management II (1.5 cr)

Eighth Trimester

- Business Policy (3 cr)
- Financial Analysis in Health Care Organizations (3 cr)

Ninth Trimester

- Current Topics in Health Care Administration (3 cr)
- New Business Development and Ventures in Health Care (3 cr)

SAMPLE COURSE CURRICULUM CONTENT OFFERINGS

I. HEALTHCARE MANAGEMNT, POLICY AND ADMINISTRATION

[R]EVOLVING HEALTHCARE INDUSTRIAL COMPLEX

[The Changing Health 2.0 Economics and Financial Ecosystem]

In 1972, Nobel Laureate Kenneth J. Arrow, PhD shocked academe' by identifying health economics as a separate and distinct field. Yet, the seemingly disparate insurance, financial and business management principles that he studied are just now becoming transparent to some physicians and healthcare administrators. Nevertheless, to informed cognoscenti, they served as predecessors to the modern healthcare advisory and practice management era. In 2004, Arrow received the National Medal of Science. Ultimately, savvy medical professionals are realizing that the healthcare industrial complex is in flux. Physicians are frantically searching for new ways to improve office efficiencies, revenues and grow personal assets because of the economic dislocation that is managed care, not to mention the 2007-09 meltdown of the domestic economy. Increasingly, the artificial boundaries between medical practice management, health economics, finance, banking and technology is blurring .Throw modern social media and new-wave health 2.0 collaborative business skills into mix, and a disruptive - paradigm shift becomes evident. Patients are empowered by it and doctors are worried because of it; as outlined in this course

GROWING TENISONS IN EMERGING HEATH 2.0 MARKETS

[The Challenging Health 2.0 Insurance, Political, IT and Business Ecosystem]

Healthcare insurance reform from the Obama Administration - as incremental as it will be on both the Federal Medicare and State Medicaid levels from 2014 to 2018 - forces medical providers to look for more efficient ways to provide services, as well as additional sources of revenue in a margin-diminishing business model. Total federal spending for both programs, under current Office of Management and Budget [OMB] assumptions, are growing. Skepticism is prevalent about the benefits and the role of market competition in the provision of healthcare services, despite pronouncements by the Federal Trade Commission (FTC) and Department of Justice (DOJ) that competition has positively affected healthcare quality and cost-effectiveness, and recommendations that many of the barriers to competition that prevent it from fully benefiting consumers be removed.

CRAFTING A BUSINESS PLAN AND STARTING A MEDICAL PRACTICE

[Understanding Business Models, the Entrepreneurial Spirit and Obtaining Capital]

The business capstone plan is a key tool for raising start-up capital for any new medical practice or a service line extension for a mature one. It is also used for acquiring loans to finance growth of an existing practice. Although long recognized as a quintessential business tool, its formal structure and mental rigor are only now being recognized in the medical community as competition increases in the healthcare industrial complex. The process of gathering, compiling

and analyzing information is an invaluable experience to the beginning practitioner or experienced veteran.

OFFICE LAUNCH, DEVELOPMENT AND STRATEGIC OPERATIONS

[Enhancing Entry Speed, Efficiency and Organization]

Once start-up capital is secured with the help of a well executed business plan, the most common avenue to establishing a medical office has been to select a location and start solo practice. Given the initial cost of opening an office in today's competitive climate, this may not be the most practical method to pursue. Fortunately, there are other options available to the healthcare provider outlined in this course.

BASIC OFFICE STAFFING AND MANAGEMENT

[Organizational Asset or Liability]

Every doctor in private practice knows the importance of their office administrator, or practice manager, to the operations and success of the practice. Another important person is the receptionist because, although patients may love you, they will consider your entire enterprise "rude" if not treated sincerely and with respect. If the office is large, then the secretary or scheduling employee who answers the phone is just as important as your receptionist. In small offices, the receptionist and scheduling person often play dual roles and thus making the hiring decision even more critical. The receptionist needs to be top-notch in customer service and hiring someone with previous experience dealing with patients/customers might be the best approach. These front-line staff members directly bear the brunt of patients' frustration and anger when the schedule is too tight to allow same-day service, or when they are told the laboratory results are not available, etc. So, you need to be sure to incent them, reward them, and tell them when they do a good job; or how to improve performance. Too often the front desk staff is overlooked for extra training or gets smaller bonuses than the nursing staff or office manager because their pay is usually less. This may be a mistake. Treat them well and you'll have less staff turn-over and your patients will appreciate the continuity of regular staff in your office.

PROFESSIONAL HUMAN RESOURCES OPTIONS

[Understanding Professional Employer Organizations]

Labor Law compliance begins with the hire of your very first employee, thus a well managed human resources (HR) function should be an area of strategic focus by the medical executive, regardless of practice size or the number of employees. Consideration of this vital role can help contribute to an efficient, highly effective and productive professional staff committed to the goals of the practice encompassing a positive and nurturing culture evident to your patients, while maintaining your competitive edge. HR is the major expense driver of today's medical practice and addresses staffing requirements, wages and other compensation, payroll and tax compliance, labor law compliance, employee benefits, training, employee turnover, safety, risk management and workers' compensation. These responsibilities must be performed in accordance with State and Federal guidelines, beginning with the hire of your very first

employee. At specific thresholds, employers are required to comply with a growing number of employee-related requirements including State and Federal Laws, as outlined in this course.

MEDICAL WORKPLACE VIOLENCE ISSUES

[Risks and Costs]

The impact of workplace violence became widely exposed on November 6, 2009 when 39 year old Army psychiatrist Maj. Nidal M. Hasan MD, a 1997 graduate of Virginia Tech University who received a medical doctorate in psychiatry from the Uniformed Services University of the Health Sciences in Bethesda, Maryland, and served as an intern, resident and fellow at the Walter Reed Army Medical Center in the District of Columbia, went on a savage 100 round shooting spree and rampage that killed 13 people and injured 32 others. Today, violence in the medical workplace is an emerging safety and health issue. Its most extreme form, homicide, is the fourth-leading cause of fatal occupational injury in the United States, according to the Bureau of Labor Statistics Census of Fatal Occupational Injuries (CFOI).

RESTRICTIVE COVENANTS AND PRACTICE BUY-SELL AGREEMENTS

[Avoiding Feelings of Anger and Betrayal]

A covenant not to compete is legally based on preservation of a protectable interest in good will. Though good will is an intangible property right, it is very much a real one. Accountants and the IRS have recognized methods of quantifying it. The federal government's Fraud and Abuse enforcement arm is very interested in it to make sure that it is not in fact a disguised kickback, and divorce lawyers love it when divorce prompts an evaluation of marital property. Good will is the value attributed to an on-going practice's name recognition, location, telephone numbers, business names and all those things which would make a potential patient come to one doctor's office rather than another's. The law, and this course, recognizes that a practitioner has the right to protect that value from a competitor who unfairly tries to appropriate it.

MEDICAL PRACTICE COMPLIANCE PROGRAMS

[Quality Assurance Guidelines]

Physicians of all persuasions are having trouble adjusting to the radically new use of medical records in the present era of managed care as the new reviews of billing practices like Medicare Recovery Audit Contractors [RAC]s grow. And, healthcare administrators; practice and clinic managers and doctors worry that this "bounty hunter" approach – the second for CMS after medical practice audits – will create a bias to focus only on collecting government overpayments. So, now more than ever, inadequately documented medical charts or poor billing and coding can mean civil and criminal liability to the sloppy and/or unwary practitioner. Medical records were previously used to aid in the quality of medical care. Now they are also the basis for payment for services, not as a record or reflection of the care that was actually provided, but as a separate justification for billing. This course demonstrates that lack of appropriate documentation now no longer threatens just non-payment for services but risks civil money penalties and criminal charges.

PATIENT RELATIONS MANAGEMENT

[Integrating Medical Marketing with New-Wave Advertising]

Most doctors equate marketing with advertising. But, advertising is only the most expensive channel of message distribution, and often the least effective facet of medical services marketing. Internal marketing and patient relationships management, on the other hand, is the most cost effective, time effective and most dignified form of medical marketing. Internal marketing and PRM within a practice occurs continuously, even if unaware of it.

DECISION MANAGEMENT AND PROCESS IMPROVEMENT FOR PHYSICIANS AND HEALTH PLANS

[Aligning Incentives among Stakeholders]

Physicians and health plans use practice pattern information for a number of initiatives, including network optimization; incentive pool, bonus, or withhold distribution; and physician education. Other stakeholders are also interested in physician cost-effectiveness and quality profiles, including health care consumers, employer groups (both self-insured and health plan customers), accrediting bodies (such as the Joint Commission and DNV Healthcare, Inc) as well as physicians and others involved in day-to-day patient care.

ELECTRONIC MEDICAL RECORDS

[Clinical Groupware]

When you run a medical practice you have to part physician, part business operator, part leader, and now a part-time CIO. The technology you select and implement will form the nexus for almost all the other components of your practice – from clinical workflows, reporting, human resources and marketing all the way to patient education and administration. Unlike what most vendors will tell you, there is no such thing as making the “right choice;” however, if you identify what’s important to your business – things like patient outcomes, cash flow, patient satisfaction, and above all else making sure you’re profitable and use what you identify to see how the technology you buy and install will help with you what’s important then you’ll have made the right EMR choice.

USING HEALTH INFORMATION TECHNOLOGY TO TRACK MEDICAL CARE

[Understanding Medical Informatics and Outcomes Reporting]

Computerized information systems are increasingly being used to analyze the cost-effectiveness and quality of care given by physicians. A number of third parties show interest in such information, including health plans, Federal and state governments, and consumer groups. Physicians need clear awareness of the methods used to track their practice patterns, whether the tracking includes the cost of the practice, quality of care (such as frequency of preventive services that a practice provides), or outcomes monitoring. Using information systems for such purposes is part of the growing field of *medical informatics*, which can be defined as the applied science at the junction of the disciplines of medicine, business, and information technology, which supports the healthcare delivery process and promotes measurable improvements in both

quality of care and cost-effectiveness. Although a number of definitions of medical informatics exist, this definition is the one most relevant to the application of informatics to the tracking of care processes and physician profiling.

DOCTOR-PATIENT RELATIONSHIPS THE MODERN ERA

[A Paradigm Shift in Health 2.0 Bedside Manner]

Today, when patients communicate through instant messaging, Twitter, Facebook, and other Web 2.0 electronic mediums, they might feel that health providers are already more like the virtual “Doctor” than the all-too-human “Bones.” Before long, according to some technology experts, 20% – 50% of all doctor-patient communication will become electronic and virtual. But, this course suggests you pause before rocketing ahead into this brave new future that advocates call Health 2.0—the application of social media tools to the health care environment. Electronic technology in all of its forms has obviously had a profound impact on medicine. We focus here on just one of its most notable effects: the changing doctor-patient relationship. We believe Health 2.0 has the potential to deepen this relationship—or not. It depends on how you use it.

II. HEALTHCARE FINANCE, ACCOUNTING AND ECONOMICS

CASH FLOW ANALYSIS AND PRACTICE ENHANCEMENT

[Medical Practice Life Blood]

The Statement of Cash Flows (SCF) is the lifeblood of any medical practice. It summarizes the effects of cash on office operating activities during an accounting interval. In periods of rapid growth, as can occur with the acceptance of some managed care contracts, increased revenue actually equates to less cash and potential trouble in terms of practice survival. Therefore, accurate Cash Flow Analysis (CFA) will allow the physician executive to determine the effects of past strategic business decisions in quantitative form. The accurate and proactive nature of this analysis may spell economic success or failure in the competitive healthcare environment.

OFFICE EXPENSE COSTING AND MODELING

[Differentiating Managerial from Financial Accounting]

Cost accounting differs from traditional financial accounting which is concerned with providing static historical information to creditors, shareholders and those outside the private medical practice. Traditionally, cost accounting helps determine the selling price of a product in a manufacturing environment. But it can be applied to services too. Different focuses exist with the field of cost accounting. Budgets are a typical function with subsequent analysis of any variances. Since generally, prices for medical services are forced on practitioners by third party payers, we will concentrate on its use for evaluating decisions on accepting managed care contracts and assignment on traditional health care policies. Cost accounting also concentrates on information used to set long and short term practice management policies to increase profitability by decreasing costs, increasing revenues or decreasing operating assets. More than ever, this course suggests that cost accounting can mean the difference between a successful medical practice-or a mediocre one.

ACCOUNTING FOR MIXED PRACTICE COSTS

[Understanding Hybrid Overhead Costs]

Medical office business costs may generally be divided into fixed, variable, and mixed (micro) overhead costs. However, the concept of mixed (micro) costs needs to be fully explored. A mixed (semi-variable) cost is one that contains *both* fixed and variable elements. For example, a photocopy machine may be leased for \$1,500 per year plus 2 cents per copy. In this case, the yearly lease is the fixed element while the per unit element copy charge varies depending on use. Although the fixed element versus variable element distinction may become blurred, and can change from institution to institution or office to office; definitional consistency is important for mixed cost tracking purposes.

MEDICAL ACTIVITY BASED COST MANAGEMENT

[Demonstrating the Cost Effectiveness of Medical Care]

Astute physician-executives are becoming aware of the need to demonstrate the cost effectiveness of medical care since this can be an important competitive advantage over other providers. Whether this scenario occurs in the office, emergency room or hospital setting, hard numerical business information is required. Such information may be obtained by using the managerial accounting tools known as: Activity Based Cost Management (ABCM) and the Clinical (Critical) Path Method (CPM). Here's how: In the traditional financial accounting practice system, costs are assigned to different procedures or services based on average volume (quantity). So, if a general surgical service is doing more "surgical procedures" (high volume) than primary care "medical services" (low volume), more indirect overhead costs will be allocated to the surgical portion of the practice. ABCM and CPM on the other hand, determine the actual costs of resources that each service or procedure consumes. But, because primary care actually requires more service resources than surgery, ABCM will assign more costs to the medial (low volume) practice. The idea is to get a handle on how much every task costs by factoring in the labor, technology and office space to complete it. In this way, the next time a discounted managed care contract is offered, or your medical office or hospital department is over budget, you will know how to accept or reject the contract, or solve the variance problem because of the information learned in this course.

RETHINKING CAPITATION REIMBURSEMENT ECONOMICS

[Sub-Capitation, Micro-Capitation and other Emerging Models]

Changes in payer mix, to and from capitation and micro-capitation reimbursement, may have significant impacts on medical practice economics and ought to be considered. It is important that administrators and managers understand the financial, service responsibility, and administrative terms of payer contracts. It is also important to test the potential financial impact of a shift in payer mix. By applying the accounting fundamentals described in this course, physicians and administrators can anticipate and prepare for the emerging changes that are likely to occur in the future.

ANALYZING AND NEGOTIATING COST-VOLUME-PROFIT CONTRACTS

[Profit Optimization versus Revenue Maximization]

A cost-volume-profit relationship exists in any healthcare entity and emphasizes the point that the goal of an efficient organization should be profit optimization, rather than revenue or volume maximization. The profit of any healthcare facility is what's left after all financial outflows are removed from all financial inflows. This optimization is reached at the point where patient volume, fee per patient, and costs per patient produce highest profit, not the highest revenue. This is the point of maximum efficiency and is where you want to be. It is applicable to capitated, fee-for-service [FFS], or discounted FFS fixed contracts, as described in this course.

MANAGING ACCOUNTS RECEIVABLE

[Appreciating Asset Protection Strategies]

All physicians, clinics and medical practices are aware that accounts receivable (ARs) represent money that is owed to them, usually by a patient, insurance company, health maintenance organization (HMO), Medicare, Medicaid, or other third party payer. In the reimbursement climate that exists today, it is not unusual for ARs to represent 75% of a doctor's investments in current assets [cash, etc]. ARs are a major source of cash flow, and cash flow is the life-blood of any medical practice. It pays bills, meets office payroll, and satisfies operational obligations.

UNDERSTANDING INCURRED BUT NOT REPORTED HEALTHCARE CLAIMS

[An Unappreciated Liability of the Indirect Medical Payment System]

One of most relevant financial issues of contemporary medical reimbursement is known as Incurred but Not Reported (IBNR) claims. IBNR claims are an indirect result of prospective payments systems, the insurance industry and commercial risk contracts, and to some extent fee-for-service medicine. IBNR claims represent a risk and an opportunity for managed care companies, healthcare organizations, clinics, and medical providers alike.

MANAGING REVENUE CYCLE PERFORMANCE

[Enhancing Medical Practice Cash Conversion]

High-quality care with improved outcomes remains the primary concern of all healthcare stakeholders, but an organization can only help as long as it can afford to do so. The foundation of strong financial management lies in effective management the cash conversions cycle and strong internal management is the basis of an enhanced revenue cycle. In practical terms, effective management means understanding the process and targeting the core of the revenue cycle in order to fine-tune and support fiscal health and business growth.

INTERNAL CONTROLS AND FRAUD PREVENTION

[Accounting Concerns for Medical Practices]

Without internal controls, a medical practice, clinic or any health entity would never reach peak efficiency or profitability. Internal controls designed and implemented by the practice physician-owner, help prevent bad things from happening. Embezzlement protection is the classic example. However, internal controls also help ensure good things happen, at least most of the time. A procedural manual that teaches employees how to deal effectively with common patient complaints is one example. Operating efficiency, safeguarding assets, quality patient care, compliance with existing laws, and accuracy of financial transactions are common goals of internal controls. Internal controls, albeit in publicly held companies, came to national attention with the Enron scandal. Congress subsequently enacted the Sarbanes-Oxley Act in 2002, overseen by the Public Practice Accounting Oversight Board. This demanded certain internal controls

be in place, in publicly held companies, and made provisions making top management personally responsible for them. The primary goal of this course is to ensure accuracy of the financial statements.

RETURN ON PRACTICE INVESTMENT PROJECTIONS

[Managerial Concepts for Physician Executives]

Return On Investment (ROI), Residual Income (RI) and Medical Enterprise Value Added (MEVA) calculations are important managerial accounting concepts for physician executives. These three key parameters must be high enough to warrant continued existence of the medical office, or the practice will eventually cease as capital flows to profitable business endeavors, and away from unprofitable ones.

FINANCIAL ACCOUNTING AND MEDICAL PRACTICE BENCHMARKING

[Improving What's Measured]

This course begins with the external point of view of a medical practice, or clinic, as in the case of a banker considering a business loan. Financial statements are discussed, emphasizing their translation from financial-ease into English. Some useful financial benchmarking ratios are then explained, both at a specific point in time, and, as successive values over time for internal managerial purposes. The course makes a strong case for proactive practice management and illustrates some of the tools needed to do so.

DIRECT ACCESS, PRIVATE AND CONCIERGE MEDICINE

[Off the Grid with Boutique Practice and Retainer Medicine]

Initially known as “Concierge medicine,” many prefer the term “direct care” for it more aptly describes the relationship between physician and patient; with a positive emphasis on the patient. It is also known as “direct reimbursement” [DR] medicine; but with this term there is a positive emphasis is on the doctor. At the core of this delivery model, the patient pays an annual fee or retainer directly to the physician. This fee may or may not be in addition to other charges. In exchange for the retainer, the physician contracts with the patient to provide enhanced services. Other labels for this model include “boutique” and “retainer medicine.” Direct access physicians limit the number of patients in their panel. While the panel size varies, it is meant to be smaller than a traditional panel, ranging from 100 to 1,000 patients. The direct access physician also offers greater accessibility and more options at communication. Retainer fees vary widely and range from \$100 to \$15,000 annually. This course also suggests that some retainer practices do not accept insurance of any kind.

THE SCIENCE AND ART OF MEDICAL PRACTICE VALUATION

[Business Appraisals]

The health care industry continues to undergo major systemic and political revisions in its form of health care delivery. Market evolution has been described as revolutionary, fraught with continual organizational changes. Recent years have been marked by significant and increasing

politically sensitive industry consolidations, although the frenzied rate of the previous merger and acquisitions activity last decade has abated. Today, the major industry segments grabbing the headlines are physician-to-physician consolidations and retirement successions.

CONFIDENTIAL

III. CONTEMPORARY ISSUES IN MEDICAL PRACTICE MANAGEMENT

MEDICAL PRACTICE SALES CONTRACTS

[Reviewing Terms, Conditions and Agreements]

Dealing with many issues concerning the actual contracts that affect the purchase or sale of a medical practice can be daunting. For example, this course will not deal with issues of determining whether or not the practice should be bought or sold. Nor will it determine the proper price of the practice. Yet, in actuality, agreement on the purchase price is but the first step in agreeing upon the sale or purchase of a practice. After agreement on the purchase price a determination of the various other terms of the agreement may become more difficult than the agreement that was reached on the price. To the administrator, manager or physician, many of the terms may seem like “lawyer posturing.” However, it is the responsibility of the lawyer to act as an advocate for the client, determine certain contingencies that might occur, and protect the client from the adverse effects of such contingencies.

THE US PATRIOT ACT

[Understanding Financial Implications for Healthcare Entities]

The USA PATRIOT Act is comprised of sections covering a variety of topics. Much of the act revises or updates laws already in the United States Code (U.S.C.) in order to better coordinate efforts against terrorism. It is complemented by Executive Order #13224 and U.N. Security Council Resolution #1373, as monitored by the Office of Foreign Assets Control (OFAC) through its Specially Designated Nationals (SDN) list and Terror Exclusion List (TEL).

DEVELOPING PRODUCTIVE PROFESSIONAL RELATIONSHIPS

[The Contemporary Challenges of Health 2.0]

The challenges of the politically and emotionally charged health care reform era have impacted medical providers – hospitals, health systems, large and small practices – and their working relationships. Even though providers are working harder, making less and realizing fewer “practicing” hours in their day, successful partnerships and practice results will not be achieved unless providers take a step back and assess their current practice, review their desired goals and develop a implementable strategy that will ensure success in the future. With decreasing reimbursements, a swelling population of uninsured or underinsured patients and rapidly evolving services shifting to an outpatient setting, physicians can no longer be content to maintain the current ways of managing a practice and its interdependent relationships and expect to see continued success. Instead, they are challenged to work differently in a new economy and changing environment with new constraints, directly compete with former partners, align with past competitors, actively seek the right payer mix for survival and increasingly differentiate themselves from the clutter in the marketplace. Building successful and lasting relationships

among medical partners and colleagues is essential in today's ever changing practice environment; and reviewed in this course.

The key to working more efficiently, effectively experiencing positive growth depends on how well physicians create and nurture key business and professional relationships. Though some might consider it an art, relationship building is a process that managed well will reap huge rewards in professional and personal satisfaction and ultimately financial security.

NEW-WAVE PHYSICIAN RECRUITMENT AND RETENTION

[About Physician Recruiters and Executive Search Firms]

Improving medical entity financial performance in the era of health care reform — be they group practices large and small — is a skillful balance between cinching the belt and investing in the right growth strategies. Whether that strategy calls for expanding a practice, moving into a key market, improving overall market share, or adding a new clinical program, recruiting the right physicians becomes all-important in achieving the organization's strategic goals. Without physicians, there are no patients. Indeed, doctors are key drivers in any medical organization's growth strategy. Simply put; finding and hiring the right physician is a surefire prescription for success; as demonstrated in this course.

CAREER DEVELOPMENT AND PHYSICIAN LEADERSHIP

[Transformation of Next-Generation Medical Executives]

Many times, individuals will use the terms management and leadership synonymously. In actuality the terms have significantly different meanings. Warren Bennis describes the difference between managers and leaders as “Managers do thing right, Leaders the right thing.” Managers are those individuals who have as their primary function managing a team of people and their activities. In effect, managers are those who have been given their authority by the nature of their role and ensure that the work gets done by focusing on day to day tasks and their activities. On other hand, a leader's approach is generally innate in its approach. Good leadership skills, like stewardship, ethics and munificence may be difficult to learn because they are far more behavioral in nature than those skills needed for management. Leaders are also very focused on change recognizing that continual improvement can be achieved in their people and their activities can be a great step towards continued success.

MEDICAL ETHICS FOR CHALLENGING TIMES

[Finding Your Moorings in an Era of Dramatic Change]

There are few who would doubt that the practice of medicine today is dramatically changing. The standards that were predominant a generation ago appear to no longer drive the rapidly evolving relationship between physicians, patients, and health care organizations. Other entities, most notably payers and regulators, have interposed themselves into the relationship and the result is a rapidly evolving approach to health care. Today, questions of cost, access, and quality drive a continuing, and at times contentious debate. Yet, the ethical principles of beneficence,

respect for autonomy, and justice that served as a foundation for the healing professions since the age of Hippocrates, remain as important today as two millennia ago.

Ethical dilemmas arise, not from clear choices between good and evil, but when there are no clear choices between competing goods. Often these issues surface when ethical principles themselves are weighed in relationship to each other. When a physician's obligation to treat conflicts with a patient's right to self determination; or when an individual's demand for autonomous choice offends our society's sense of justice and fairness, are but a few examples of ethical principles in conflict and noted in this course.

MEDICAL PROFESSIONAL LIABILITY, HEALTH INSURANCE AND THE PP-ACA [Current Domestic Issues]

The opening date was October 1, 2013. And now, the competition is lined-up and ready to go after bronze, silver, gold, and even platinum plans. These competitors aren't athletes, but insurance providers. The field they are entering is the new Health Insurance Exchanges [HIEs] as mandated by Obamacare [PP-ACA]. Beginning January 1st 2014, nearly everyone in the US was required to have health insurance or pay a tax penalty. Those not insured through their employers can apply for coverage through these health insurance exchanges, also called "marketplaces." Enrollment began October 1st, 2013 for coverage that started in January, 2014. The exchanges were intended to make it easier to find insurance providers and compare coverage and costs. Each state's exchange website lists all the policies available in that state, with prices and policy provisions. So far, over half of the states have opted to use exchanges managed by the federal government instead of setting up their own. But, state and national changes, modifications and exceptions abound by political fiat with this ever changing law.

About the Lead Healthcare Educators and Curriculum Developers

* * *

Dr. David Edward Marcinko; MBA, CMP™

David Edward Marcinko is a management consultant and health economist from Loyola University in Baltimore, Maryland. He earned a medical degree from Temple University in Philadelphia, a business degree from the Keller Graduate School of Management in Chicago, and completed his internship at Atlanta Hospital and Medical Center, ultimately serving as chief resident. Later, as a Fellow of the American College of Foot and Ankle Surgeons, he earned a financial planning diploma from Oglethorpe University in Atlanta. And, as president of a privately held physician practice management corporation in 1998, he consolidated 95 solo medical practices with \$50 million in revenues. Dr. Marcinko was managing partner of an Ambulatory Surgery Center that was sold to a public company and a Health 2.0 pioneer using technology to reduce healthcare delivery costs.

Recent memberships include the American Board of Quality Assurance and Utilization Review Physicians (ABQAURP); American Society of Health Economists (ASHE); American Health Information Management Association (AHIMA); Healthcare Information and Management Systems Society (HIMSS), and the Microsoft Health User's Group (MS-HUG). After a stint as visiting professor, Dr. Marcinko was appointed Chief Executive Officer for the Institute of Medical Business Advisors, Inc.

Dr. Marcinko publishes the *Medical Executive Post*, an influential syndicated blog, and speaks on related topics throughout this country and Europe in an entertaining and witty fashion. He is available to colleagues, clients and the media at his corporate office in Atlanta, GA. The online companion for this book is: www.BusinessofMedicalPractice.com

Professor Hope Rachel Hetico; RN, MHA, CMP™

Hope Rachel Hetico received her nursing degree from Valpariso University and her Master of Science Degree in Healthcare Administration (MHA) from the College of St. Francis, in Joliet, Illinois. She is author's editor of a dozen major textbooks and a nationally known expert in managed care, reimbursement, case management, health insurance, quality and utilization review, and Joint Commission regulations. Previously, she was national corporate Director for Medical Quality Improvement at Apria Healthcare, a public company in Costa Mesa, California.

Prior to joining iMBA Inc., as Chief Operating Officer, Ms. Hetico was a hospital executive, financial advisor, insurance agent, Certified Professional in Healthcare Quality (CPHQ), and distinguished associate professor of healthcare administration. Currently, she is a sought after curriculum developer, thought-leader, blogger, speaker and devotee of online andragogy. Ms.

Hetico is responsible for leading the firm to the top of the exploding adult educational marketplace, expanding the online Certified Medical Planner™ charter designation program, and nurturing the company's rapidly growing list of private and institutional clients.

CONTRIBUTING CURRICULUM DEVELOPMENT EXPERTS

Dr. Gary L. Bode; MSA, CPA, CMP™ [Hon]
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Gary L. Bode was managing partner of a multi-office medical group practice for a decade before earning his Master's of Science degree in Accounting from the University of North Carolina. As a Certified Public Accountant he is a nationally known author, speaker and Chief Accounting Officer for the Institute of Medical Business Advisors, Inc. Areas of expertise include producing customized managerial accounting reports, office appraisals and valuations, restructurings and standard financial accounting; as well as proactive tax positioning and tax return preparation for small to medium sized healthcare entities. Dr. Bode holds the Certified Medical Planner™ charter designation.

Render S. Davis; MHA, CHE
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Render S. Davis is a certified healthcare executive. He served as Assistant Administrator for General Services, Policy Development, and Regulatory Affairs at Crawford Long Hospital of Emory University from 1977-95. He is an Administrator for Special Projects and Co-Chair of the Ethics Committee of Emory University Hospital Midtown (formerly Emory Crawford Long Hospital). He is a founding board member of the Health Care Ethics Consortium of Georgia and has served on the consortium's Executive Committee, Advisory Board, Futility Task Force, Strategic Planning Committee, and has chaired the Annual Conference Planning. He was the 2008 recipient of the Health Care Ethics Consortium's Heroes in Healthcare Ethics Award.

Suzanne R. Dewey; MBA
Founding Principal: Forté Partners, LLC
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Suzanne R. Dewey founded Forté Partners, LLC in 2007, after twenty years of marketing experience directing strategic planning endeavors for doctors, medical practices, hospitals, related non-profit organizations and start-up businesses. As a nationally known speaker and change agent, she develops and places tracking systems for private concierge medical practices. Ms. Dewey holds a Bachelor of Arts Degree from Occidental College and graduated from Boston University with an MBA in health care management.

Dr. Charles F. Fenton III; FACFAS, Esquire
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Charles F. Fenton, III is General Counsel for iMBA, Inc. He initially graduated from Stonehill College outside Boston, and Temple University in Philadelphia. As a board certified foot and ankle surgeon, he later was valedictorian from the Georgia State College of Law. A known health law expert, he has been quoted in the Wall Street Journal, Georgia Law Review, Trial magazine, and numerous other medical-legal-financial publications for physicians and the Bar. Dr. Fenton focuses on healthcare liability, asset protection, risk reduction issues and third party payer recoupment actions. He is a member of the Association of Trial Lawyers and American Jurisprudence Council. He has served as co-council to clients in Connecticut, Florida, Iowa, Kentucky, New Jersey, Pennsylvania, Texas, and Washington State.

Eric Galtress MBA
UCLA
Los Angeles, CA

Eric Galtress held executive level positions in the Human Resources Outsourcing (HRO), Professional Employer Organization (PEO) and Aerospace Industries in the areas of contract management, operations, marketing and business development. He brings a consultative approach and personal commitment to providing the healthcare and business communities with practical and tailored solutions to reduce costs and liabilities, while improving productivity. He developed and spearheaded a highly successful human resources outsourcing program for the County of Los Angeles Department of Health Services; the first of its kind, whose goal was to reduce health administration and workplace management costs. Mr. Galtress has authored chapters in textbooks and contributed many articles for the World Trade Association, aerospace, business services, garment and healthcare industries. Formerly, he served as Director of International Programs and COO of a privately held aerospace distributor and Sr. VP, COO and Board Member of a training, education and media company.

Dr. Brian J. Knabe; CFP®, CMP™
Savant Capital Management, Inc
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Brian Knabe is a financial advisor with Savant Capital Management, and a magna cum laude graduate of Marquette University, with an honors degree in biomedical engineering. He earned a medical degree from the University of Illinois - College of Medicine and attended the University of Illinois for his family practice residency, where he served as chief resident. He is also a clinical assistant professor in the Department of Family Medicine with the University of Illinois. Dr. Knabe is a member of the American Academy of Family Physicians, the American Medical Association, and the Catholic Medical Association. He holds the Certified Financial Planner® and Certified Medical Planner™ [CMP™] charter designations.

Parin Kothari; MBA
Brown Consulting

Parin Kothari is a seasoned marketing, advertising and management consultant with focus on strategy and operations. He earned his MBA from Syracuse University in New York and has a decade of experiences spanning various industries from automobiles & advertising to healthcare, business and financial services. As Vice President of business architecture at Wells Fargo Bank, one of the leading financial institutions in US, Parin consults on realizing business strategy using information technology. He has presented at leading banks in Canada, Israel, Turkey and New Zealand, and is also a guest lecturer at Syracuse University. Besides working for the infamous banking industry, Parin is also a strong supporter of non-profit work in the field of primary education and healthcare. He works with several schools and non profit organizations in the San Francisco Bay area, as well as in developing countries such as Palestine, India, Cambodia and Iraq.

Carolyn Merriman; FRSA
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Carolyn Merriman is president and founder of Corporate Health Group LLC, providing consultation on customer-focused healthcare strategies for physicians, employers, payers and consumers. She is co-author of *Physician Relations Today [A Model for Growth]*, *A Comprehensive Guide to Occupational Health Sales and Marketing*, and author of *Sales Check-Up*, a monthly newsletter for health care sales staff. She is nationally recognized as a contributor to health care and training journals and is a frequent national speaker for organizations such as the American Hospital Association Society for Healthcare Strategy & Market Development (SHSMD), Forum for Healthcare Strategists, State Hospital Associations, Radiology Business Management Association (RBMA), Ryan-NAOHP, and Healthcare Financial Management Association (HFMA). Ms. Merriman is a member of National Speaker's Association (NSA) and American Society for Training and Development (ASTD). She holds a Bachelor's degree in Fine Arts and is a lifetime Fellow of the Royal Society. She served on the board of directors for the American Hospital Association Society for Healthcare Strategy and Market Development (SHSMD), and the New England Society of Healthcare Communicators (NESHCo).

Dr. Brent A. Metfessel; MS, CMPTM [Hon]
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In his fifteen years of experience in managed care informatics, Brent A. Metfessel created and enhanced numerous physician practice reporting and analytic technologies using industry-standard case-mix and risk-adjustment methodologies, as well as designing medical care quality measures based on clinical practice guidelines. He is a visionary in the application of the industry-leading clinical episode of care methodology to health care databases, with experience

in general computer science, statistical analysis, artificial intelligence, and computational biology. His expertise extends to the analysis of scientific studies on the efficacy and risks of new medical treatments and technologies.

Dr. Metfessel created a number of Technology Assessment Reports for the Institute of Clinical Systems Improvement in Bloomington, Minnesota. He received his Master of Science degree, in Health Informatics, from the University of Minnesota, and his Medical Doctorate from the University of California, San Diego. He also holds a professional Certificate, in Management for Physicians, from the University of St. Thomas. Presently Dr. Metfessel is a Senior Medical Informaticist.

Mario Moussa; PhD, MBA

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Mario Moussa is an expert on organizational change and communication who received his MBA from the Wharton School, with Ph.D. from the University of Chicago's Committee on Social Thought. He is Co-director of Essentials of Management Program, Aresty Institute, the Wharton School. Dr. Moussa has published widely in the field of social theory and is an experienced speaker at conferences throughout North America and Europe. His areas of specialization are strategy and strategy implementation, organizational design, cross-functional teams and change management. He is the co-author (with G. Richard Shell) of *The Art of Woo: Using Strategic Persuasion to Sell Your Ideas* (Portfolio/Penguin, 2007). His clients include many of the country's major corporations and nonprofit institutions.

Rachel Pentin-Maki, RN, MHA, CMPTM [Hon]

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Rachel Pentin-Maki received her nursing degree from the Community College of Springfield, Ohio, and her Master's Degree in Healthcare Administration from Lewis University, in Evanston, Illinois. Formerly, she helped edit several medical and business textbooks and is a nationally known expert in business staffing and human resource management. Prior to joining the Institute of Medical Business Advisors as Chief Operating Officer, she was the administrator and director of human resources at the Finnish Rest Home, Lantana, Florida. Currently on sabbatical, she is on the Board of Directors at Finlandia University (Suomi College), in Hancock, Michigan, and leads the iMBA Helsinki, Finland initiative.

Eugene Schmuckler; PhD, MBA, CTSTM

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Eugene Schmuckler was Coordinator of Behavioral Science at the Georgia Public Safety Training Center and is a licensed psychologist from the Louisiana State University.

He is on the board of directors of the Association of Traumatic Stress Specialists and is a certified trauma specialist. Dr. Schmuckler is an international speaker and author, with publications translated into Dutch and Russian. He is Director of Mentoring, Coaching, and Behavioral Finance, and Dean of Admissions for the online Certified Medical Planner™ professional designation program of the Institute of Medical Business Advisors, Inc.

Shahid N. Shah; MS
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Shahid N. Shah is an internationally recognized healthcare thought-leader across the Internet. He is a consultant to various federal agencies on technology matters and winner of Federal Computer Week's coveted "Fed 100" Award, in 2009. Over a twenty year career, he built multiple clinical solutions and helped design-deploy an electronic health record solution for the American Red Cross and two web-based eMRs used by hundreds of physicians with many large groupware and collaboration sites. As ex-CTO for a billion dollar division of CardinalHealth, he helped design advanced clinical interfaces for medical devices and hospitals. Mr. Shah is senior technology strategy advisor to NIH's SBIR/STTR program helping small businesses commercialize healthcare applications. He runs four successful blogs: At <http://shahid.shah.org> he writes about architecture issues; at <http://www.healthcareguy.com> he provides valuable insights on applying technology in health care; at <http://www.federalarchitect.com> he advises senior federal technologists; and at <http://www.hitsphere.com> he gives a glimpse of HIT as an aggregator. Mr. Shah is a Microsoft MVP (Solutions Architect) Award Winner for 2007, and a Microsoft MVP (Solutions Architect) Award Winner for 2006. He also served as a HIMSS Enterprise IT Committee Member. Mr. Shah received a BS in computer science from the Pennsylvania State University and MS in Technology Management from the University of Maryland.

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Susan Theuns has an extensive background in healthcare, business management, facilities/operations and compliance that spans three decades. She holds degrees in Allied Health and Business Management and has been a Certified Physician Assistant for 32 years. She is also a Certified Professional Coder and is certified in Healthcare Compliance. Susan has published a

variety of articles for Coding Edge, Healthcare Compliance Today, and the Group Practice Journal and serves on the Advisory Board for Ingenix.

Her professional memberships and affiliations include the American Medical Group Association, National Honor Society in Business Administration (Delta Mu Delta), Health Care Compliance Association, American Academy of Professional Coders, and the National Commission on Certification of Physician Assistants. She was MedStar Health's Compliance Director of the Year in 2003 and is currently the Administrative Director of Physician Practices for Union Memorial Hospital in Baltimore, Maryland.

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Jennifer Tomasik co-leads CFAR's Health Care practice. She works with her clients to solve complex strategic and organizational challenges, and helps them create the capabilities they need to tackle similar challenges on their own, once the engagement is complete. Her approach to consulting emphasizes communication and collaboration, supported by rigorous analytics. Ms. Tomasik has worked in the health care sector for nearly 15 years, with expertise in public health, clinical quality measurement, strategic management, and organizational change. Her clients include some of the most prestigious hospitals, health systems and academic medical centers in the country. Jennifer has a Master's Degree in Health Policy and Management from the Harvard School of Public Health. She is a founding member of CFAR's focus area on, Negotiation and Telling the Strategy Story.

Patricia A. Trites; MPA, CHBC, CMP™ [Hon]
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Patricia Trites is CEO of Healthcare Compliance Resources, and holds a Master's Degree in Public Administration, specializing in Healthcare, from Western Michigan University. She is a college instructor in Healthcare Administration with intensive coding and reimbursement training protocols. She is a noted speaker for national healthcare industry conventions, who conducts compliance guidance in the areas of billing and reimbursement, OSHA, CLIA, and employment law. Her professional memberships and affiliations include: The American Compliance Institute, Medical Group Management Association (MGMA), Independent Accountants Association of Michigan, National Association of Health Care Consultants, Institute of Certified Professional Healthcare Consultants, American Academy of Professional Coders and Trustee, and the Institute of Certified Healthcare Business Consultants.

SUGGESTED CURRICULUM TEXTBOOKS

CORE DICTIONARIES AND GLOSSARIES

[Designated as Doody's Core Titles]

1. Dictionary of Health Insurance and Managed Care

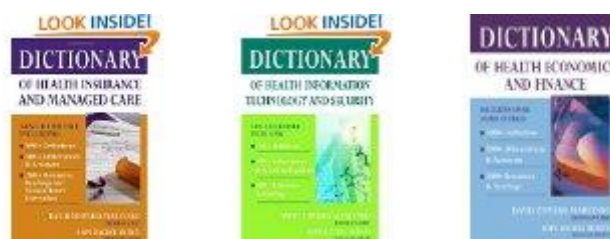
To keep up with the ever-changing field of health care, we must learn new and re-learn old terminology in order to correctly apply it to practice. By bringing together the most up-to-date abbreviations, acronyms, definitions, and terms in the health care industry, the *Dictionary* offers a wealth of essential information that will help you understand the ever-changing policies and practices in health insurance and managed care today.

2. Dictionary of Health Economics and Finance

"Medical economics and finance is an integral component of the health care industrial complex. Its language is a diverse and broad-based concept covering many other industries: accounting, insurance, mathematics and statistics, public health, provider recruitment and retention, Medicare, health policy, forecasting, aging and long-term care, are all commingled arenas....The *Dictionary of Health Economics and Finance* will be an essential tool for doctors, nurses and clinicians, benefits managers, executives and health care administrators, as well as graduate students and patients With more than 5,000 definitions, 3,000 abbreviations and acronyms, and a 2,000 item oeuvre of resources, readings, and nomenclature derivatives it covers the financial and economics language of every health care industry sector."

3. Dictionary of Health Information Technology and Security

"There is a myth that all stakeholders in the healthcare space understand the meaning of basic information technology jargon. In truth, the vernacular of contemporary medical information systems is unique, and often misused or misunderstood Moreover, an emerging national Health Information Technology (HIT) architecture; in the guise of terms, definitions, acronyms, abbreviations and standards; often puts the non-expert medical, nursing, public policy administrator or paraprofessional in a position of maximum uncertainty and minimum productivity The Dictionary of Health Information Technology and Security will therefore help define, clarify and explain...You will refer to it daily."

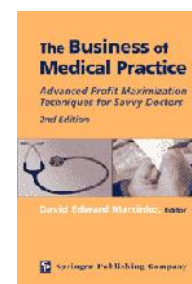
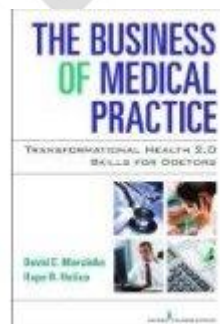
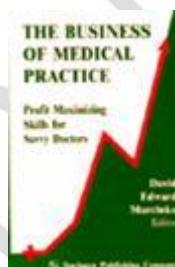


CORE UNDERGRADUATE TEXTBOOKS

1. **The Business of Medical Practice** [Transformational Health 2.0 Skills for Doctors, Third Edition]

Written in plain language using nontechnical jargon, the **Business of Medical Practice**, presents a progressive discussion of management and operation strategies. It incorporates prose, news reports, and regulatory and academic perspectives with Health 2.0 examples, and blog and internet links, as well as charts, tables, diagrams, and Web site references, resulting in an all-encompassing resource. It integrates various medical practice business disciplines—from finance and economics to marketing to the strategic management sciences—to improve patient outcomes and achieve best practices in the healthcare administration field. With contributions by a world-class team of expert authors, the third edition covers brand-new information, including:

- The impact of Web 2.0 technologies on the healthcare industry
- Internal office controls for preventing fraud and abuse
- Physician compensation with pay-for-performance trend analysis
- Healthcare marketing, advertising, CRM, and public relations
- eMRs, mobile IT systems, medical devices, and cloud computing



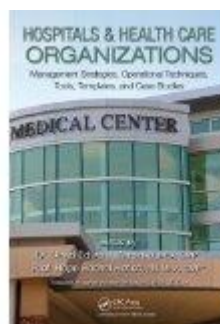
CORE GRADUATE, EXECUTIVE EDUCATION AND POST-GRADUATE TEXTS

1. Hospitals & Health Care Organizations: Management Strategies, Operational Techniques, Tools, Templates, and Case Studies

Drawing on the expertise of decision-making professionals, leaders, and managers in health care organizations, **Hospitals & Health Care Organizations: Management Strategies, Operational Techniques, Tools, Templates, and Case Studies** addresses decreasing revenues, increasing costs, and growing consumer expectations in today's increasingly competitive health care market. Offering practical experience and applied operating vision, the authors integrate Lean managerial applications, and regulatory perspectives with real-world case studies, models, reports, charts, tables, diagrams, and sample contracts. The result is an integration of post PP-ACA market competition insight with Lean management and operational strategies vital to all health care administrators, comptrollers, and physician executives. The text is divided into three sections:

1. Managerial Fundamentals
2. Policy and Procedures
3. Strategies and Execution

Using an engaging style, the book is filled with authoritative guidance, practical health care-centered discussions, templates, checklists, and clinical examples to provide you with the tools to build a clinically efficient system. Its wide-ranging coverage includes hard-to-find topics such as hospital inventory management, capital formation, and revenue cycle enhancement. Health care leadership, governance, and compliance practices like OSHA, HIPAA, Sarbanes-Oxley, and emerging ACO model policies are included. Health 2.0 information technologies, EMRs, CPOEs, and social media collaboration are also covered, as are 5S, Six Sigma, and other logistical enhancing flow-through principles. The result is a must-have, "how-to" book for all industry participants.



2. Financial Management Strategies for Hospitals and Healthcare Organizations: *Tools, Techniques, Checklists and Case Studies*

In this book, a world-class editorial advisory board and an independent team of contributors draw on their experience in operations, leadership, and Lean managerial decision making to share helpful insights on the valuation of hospitals in today's changing reimbursement and regulatory environments. Using language that is easy to understand, **Financial Management Strategies for Hospitals and Healthcare Organizations: Tools, Techniques, Checklists and Case Studies** integrates prose, managerial applications, and regulatory policies with real-world case studies, models, checklists, reports, charts, tables, and diagrams. It has a natural flow, starting with costs and revenues, progressing to clinic and technology, and finishing with institutional and professional benchmarking. The book is organized into three sections:

1. Costs and Revenues: Fundamental Principles
2. Clinic and Technology: Contemporary Issues
3. Institutional and Professional Benchmarking: Advanced Applications

The text uses healthcare financial management case studies to illustrate Lean management and operation strategies that are essential for healthcare facility administrators, comptrollers, physician-executives, and consulting business advisors. Discussing the advancement of financial management and health economic principles in healthcare, the book includes coverage of the financial features of electronic medical records, financial and clinical features of hospital information systems, entity cost reduction models, the financial future of mental health programs, and hospital revenue enhancements.



CURRICULUM DEVELOPMENT REFERENCES AND DATA SOURCES

American Medical Association Surveys [Physician Characteristics and Distribution in the US]

The AMA maintains a comprehensive database of information on physicians in the US. The Physician Masterfile is updated annually through the Physicians' Professional Activities questionnaire and the validation efforts of AMA's Division of Survey and Data Resources. The publication, "Physician Characteristics and Distribution in the US" is based on a variety of demographic information from this source. This database contains the largest sample of solo and small group practitioners.

Physician Socioeconomic Statistics

This AMA survey publication is the result of the merger of two AMA annuals: *Socio-economic Characteristics of Medical Practice*; and *Physician Marketplace Statistics*. The merged survey is based on the AMA's annual core survey of the Socioeconomic Monitoring System. Random samples of physicians from the Physician Masterfile are given a questionnaire and interviewed by telephone concerning a wide range of economic and practice characteristics. The annual publication reports data on the following categories:

- age profiles of physicians;
- weeks and hours of practice;
- utilization of physician services;
- fees for physician visits;
- professional expenses;
- physician compensation;
- distribution of revenue by payer;
- managed care contracts; and
- other physician marketplace statistics.

Group Practice Associations Compensation and Production Surveys

Medical Group Compensation and Productivity Survey (AMGA - American Medical Group Association).

AMGA, formerly the American Group Practice Association, has conducted compensation and production surveys for more than 20 years. These surveys are co-sponsored by McGladrey & Pullen who surveys almost 3,000 group practices nationally. Compensation and production data are provided for medical specialties by size of group, geographic region, and whether the group is single or multispecialty.

Physician Compensation and Production Survey (MGMA - Medical Group Management Association)

MGMA's membership compensation and production survey is one of the largest with approximately 2,000 practice respondents. Data are provided on compensation and production for more than 100 specialties with detailed summaries on the 20 largest, including breakdowns for years in specialty, single, or multispecialty practice, geographic regions, and percent of at-risk managed care revenues. The survey data are also published on CD-ROM by John Wiley & Sons ValueSource®. Additional levels of detail available in this media provide enhanced benchmarking capabilities

Medical Practice Expense Surveys

1. Cost Surveys (MGMA)

MGMA's Cost Survey is one of the best known surveys of group practice income and expense data. It currently has over 2,000 respondents. Data are provided for a detailed listing of expense categories and are also calculated as a percentage of revenue and per FTE physician, FTE provider, patient, square foot, and RVU. The survey provides information on multispecialty practices by performance ranking, geographic region, legal organization, size of practice, and percent of capitated revenue. Detailed income and expense data is provided for single specialty practices in 19 different specialties. John Wiley's ValueSource® division also publishes this survey on CD-ROM.

2. Medical Group Financial Operations Surveys (AMGA)

This survey was created through a partnership between RSM McGladrey and AMGA. The financial operations survey provides critical benchmark data on support staff salaries and benefits, physician salaries, staffing profiles, and other key financial indicators.

The information, including data as a percent of managed care revenues, per full-time physician, and per square foot, is subdivided by specialty mix, size of practice, and geographic region with detailed summaries of single specialty practices in more than 30 specialties. These specialty summaries provide compensation and expense data per full-time physician and per square foot.

3. National Association of Healthcare Consultants' Statistical Surveys [Medical and Dental Income and Expense Averages]

Produced by the Practice Asset Management, LLC & SH Systems, Inc. this survey is developed through a joint service agreement between the Society of Medical Dental Management Consultants (SMD) and NAHC. It has been published annually for a number of years and includes detailed income and expense data from more than 2,800 practices in 56 specialties. The data is divided into four geographic regions and by solo or group practice.

Ambulatory Surgery Center Surveys

Ambulatory Surgery Center Performance Survey

These reports are based on the prior years' data published by MGMA. The American Association of Ambulatory Surgery Centers (AAASC) collaborates and provides support for each year. The report provides financial and operating data that is very similar to MGMA's medical group "Cost Survey." Data is presented in the following divisions: As a Percent of Total Medical Revenue; Per Square Foot; Per Case; Per Procedure; and Per Operating Room. Each of these data points is reported by a range of statistical measures of central tendency including: mean, median, upper quartile, lower quartile, 10th percentile, and 90th percentile. Data is further classified by size of ASC (by number of annual cases); by type of ownership; and, by selected specialties.

Outpatient Surgery Center Market Report

Since 1990, SMG Marketing Group, now owned by Verispan, has compiled and maintained a database of U.S., freestanding ASCs (not hospital-owned facilities). Until 2004 when the title changed, the survey was published as the "Report and Directory: Freestanding Outpatient Surgery Centers." This report contains a directory of facilities and chains with contact and ownership information as well as specialty and number of operating rooms. It is accompanied by a statistical report on the ASC industry, which includes data on demographics including utilization and patient volumes and also surgical specialty and procedure analysis; managed care and other contracting; and growth and revenue trends and projections for 2011 and beyond.

Management Services Organization Surveys

Cost Survey for Integrated Delivery System Practices

This survey began as A National Initiative: The Survey of Hospital-Sponsored Management Services Organizations conducted and published by the consulting firm Medimetrix in 1997. MGMA then took over and the survey was expanded to include data on integrated delivery system practices, as well as MSOs. The report was renamed again, as the Cost Survey for Integrated Delivery System Practices. Today, the first part of the report provides financial and operating data on medical practices similar to MGMA's medical group "Cost Survey." The second part is devoted to MSOs with similar types of financial and operating data (not their member practices).

In both sections, data is presented in the following divisions: Per FTE Physician; As a Percent of Total Medical Revenue; Per Square Foot; Per Total RVU; Per Work RVU; and Per Patient. Each of these data points is reported by a range of statistical measures of central tendency including: mean, median, upper quartile, lower quartile, 10th percentile, and 90th percentile.

Managed Care Digest Series® [www.managedcaredigest.com]

The sanofi-aventis Managed Care Digest Series® is part of a continuing commitment to provide medical professional with the latest, most essential information on the evolution of health care. The Series, available freely online or in print, provides key benchmarking data that can help assess value, control costs, and develop business strategies for:

- Hospitals
- Nursing homes
- Healthcare agencies
- Integrated health systems
- HMOs/PPO and MCOs, etc
- Medicare, Medicaid and medical groups
-

The Series acknowledges Verispan LLC, Yardley, Pa., as the research and reporting source for data based on information gathered by mail, email and telephone surveys effective each quarter. It was commissioned, sponsored and underwritten in an arm's length fashion, developed and produced by Forte Information Resources, LLC, Denver, Colorado, by Richard Frye; PhD.

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