Description of Rotation or Educational Experience

Practice management training is a vital part of the Family Medicine residency curriculum, regardless of which mode of practice or setting the resident chooses. Residency graduates are faced with an increasingly complex spectrum of opportunities for medical practice, and their understanding of the choices involved is crucial for their future careers as family physicians. Furthermore, most new physicians will experience practice changes as the health care environment evolves, and a broad knowledge of practice management issues in a variety of settings will be needed for the duration of their medical careers.

Practice management may be defined as the body of knowledge, attitudes and skills necessary to efficiently lead and continuously improve the multiple elements of care delivery within a medical practice, including compliance with external regulatory agencies and accreditation requirements. These practice elements include organization, administration, communication, marketing and patient care. Although the future family physician may delegate many aspects of practice management to other staff and consultants, and may in fact be a salaried employee of a large organization, an understanding of practice management is still critical for them to make appropriate personal choices and to fulfill their ethical responsibility to advocate for the highest standards in delivery of patient care. Furthermore, legal liability for many aspects of patient outcomes continues to remain with physicians even if they are part of a larger organization.

During the experience, Family Medicine residents should develop knowledge, skills, and attitudes that encompass:

- A professional approach to and understanding of job interviewing and contract negotiation.
- An understanding of external quality review mandates and effective participation in outcomes research.
- Continual advocacy for patient welfare while balancing the business realities of practice management.
- Respectful participation in multidisciplinary teams with other health professionals.

This curriculum should prepare residents to assume leadership roles in their practices, their communities, and the profession of medicine.

LEARNING OBJECTIVES

Upon completion of the curriculum, residents will have developed the following knowledge and skills:
**Patient Care**

**Goal**
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

**Competencies**
- Demonstrates an understanding of and ability to manage contractual arrangements with health care systems as well as management of confidential patient information.

**Objectives**
At the conclusion of the rotation, residents will be able to demonstrate an understanding of the importance of the following factors as well as the advantages and disadvantages of each:

<table>
<thead>
<tr>
<th>Practice Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
</tr>
<tr>
<td>1. Part of the country</td>
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<tr>
<td>2. Size and type of community</td>
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<tr>
<td><strong>Mode of Practice</strong></td>
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<tr>
<td>1. Traditional solo or group practice</td>
</tr>
<tr>
<td>2. Urgent care or emergency department</td>
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<tr>
<td>3. Staff and group model health maintenance organization (HMO)</td>
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<tr>
<td>4. Managed care contracting</td>
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<tr>
<td>5. Administrative</td>
</tr>
<tr>
<td>a. Private industry</td>
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<tr>
<td>b. Government</td>
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<tr>
<td>c. Education</td>
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<tr>
<td><strong>Configuration</strong></td>
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<tr>
<td>1. Solo</td>
</tr>
<tr>
<td>2. Partnership</td>
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<tr>
<td>3. Group</td>
</tr>
<tr>
<td>4. Salaried employee</td>
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<tr>
<td>5. Corporate management</td>
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<tr>
<td>6. Educator</td>
</tr>
<tr>
<td><strong>Employment Agreements/Contracts</strong></td>
</tr>
<tr>
<td>1. Compensation and benefits</td>
</tr>
<tr>
<td>2. Workload and performance expectations</td>
</tr>
<tr>
<td>3. Professional liability coverage</td>
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<tr>
<td>4. Legal provisions</td>
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<tr>
<td>5. Ethical issues</td>
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<tr>
<td><strong>Medical Record Management</strong></td>
</tr>
<tr>
<td>1. Storage and filing systems</td>
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<tr>
<td>2. Indexing and coding</td>
</tr>
<tr>
<td>3. Release of information</td>
</tr>
<tr>
<td>4. Confidentiality</td>
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<tr>
<td>5. Audits and tracking</td>
</tr>
</tbody>
</table>
6. Types of records (including electronic medical records)
7. Structure of records
8. Legal issues, including HIPPA

Medical Knowledge

Goal
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:

Competencies
- Understand the fundamental concepts related to physician practice management
- Understand the fundamental concepts of risk management.

Objectives
At the conclusion of the longitudinal experience, residents will be familiar with:

Practice opportunities
Practice facilities
Office organization
Practice operations
Office business management
Medical records
Staff and personnel policies
Labor laws
Legal issues
Computer utilization
Hospital issues
Marketing
Resources
Professional relations
Health-care risk contracting

Practice-Based Learning and Improvement

Goal
Residents must demonstrate the ability to evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills related to:

Competencies
- Understanding of office management, principles of reimbursement, and coding.
Objectives
At the end of the rotation, the residents will be able to demonstrate familiarity with the following factors related to starting and managing a practice:

**Practice Facilities**
1. Location and market analysis
2. Design and regulations
3. Financing
4. Equipment and services
5. Inventories and supplies
6. Rent, lease or own
7. Laboratories and government regulations
8. Radiology and ultrasonography
9. Special office-based procedures

**Office Organization**
1. Chain of command
2. Schedules
3. Number and type of support staff
4. Computer systems and other technologies
5. Supply and inventory management

**Practice Operations**
1. Patient flow and scheduling
2. Vendors
3. Medical records and chart organization
4. Written office policies and procedures
5. Front desk duties
6. Insurance and other third-party billing
7. Management of pharmaceutical representatives and samples
8. Management of phone calls
9. Telephone and paging systems
10. Advanced planning and timetable for entering practice
11. Chart and filing options, retention of records
12. Consultation referrals
13. Management of patient education
14. Clinical tracking systems and preventative services

**Office and Business Management**
1. Systems-based learning and analysis
2. Taxes and insurance
3. Estate planning and investment
4. Pension plan and/or profit sharing
5. Tax considerations and social security payments
6. Payroll systems
7. Insurance needs
   a. Personal (e.g., life, disability, health)
   b. Practice (e.g., employee benefits, premises liability, overhead, fire)

**Monitoring the Business**
1. Reading financial reports
2. Cash flow and lines of credit
3. Accounting systems
4. Billing and collection principles and policies
5. Accounts receivable management
6. Financing and capital
7. Overhead management

**Personal Financial Planning**
1. Budgeting, debt consolidation
2. Retirement

**Billing**
1. Coding and documentation
2. Fee for service
3. Third-party payors

**Contracting**
1. Medicare
2. Medicaid
3. Capitated contracts

**CORE SKILLS**
- **Balancing personal and professional goals**
  1. Effective leadership skills
  2. Professionalism
  3. Determining personal and professional goals.
- **Selection of practice type** (involves decisions about lifestyle, residence location and professional interrelationships)
  1. Position Application
  2. Career goal setting
  3. CV development
  4. Identifying available position, recruiters
  5. Interviewing skills
  6. Culture and politics of the practice
  7. Practice configuration
  8. Single vs. multispecialty
  9. Associations
- **Negotiating Contracts**
  1. Employment agreements
Prudent selection and utilization of advisors and vendors
Personnel management and delegation of responsibilities
Computer competency, including information technologies
Time management
Personal and public (oral and written) communication, including advocacy
Resources management
Leadership of health care teams
Adapting to changes in the health care environment (teambuilding and teamwork)

Systems Based Practice

Goal
Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal patient care. Residents are expected to:

Competencies
- Understand community systems and agencies that enter into aspects of healthcare.

Objectives
By the conclusion of this longitudinal experience, the residents will be able to understand the following concepts as relevant to practice management:

Hospital Issues
1. Selection of a hospital
2. Staff appointments and privileges
3. Medical staff and departmental responsibilities

Marketing
1. Marketing strategy, ethical marketing goals
2. Patient-retention techniques (such as patient satisfaction surveys)

Resources
1. Practice management consultants
2. Accountants
3. Lawyers
4. Financial planning consultants
5. Bankers
6. Marketing consultants

Professional Relations
1. Medical and specialty society involvement
2. Community and government
3. Interdisciplinary

Professionalism

Goal
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

Competencies
- Compassion, integrity, and respect for others
- Respect for patient privacy and autonomy
- Accountability to patients, society, and the profession
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Objectives
During this longitudinal experience the residents will demonstrate:
- Respect, compassion and integrity
- Sensitivity to culture, gender and disabilities.

By the end of this longitudinal experience, the residents will understand the following concepts:

Staff and Personnel Policies
1. Employee relations
   a. Mutual respect
   b. Salaries and benefits
   c. Motivation
   d. Recruitment and retention
   e. Terminations
   f. Evaluation
   g. Accountability
   h. Job descriptions

Personnel Records
Patient Confidentiality

Interpersonal and Communication Skills

Goal
Residents must demonstrate interpersonal and communication skills that result in the effective
exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

**Competencies**
- Communicate effectively with staff, patients and families across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals, and health related agencies
- Maintain comprehensive, timely, and legible medical records using the electronic medical record.

**Objectives**
By the conclusion of this longitudinal experience, the residents will demonstrate the ability to:
- Work effectively with others as a member of a health care team.
- Create and sustain a therapeutic and ethically sound relationship with patients.
- Work as part of a team with other physicians, nursing and ancillary staff to provide comprehensive care to the patients.
- Document in a legible and timely manner in the medical record.
- Effectively and compassionately communicate with staff, patients and their families, including being sensitive to multicultural beliefs and habits.

**Teaching Methods**
Residents will receive at least 100 hours of management and leadership instruction, which will include both the didactic and the practical settings. A recurrent 18 month curriculum has been established to ensure adequate preparation for transition into practice. A portion of the practice management curriculum is tailored to PGY II and PGY III residents, while some of the topics will include all three PGY levels. In addition the residents will participate in quarterly financial discussions with faculty and MCHS administration to examine patient numbers and reimbursement. The residents will also participate in regular meetings with the Program Director and faculty (approximately twice per month) to discuss office function and any pertinent business matters, as well as regularly scheduled Office Meetings which include the residents, faculty and staff. The residents will also have assigned readings prior to the practice management lectures/discussions to facilitate interaction and questions. The residents will participate in monthly Morbidity and Mortality sessions as well, to examine practice improvement. Administration of the curriculum will be coordinated through Family Medicine faculty and will involve the participation of pertinent outside speakers and health system members, each lending their expertise to the resident experience. The resident will also have spend time with office managers in the outpatient setting to more fully understand the reality of the mechanics of running an office. It is hoped that this curriculum will greatly aid the resident in the final residency years as they explore and finalize practice plans.

Each resident will receive reports of individual and practice productivity, financial performance, patient satisfaction and clinical quality, at least quarterly, as well as the training needed to analyze these reports.
They must participate in projects to improve the quality of care and service delivered to the FMC patient population.

The 18 month didactic curriculum includes CV preparation, interviewing techniques, credentialing, Workers’ Compensation, OSHA, HIPAA, JAHCO, practice pathway exploration, financial planning, risk management, personnel management, contract negotiation, EMR/IT information, personal goal assessment, effective communication, public relations, media training, recruiter relations, insurance and SSI/disability.

The curriculum also includes training to provide leadership for a clinical practice, hospital medical staff, professional organizations, and community leadership skills to advocate for public health.

### Assessment Method (residents)

1. Pre and Post-tests will be administered regarding relevant Practice Management content through *From Residency to Reality* to demonstrate improvement in medical knowledge related to this topic.

2. At the end of the longitudinal experience, the resident will perform a self-assessment, using the goals and objectives in the rotation description, to assess competency and to determine areas which still need further training and/or exposure.

### Assessment Method (Program Evaluation)

1. The resident will evaluate Practice Management curriculum upon completion of the rotation as well as complete individual topic evaluations after each presentation.

2. Both residents and faculty will complete annual standard program evaluation towards the end of the academic year.

### Level of Supervision

Supervision of residents is carried out by the Family Medicine faculty.

### Educational Resources

**RESOURCES/READING LIST**


**Time Management**

- *Time Management Tips That Work* [Balancing Act] (03/01/2002)
- *Kick the Procrastination Habit* [Blancing Act] (07/01/1999)
# Physician-Patient Communication
- Improving Communication With Older Patients: Tips From the Literature [Feature] (09/01/2006)
- How to Manage Difficult Patient Encounters [Feature] (06/01/2007)

## Practice Efficiency
- Closing the Physician-Staff Divide: A Step Toward Creating the Medical Home [Feature] (04/01/2008)
- Creating a High-Performing Clinical Team [Feature] (03/01/2006)
- Five Strategies for a More Vital Practice [Feature] (01/01/2004)

## Negotiating and Contracting
- A Primer on Employment Contracts [Salaried FP] (12/01/2002)
- Demystifying Common Terms in Employment Agreements [Feature] (06/01/2003)
- Negotiating a Contract With a Health Plan [Feature] (12/01/2006)
- Tying the Partnership Knot: Making It a Win for Both Practice and Associate [Feature] (04/01/2009)

## Coding
- Coding "Routine" Office Visits: 99213 or 99214? [Feature] (09/01/2005)
- Five Common Coding Mistakes That Are Costing You [Feature] (04/01/2011)
- Level-II vs. Level-III Visits: Cracking the Codes [Feature] (01/01/2007)
- Time Is on Your Side: Coding on the Basis of Time [Feature] (12/01/2008)

## Electronic Health Records
- How to Select an Electronic Health Record System [Feature] (02/01/2005)
- How to Successfully Navigate Your EHR Implementation [Feature] (02/01/2007)
- Successful EHR Implementations: Attitude Is Everything [Feature] (12/01/2010)

## Life Balance
- Doctorhood and Motherhood [The Last Word] (02/01/2006)
- Blending Work and Family [Balancing Act] (05/01/2004)
- Life Balance: 17 Tips From Doctors, for Doctors [Balancing Act] (06/01/2001)
- Making Family Practice Doable in Everyday Life [Feature] (04/01/2003)

## Malpractice
- Don't Be a Target for a Malpractice Suit [Feature] (06/01/2006)

## Patient-Centered Medical Home
- Ten Steps to a Patient-Centered Medical Home [Feature] (12/01/2009)
- The Patient-Centered Medical Home: 12 Tips to Help You Lead the Way [Feature] (08/01/2009)
Access to Care

- Simple Tools to Increase Patient Satisfaction With the Referral Process [Feature] (12/01/2011)
- Same-Day Appointments: Exploding the Access Paradigm [Feature] (09/01/2000)

2. From Residency to Reality 2011

Last revised: 2/13/2012 (TPG)

I, ________________________ hereby attest I have read the above goals and objectives of the Practice Management Educational Experience and have reviewed them with ____________________________, who acts as my faculty advisor. I hereby attest that I understand these goals and objectives, how they relate to the 6 core competencies set forth by the ACGME, and agree to work diligently within their constructs.

________________________________________               _____________
resident signature                                                                                         date

________________________________________               _____________
faculty advisor signature                                                                                date