# The Realities of Managing Complex Health Systems – HPAM-GP 2846

# Course Description & Rationale

**Course Description :**

The Realities of Managing Complex Health Systems course is designed to provide students with an up close perspective of how large health systems operate. Using real life case studies, expert insight, and relevant reading materials the course will outline the problems, issues, and possible solutions for essential areas of management, operations, and finance such as:

* Health System Finance and Revenue Cycle
* Managed Care in a Complex Health System
* Strategic Planning, and Building a Physician Network Core
* Physician Recruitment & Compensation
* Measuring Physician Productivity
* Faculty Practice Operating Models and Governance Structures
* Faculty and the Academic/Teaching Mission
* Research in an Academic Medical Center
* Human Resources & Labor Relations
* Managing Physician Relationships
* Risk and Quality Management
* Population Health
* Patient Experience

Through interactive class discussion, evidence-based research, and access to industry leaders with content expertise, each student will develop a detailed understanding of the realities of managing complex health systems. Given the continued consolidation and evolution of the national healthcare landscape, the need for such a course has never been greater. While these changes in the healthcare sector have grown, so to have the career opportunities, this critical course offering will provide the students at Wagner a competitive edge in the job market. In addition, this course will provide students tremendous networking opportunities by introducing them to various senior health system leaders from across the tristate region.

## NYU/ Wagner

**Spring 2024 David M. Kaplan, MPA**

6:45-8:25pm (516) 382-6694- cell

TBD [david.kaplan2@nyulangone.org](mailto:david.kaplan2@nyulangone.org)

# The Realities of Managing Complex Health Systems – HPAM-GP 2846

The Realities of Managing Complex Health Systems course is designed to provide students with an up close perspective of managing complex health systems. Using real life case studies, expert insight, and relevant reading materials students will develop a detailed understanding of key areas that they will need to be successful in their healthcare careers. The preferred (but not required) prerequisites for this course are:

P11.1020 Managing Public Service Organizations P11.1833 Health Care Management

P11.1021 Financial Management

Students lacking the aforementioned prerequisites are encouraged to still enroll for this important course.

**Learning Objectives:**

At the end of this course, students will understand:

* Aspects within large complex health systems
* Strategic planning and how to build an effective physician network
* Physician recruitment, compensation, and productivity to drive health system volume
* The strategies related to managed care and capturing market share.
* The aspects within a faculty practice organization such as governance structure, financial and revenue cycle operations
* The critical elements related to Human Resources and dealing with Labor Relations.
* Outline the key aspects related to the academic medical center missions.
* The many layers that exist in relation to research in an academic medical center
* The importance of the patient experience within the health care industry

Students will also learn to improve their critical thinking and business writing skills as part of this course.

**Course Sessions:**

## Week 1: Introduction & Hospital Systems/Faculty Practice Organizations- January 23, 2024

* + Course Expectations/Syllabus Review
  + Define Complex Health System Structures & New Governance Models
  + Define Faculty Practice in context of a large Health System
  + Definition of a Faculty Practice
  + Faculty Practice Models

## Readings:

* Sultz, H. A., & Young, K. M. (2014). *Health care USA understanding its organization and delivery*, *Ch. 3: Hospitals: Origin, Organization, and Performance*. Burlington: Jones & Bartlett Learning. Pgs. 69-89 and 95-105.
* Goldsmith, S. B. (2014). *Understanding health care management: a case study approach.* Ch. 2: Understanding Healthcare Management. Burlington, MA: Jones & Bartlett Learning.
* Chari, O’Hanlon, Chen, Leuschner & Nelson (2017). *Governing Academic Medical Center Systems: Evaluating and Choosing Among Alternative Governance Approaches.* **Academic Medicine,** (published ahead of printing)
* Guzick, D.S., Wilson, D.E. (2017). *Governance of Academic Medical Centers is Indeed a Complex and Unique Operation.* **Academic Medicine,** (published ahead of printing)
* Longnecker, David E., Henson, Douglas E., Wilczek, Kenneth, Wray, Janet L., Miller, Edward D. “*Future Directions for Academic Practice Plans: Thoughts on Organization and Management from Johns Hopkins University and the University of Pennsylvania.*” **Academic Medicine**, Volume 78, Number 11 (2003): 1130-1143.
* Kovner, Anthony and Kaplan, David. “Mount Sinai Case Study”. 2009.

Discussion Question (DQ): What is the relationship between a large complex health system and a Faculty Practice Organization? Are there advantages/disadvantages to different Health System or Faculty Practice Organization models?

## Week 2: Academic/Teaching in an Academic Medical Center, Guest Speaker, Dr. Andrew Yacht, Senior Vice President, Academic Affairs and Chief Academic & Research Officer, Northwell Health; Professor of Medicine and Associate Dean, Graduate Medical Education) – January 30, 2024

* + What are there many missions that exist in an academic medical center?
  + Define the Academic/Teaching Mission

## Readings:

* Discuss aspects related to the Academic/Teaching Mission
* Discuss the challenges related to this mission, and how it is evolving in the future
  + Bachrach, David J. and Nicholas, William R. *One Revolution: Managing the Academic Medical Practice in an Era of Rapid Change*. Englewood, CO: MGMA, 1997. Pg. 39-53.
  + Richardson, J. David, M.D., “*Training of General Surgical Residents: What Model is Appropriate?*” **The American Journal of Surgery**, 191 (2006), 296-300.
  + Edwards, Frederick D., M.D., Frey, Keith A., M.D., “*The Future of Residency Education: Implementing a Competency-based Educational Model*.” **Family Medicine**. Volume 39, Number 2, February 2007, 116-125
  + Johnson, Tricia & Shah, Mitul & Rechner, John & King, Gerald. (2008). *Evaluating the Effect of Resident Involvement on Physician Productivity in an Academic General Internal Medicine Practice*. **Academic medicine: journal of the Association of American Medical Colleges.** 83. 670-4.

Discussion Question (DQ): What are the key missions in an academic medical center? What is the traditional structure of a departmental academic model? What are some of the regulations related to physician training, and why are they important?

## Week 3: Research in an Academic Medical Center (Guest Speaker Brian Elbel, Associate Dean for Research Mission Strategy & Administration, NYU Langone Health)- February 6, 2024

* + - Definition of Research
    - Types of Research, and Funding
    - Models of Research Enterprises
    - Faculty and their Role in Research

# \*\*\*DUE DATE WEEK 3: JOB MARKET PAPER\*\*\*

## Readings:

* + Cole, Sharon Stewart, PhD. “*Research Administration as a Living System.*” **The Journal of Research Administration**. Volume XXXVIII, Number 2 (2007), 14-27.
  + Cole, Sharon Stewart, PhD. “*Reframing Research Administration*.” **The Journal of Research Administration**. Volume XLI, Number 1, (2010), 11-21.
  + Betz, F. *Managing Science, Innovation, Technology, and Knowledge Management*. DOI 10. Springer Science+Business Media, LLC (2011), 43-63.
  + Brenner, D. A (2012) *Next-generation Academic Medicine.* Journal of Clinical Investigation; Nov 2012; 122, 11
  + *Academic Medicine Investment in Medical Research* (2015) Association of American Medical Colleges (AAMC).

DQ: What are the various aspects of Research? How is research typically funded in an academic medical center? What are the ways in which faculty can participate in research activities?

## Week 4: Clinical/Physician Productivity- February 13, 2024

* + - Define Clinical mission and Physician Productivity
    - Discuss physician productivity metrics
    - Demonstrate the logistics for tracking and monitoring productivity
    - Outline mechanisms for rewarding enhanced productivity
    - Discuss challenges, and opportunities that exist with measuring productivity

## Readings:

* + Andreae, Margie C., Freed, Gary L., MPH. “*Using a Productivity-based Physician Compensation Program at an Academic Health Center: A Case Study*.” **Academic Medicine**. Volume 77, Number 9 (September 2002), 894-899.
  + Bedix, J. (2014) RVUs: A Valuable Tool for Aiding Practice Management. Medical Economics Health Law & PolicyCalculating Relative Value Units
  + Kairouz VF, Raad D, Fudyma J, Curtis AB, Schünemann HJ, Akl EA. (2014) *Assessment of faculty productivity in academic departments of medicine in the United States: a national survey.* BMC Med Educ. 2014;14:205

DQ: Describe the concept of physician productivity, and outline some of the key metrics that are used to effectively measure work output. Are there other measurements related to the clinical mission?

Week 5: **Building Physician/Administrator Relationships** (***Guest Speaker, Rudi Odeh-Ramadan, Vice Dean for Finance and Administration, Vagelos College of Physicians and Surgeons, Columbia University School of Medicine*)- February 20, 2024**

* + - Faculty and their role in the FPO
    - The Physician and Administrator relationship
    - Strategies to build relationships within large complex health systems

## Readings:

* + Schwartz, S.K. (2016) “*Building Strong Physician-Manager Teams.”* Medical Economics. May 10, 2016.
  + Tuso, Philip J. “*The Physician as a Leader*.” **The Permanente Journal**. Volume 7. Number 1. Winter 2003. 68-71.
  + Bohmer, Richard M.J., Huckman, Robert S., Weber, James, Bozic, Kevin J. “*Managing Orthopaedics at Rittenhouse Medical Center*. **Harvard Business Review**. June 1, 2007. 1-19.
  + Interview: **Knowledge @ Wharton**. “*Physician and Administrator: How Surgeon Larry Kaiser Navigates Two Different Worlds.*” March 13, 2008. The Wharton School of the University of Pennsylvania.

DQ: Describe the faculty perspective related to a FPO? What are the key aspects that lead to a successful partnership between physicians and administrators?

## Week 6: Physician Recruitment and Physician Compensation- February 27, 2024

* + - Outline the purpose and process for physician recruitment
    - Discuss the mechanisms and models for physician compensation
    - Discuss how these concepts go hand in hand, as well as the meaningful impact that both can have on a department.

## Readings:

* + Bickel, Janet, MA, Brown, Ann J., MD. “*Generation X: Implications for Faculty Recruitment and Development in Academic Health Centers*.” **Academic Medicine**. Volume 80, Number 3 (March 2005), 205-210.
  + Joiner, Keith A., MD, MPH. “*A Strategy for Allocating Central Funds to Support New Faculty Recruitment*.” **Academic Medicine**. Volume 80, Number 3, (March 2005), 218-224.
  + Rayburn, William F, MD, MBA, Alexander, Hershel, PhD, Lang, Jonathan, Scott, James L., MD. “*First Time Department Chairs at U.S. Medical Schools: A 29-Year Perspective on Recruitment and Retention*.” **Academic Medicine**. Volume 84, Number 10, (October 2009), 1336-1341.
  + Vance, R.L, Tallner Jr., K.A. (2014) *Developing Progressive Academic Physician Compensation Plans for an Emerging “Curve 2” Health Care Market.* Teaching Hospitals and Academic Medical Centers Practice Group, American Health Lawyers Association. August 2014. Pgs. 1-24
  + Chamblee, J. (2014) *Building the Right Physician Compensation Model.* **Healthcare Financial Management**; Jul 2014; 68, 7;

DQ: What is the process for physician recruitment? Can you outline the key components of physician compensation?

## Week 7: Health System Revenue Cycle (Guest Speaker, Goldie Aranov, Manager, Health Care Advisory Services, Grant Thornton, LLP)- March 5, 2024

* + - Revenue Cycle, Definition/Key terms
    - Provide detailed description of Revenue Cycle Operations
    - Discuss Challenges, Issues, and Opportunities

## Readings:

* + Woodcock, Elizabeth W., Browne, Robert C., Jenkins, Jennifer L., “*A Physician’s Due: Measuring Physician Billing Performance, Benchmarking Results.*” **Healthcare Financial Management**. Vol.

62. Number 7. (July 2008). 94-99.

* + Stockamp, Dale. “*Cultural Transformation for Revenue Cycle Improvement.*” **Healthcare Financial Management**. Vol. 58. Number 9. (September 2004). 64-69.
  + Shutts, Joe. “*Measuring collections effort improves cash performance.*” **Healthcare Financial Management**. Vol. 63. Number 9. (September 2009). 100-106.
  + Forbes, Thomas L. “*Revenue Cycle Management.*” **Journal of Vascular Surgery**. Vol. 50. Number 5. (July 2009). 1232-1238.

DQ: What are the key components of the FPO Revenue Cycle? Within each of these key components, are you able to describe the essential elements?

## Week 8: Population Health Management and Managed Care- (Guest Speaker; Tom Enders, Senior Managing Director, Manatt, Phelps & Phillips, LLP)- March 12, 2024

* + - Define Value Based Care and Population Health
    - Discuss current and prospective trends and their impact
    - Outline mechanisms to best manage/cope with changing reimbursement landscape
      * James, Julia, “*Pay for Performance*” **Health Affairs**. October 2012. 1-6.
      * Nash, David, “*Moving Towards Population Health*” **HANYS**. January 2015.
      * McWilliams, M.D., Ph.D., J. Michael. “*Cost Containment and the Tale of Care Coordination.*” **NEJM**, Volume 375, Issue 23. (December 2016).
      * Emanual, Ezekiel J. “*The Perfect Storm of Overutilization.*” **JAMA**. Volume

299. (June 2008). 2789-2791.

DQ: What is Value based care and how does it relate to Population Health? How can health systems and community hospitals cope with this changing reimbursement landscape? What are the most effective strategies for working with these new paradigms?

## Week 9: Human Resources and Labor Relations in a Faculty Practice Setting (Saleha Ahmed, Senior Director, Human Resources and Faculty Affairs, Shared Services, Columbia University, Vagelos College of Physicians and Surgeons)– March 26, 2024

* + - Define Human Resources and Labor Relations
    - Outline the models for Human Resources within an academic setting
    - Discuss the role of Labor Relations
    - Outline the relationship between HR, and Labor Relations and an Academic Department.

## Readings:

* + Kabene, Stefane M., Orchard, Carole, Howard, John M., Soriano, Mark A., Leduc, Raymond. “The importance of human resources management in health care: a global context.” Human Resources for Health. Volume 4:20, 2006, 1-17.
  + ASHHRA. “Summary of Findings: The Role of Health Care Human Resources in Quality and Patient Safety.” White Paper. July 24, 2008.
  + Haeberle, Kevin, “Elevating the Role of the Health Care Human Resource Leader.” [www.ashhra.com,](http://www.ashhra.com/) 2010.

DQ: Can you describe the typical model for Human Resources within an academic setting? How is Labor Relations typically used within an academic setting?

## Week 10: Insurance in an Academic Medical Center/Faculty Practice (Guest Speakers, Kevin Thilborger, Managing Director, Huron Consulting and Jonathan Saylors, Vice President, Freed Associates) – April 2, 2024

* + - Define insurance models within an AMC/FPO
    - Discuss strategies for physician enrollment with Insurance plans
    - Outline issues related to insurance carriers and their impact on AMC/FPO’s
    - Discuss the future impact of insurance carriers on patient volume on AMC/FPO’s

# \*\*\*DUE DATE WEEK 10: FACULTY TIME & EFFORT PAPER\*\*\*

## Readings:

* + Oregon for Oregon Health Policy & Research, “*Healthcare payment Reform & Provider Reimbursement: A Summary of Strategies for Consideration by the Oregon Health Fund Board.*” (March 2008), 1-22.
  + Edlin, Mari. “*New payment models keep doctors focused on providing best care.*” **Managed Healthcare Executive**. June 1, 2010.
  + Nugent, M.E. “*Managed care contracting and payment reform avoiding a showdown.”*

**Healthcare Financial Management**; Jul 2010; 64, 7.

* + Kaufman, N. “*Linking Operating Margin to Payer Contracting.”* **Trustee**; Jul/Aug 2005; 58, 7.

DQ: What is the difference between participating and non-participating physicians from an insurance perspective? What is the impact financially if a faculty member is enrolled or not enrolled in a plan in New York?

## Week 11: Strategic Planning & Building an Ambulatory Network -- April 9, 2024

* + - Define Strategic Planning
    - Discuss methods and key elements of a strategic plan
    - Outline the difference between strategy and operations
    - Provide specific examples and methods to grow an Ambulatory Network

## Readings:

* + Harris, Michael T., MD. Excellence with an Edge. Gulf Breeze, FL; Firestarter Publishing, 2010. 81-83; 101-130.
  + McKay, Emily Gantz. “*Strategic Planning: A Ten Step Guide*.” **MOSAICA**. July 2001, 1-14.
  + Karpf, Michael, M.D., Lofgren, Richard, M.D., Bricker, Timothy, M.D., MBA, Claypool, Joseph O., MHA, Zembrodt, Jim, MBA, Perman, Jay, M.D., and Higdon, Courntey M., MBA. “*Defining the Role of University of Kentucky HealthCare in Its Medical Market—How Strategic Planning Creates the Intersection of Good Public Policy and Good Business Practices.*” **Academic Medicine**. Volume 84, Number 2, (February 2009), 1-8.
  + Kristina L. Guo, (2003) *"Market-focused management: a model for US academic health centers",* **Journal of Health Organization and Management**, Vol. 17 Issue: 2, pp.88-101

DQ: What is a strategic plan, and how do they get implemented? What are some strategies that can be used to help cultivate and grow a physician’s practice?

## Week 12: Risk Management/Quality- (Guest Speakers; Bonnie Portnoy, System Vice President Risk Management & Patient Safety, Mount Sinai Health System)- April 16, 2024

* + - Risk Management/Quality, Definition
    - Mechanisms to track and monitor
    - Operational and Financial impact

## Readings:

* + Larkin, H. *“From the Storeroom to the Boardroom.”* **Hospitals & Health Networks**; Oct 2004; 78, 10
  + Keroack, Mark A., Youngberg, Barbara, Cerese, Julie L., Krsek, Cathleen, Prellwitz, Leslie W., Trevelyan, Eoin. “*Organizational Factors Associated with High Performance in Quality and Safety in Academic Medical Centers.*” **Academic Medicine**. Volume 82, Number 12. (December 2007). 1178-1186.
  + Nedza, Susan M. “*A Call to Leadership: The Role of the Academic Medical Center in Driving Sustainable Health System Improvement Through Performance Measurement.*” **Academic Medicine**. Volume 84, Number 12. (December 2009). 1645-1647.
  + Brindis, Ralph G., Spertus, John. “*The Role of Academic Medicine in Improving Health Care Quality.*” **Academic Medicine**. Volume 81, Number 9. (September 2006). 802-806.

DQ: Provide the definition for Risk Management/Quality Management in an FPO/Academic Medical Center setting? What are several of the operational and financial impacts that occur in a well-managed environment? In a poor managed environment?

## Week 13: Health System Finance- April 23, 2024

* + - Outline Health System Finance Structures
    - Describe Funds Flow in a complex Health System Structure
    - Faculty Practice/Academic Department Finance
    - Shared vs. Owned, Centralized vs. De-centralized Services
    - FPO Financial Accounting

## Readings:

* + Cohen, Jon R., Fox, Susan. “*Developing a New Faculty Practice Plan with a Model for Funds Flow between the Hospital and the Plan.*” **Academic Medicine**. Volume 78, Number 2 (February 2003). 119-124.
  + Kennedy, David W., Johnson, Elizabeth, Arnold, Ethan. “*Aligning Academic and Clinical Missions Through an Integrated Funds Flow Allocation Process.*” **Academic Medicine**. Volume 82, Number 12. (December 2007). 1172-1177.
  + Spahlinger, David A., Pai, Chih-Wen, Waldinger, Marcy B., Billi, John E., Wicha, Max. “*New Organizational and Funds Flow Models for an Academic Cancer Center.*” **Academic Medicine.** Volume 79, Number 7. (July 2004). 623-627.
  + Ridley, Gordon T., Skochelak, Susan E., Farrell, Philip M. “*Mission Aligned Management and Allocation: A Successfully Implemented Model of Mission-based Budgeting.*” **Academic Medicine**. Volume 77, Number 2. (February 2002). 124-129.

DQ: Are you able to describe the traditional business office model for an FPO? What is the difference between centralized and de-centralized services?

## Week 14: Supply Chain in Complex Health Systems (Jacquelyn Marcus, Vice President Supply Chain at NYU Langone Health) – April 30, 2024

* + - Outline Supply Chain structure
    - Describe aspects of the supply chain cycle
    - Outline strategies for successful cost management
    - Discuss methods to analyze and effect/apply changes in supply chain

# \*\*\*DUE DATE WEEK 14: STRATEGIC PLAN GROUP PAPER\*\*\*

## Readings:

* + Kwon, Ik-Whan, Kim, Sung-Ho, Martin, David. *“Healthcare supply chain management; strategic areas for quality and financial improvement.”* **Technological Forecasting & Social Change**. (August 2016). 422-428.
  + Chen, Daniel, Preston, David, Xia, Weidong. “*Enhancing hospital supply chain performance: A relational view and empirical test*.” **Journal of Operations Management.** (July 2013). 391-408.
  + LaPointe, Jacqueline. “*Exploring the Role of Supply Chain Management in Healthcare.”* (August 2016). https://revcycleintelligence.com/news/exploring-the-role-of-supply-chain- management-in-healthcare
  + “*Why Healthcare Needs Value-Based Supply Chain Management.”* (February 2016). https://revcycleintelligence.com/features/why-healthcare-needs-value-based-supply-chain- management
  + Walker, Michael. “*Why The ‘Patient-Centered Supply Chain’ Is Critical to The Future of Healthcare”* (December 2018). https://[www.forbes.com/sites/oracle/2018/12/10/why-the-](http://www.forbes.com/sites/oracle/2018/12/10/why-the-) patient-centered-supply-chain-is-critical-to-the-future-of-healthcare/#6b0251d478e2
  + Garrity, Mackenzie. *“3 ways to understand healthcare supply chain in a changing market.”* (June 2018). https://[www.beckershospitalreview.com/supply-chain/3-ways-to-understand-](http://www.beckershospitalreview.com/supply-chain/3-ways-to-understand-) healthcare-supply-chain-in-a-changing-market.html

DQ: What is the healthcare supply chain and why is it important to understand? What are effective strategies to managing the supply chain process?

**Class Readings**

***Required:***

Realities of Academic Medical Centers Course Reading Materials, posted on NYU Chalkboard Site

***Recommended:***

Berry, Leonard and Kent Seltman, Management Lessons From the Mayo Clinic, McGraw Hill, 2008.

Pointer, Dennis D. and Orlikoff, James E, Getting to Great: Principles of Health Care Organization Governance, Jossey-Bass, 2002.

Baird, Kristin, Customer Service in Health Care: A Grassroots Approach to Creating a Culture of Service Excellence, Jossey-Bass, 2005.

Griffith, John and White, Kenneth, The Well Managed Healthcare Organization, 2006, 6th Edition.

***Health Care Management Journals:***

***Academic Medicine*,** Journal of the Association of American Medical Colleges, Lippincott Williams & Wilkins, Washington, DC

***Healthcare Financial Management*,** Journal of the Healthcare Financial Management Association, Healthcare Financial Management Press

***The Journal of Health Care Management***, Health Administration Press, Chicago, IL

***Medical Group Management***, Journal of the Medical Group Management Association, Boulder, CO

***Online Resources:***

**American Association of Medical Colleges:** [www.aamc.org](http://www.aamc.org/) **Medical Group Management Association:** [www.mgma.com](http://www.mgma.com/) **Healthcare Financial Management Association:** [www.hfma.org](http://www.hfma.org/) **American College of Healthcare Executives:** [www.ache.org](http://www.ache.org/)

***Written Assignments:***

1. Job Market Paper- Individual Assignment- Due on February 6, 2024

Research the job market in the greater New York, New Jersey, and Connecticut area as it relates to both Academic Departments and Faculty Practice positions. The paper should be a minimum of 2-3 pages. The paper should discuss the following:

* 1. What are some of the available roles/titles that were available?
  2. What are the skills and background that employers are seeking for these roles?
  3. Of these available roles, which appeals to you and why?

You are encouraged to identify alumni, hiring managers, and human resource managers to discuss these opportunities to more effectively answer these questions. Please provide a minimum of **two** professional references.

1. Faculty Time & Effort Paper- Individual Assignment- Due on April 2, 2024

You have recently been selected as a consultant by the Department of Medicine at Eastern Medical Center. The newly hired Chairman has yet to hire a new Administrator but needs help to determine how the faculty are spending their time which will prove critical in evaluating the faculty. Before you begin your project, the Chairman has asked that you compile a 2-3 page summary of how you will approach this engagement, what you will evaluate, and how this information will prove useful to him as an assessment tool.

1. FPO Operating Model- Group Assignment- Due on April 30, 2024

You have just been hired as a consulting group by the Dean of the Hofstra School of Medicine to develop a strategic plan to create a new Faculty Practice Organization and Physician Network. Specifically, the Dean has charged you to provide recommendations for how he can develop an effective operating model for his Faculty Practice Organization and this new Physician Network. To do this he wants you to research other models, and outline why these models or aspects of these other models would be effective. He wants you to develop a

detailed proposal; this proposal should provide recommendations in each of the following areas:

* Governance
* Operating model/Department Structure
* Business Office structure
* Funds Flow
* Performance metrics
* Physician Network Model
* Other general recommendations

You should partner with no more than 4 of your classmates to complete this assignment. This paper must be 10-12 pages, single-spaced. Any diagrams or structures depicting aspects of this new structure should be provided as attachments and referred to as such. Each paper must contain a minimum of **two** professional references (one from the below list, and one of your choosing). Feel free to use any of the course materials provided, as well as any of the below journals, or online resources. All references must be documented accordingly within the paper.

Journals you may wish to review include the following:

***Harvard Business Review***

***Journal of Healthcare Management Medical Group Management Journal The New England Journal of Medicine Health Affairs***

***Health Care Management Review Academic Medicine***

***Journal of General Internal Medicine***

***Class Participation:***

Class participation is evaluated based on three criteria: attendance, appropriate amount of participation and quality of participation. The professor calls on students only if they raise their hands. Your grade can be adjusted up to two notches based on class participation. For example, you could go from a C to a B-, or from an A- to a B.

***Assignments & Grading:***

|  |  |  |
| --- | --- | --- |
| **Grading:** | **%** | **Due Date** |
| Attendance | 10% |  |
| Participation | 10% |  |
| Job Market Paper | 20% | Week 3 |
| Time & Effort Paper | 20% | Week 10 |
| Strategic Plan Group Paper | 40% | Week 14 |
| Total | 100% |  |

**Grading Criteria (Written Assignments):**

Each paper will be graded on an A-F scale. These grades will be determined based on the following criteria:

**Job Market Paper:**

* Will provide Paper Rubric for grading

**Time & Effort Paper:**

* Will provide Paper Rubric for grading

**Strategic Plan Paper**:

* Will provide Paper Rubric for grading

***Supplemental Readings for the Written Assignments*:**

## Time & Effort:

Bachrach, David J., FACHE, “*Aligning Faculty for Improved Organizational Performance: Tools We Can Use to Effectively Herd Cats***.” Academic Physician & Scientist,** November/December 2006, 4-6.

Garson, Arthur, Jr., MD, MPH, Strifert, Kim E, Beck, J. Robert, MD, Schulmeier, Gregory A., MPH, Patrick, James W., PhD, Buffone, Gregory J., PhD, Feigin, Ralph D., MD, “*The Metrics Process: Baylor’s Development of a “Report Card” for Faculty and Departments.*” **Academic Medicine**, Volume 74, Number 8. August, 1999, 861-870.

Howell, Lydia Pleotis, MD, Hogarth, Michael, MD, Anders, Thomas F, MD. “*Creating a Mission based Reporting System at an Academic Health Center.*” **Academic Medicine**, Volume 77. February 2002, 130-138.

## Strategic Planning:

Harrison, Jeffrey P., Essentials of Strategic Planning in Healthcare, Health Administration Press, 2010.

Halley, Marc D., The Primary Care-Market Share Connection: How Hospitals Achieve Competitive Advantage, Health Administration Press, 2007.

Luke, Roice D, PhD, Walston, Stephen L., PhD, FACHE, Plummer, Patrick Michael, Healthcare Strategy: In Pursuit of Competitive Advantage, Health Administration Press, 2003.

## Other Topics:

Wenzel, Frederick J., Wenzel Jane M., Fundamentals of Physician Practice Management, Health Administration Press, 2005.

Feltenberger, Gregory, Gans, David, Benchmarking Success: The Essential Guide for Group Practices, MGMA, 2008.

Woodcock, Elizabeth W., Mastering Patient Flow: Using Lean Thinking to Improve Your Practice Operation, 3rd Edition, MGMA, 2008.

Studer, Quint, Hardwiring Excellence, Studer Group, 2003.

Beeson, Stephen, Practicing Excellence, Studer Group, 2006.

Vuletick, Matthew. “*Quick Tip: Academic Practices search for most efficient organizational structure.*” MGMA e-Connexion, Issue 80. (July, 2005).