







American College of Medical Practice

Interaction

Inspiration

# The ACMPE® Guide to the Body of Knowledge for Medical Practice Management

Presented by
The American College of Medical Practice Executives

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## Preface

#### **About the Sponsoring Organizations**

The American College of Medical Practice Executives (ACMPE), established in 1956, supports and promotes the personal and professional growth of health care leaders to advance the profession of medical practice management. ACMPE is the certification and standard-setting body of the Medical Group Management Association (MGMA), the national membership organization for the medical practice management profession. With more than 4,000 members, ACMPE grants nationally recognized certification and fellowship designations to medical practice executives and leaders. ACMPE developed the industry-standard Body of Knowledge for Medical Practice Management, the foundation for the medical group management industry. The Body of Knowledge serves as the structure for all ACMPE assessments, examinations and leadership development programs.

Today, ACMPE-certified professionals manage some of the top-performing group practices in the nation and are among the best-compensated for their positions. ACMPE, together with MGMA, provides the resources to support professional development and achievement with services that include mentoring, publications, transcript services, scholar-ship programs, tutorials, education and professional networking.

For more information on ACMPE, go to www.acmpe.com.

The Medical Group Management Association (MGMA), founded in 1926, is the nation's principal voice for medical group practice. MGMA's 18,000 members manage and lead more than 9400 organizations, including some 6,900 medical groups, in which more than 188,000 physicians practice. MGMA's core purpose is to improve the effectiveness of medical group practices and the knowledge and skills of the individuals who manage and lead them. Through its annual surveys of practice cost, physician compensation and management compensation, MGMA produces the industry-standard in benchmark data for medical practices. Other services include top-notch education programs, peer networking (face-to-face and virtual), the world's largest library on medical group practice information, books and publications, career services and national advocacy through MGMA's Washington D.C. office.

MGMA also operates the MGMA Center for Research, a 501(c)(3) research organization which conducts quantitative and qualitative research to advance the art and science of medical group management.

For more information on MGMA, go to www.mgma.com.



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## **Navigating this Guide**

This guide, developed by the American College of Medical Practice Executives (ACMPE), is a primary resource for those who seek professional assessment and development in medical practice management.

The contents, which expand upon a summary of the Body of Knowledge for Medical Practice Management published by ACMPE in 1999, are based on an extensive study of the role of the medical practice executive and the knowledge and skills required for success in the field.

What does it take to be an effective medical practice executive? What is the core body of knowledge required for proficiency in medical practice management in today's health care environment? This guide answers those questions and more.

#### Links to browse and navigate

To help you obtain the information you want and to make it easy to navigate, we provide links for moving around elements and sections. Using the navigation links, you can gain an overview of the five general competencies, as well as an in-depth description of tasks, knowledge and skill requirements.

Also included are links to resources from the Medical Group Management Association (MGMA) and ACMPE to help professionals strengthen their knowledge of medical practice management, including publications, assessment tools, educational offerings and other professional development resources.

#### Review the origins of the Body of Knowledge

To learn how the Body of Knowledge for Medical Practice Management was developed, its importance and continuing evolution, as well as how professional organizations like ACMPE and MGMA use the Body of Knowledge, go to *The Origins and Importance of the Body of Knowledge for Medical Practice Management*.

#### Learn how to use the Body of Knowledge

To learn the many ways you can use the information in this guide for your personal development, to improve your organization or educate others, go to *Using the Body of Knowledge*.

#### View the road map of the Body of Knowledge

To see the entire terrain of the Body of Knowledge for Medical Practice Management, connect to the *Overview of the Body of Knowledge* and click on links to access in-depth information.



#### NAVIGATION TIP

We recommend that you save this document to your hard drive. This will make for more efficient navigation between the document and the world wide web.

If you save this document to your hard drive, be aware that it will be periodically updated at the ACMPE web site.



#### Take a personal inventory

Take a free inventory of your knowledge and skill with the *ACMPE Technical/ Professional Knowledge Inventory*.

This inventory is a subjective assessment of your strengths and weaknesses in key Body of Knowledge performance areas. Take the inventory in full or in part and find links to additional resources to strengthen your knowledge and skills. This is an easy first step to building competency in specific areas of medical practice management.

#### Do a complete knowledge assessment

For an objective assessment of strengths and weaknesses in your medical practice management knowledge base, take the 175-question *ACMPE Knowledge Assessment*. Based on the ACMPE Body of Knowledge for Medical Practice Management, this evaluation gives you instant results at your desk-top. This assessment is useful in preparing for the ACMPE objective exam or as a personal guide for your professional development.

#### Understand the general competencies required

To understand the distinct sets of abilities that form the foundation of success for medical practice executives, go to *General Competencies for Medical Practice Management*.

#### Learn the professional knowledge and skills

To learn about the important domains of performance contained in the fifth general competency of Professional Knowledge, go to *Competency Five: Technical/Professional Knowledge and Skills*.

#### Learn the terms

To understand the various expressions used in this Guide, go to the *Glossary*.

#### Get information on more resources

To access books, educational opportunities and other resources that will support your professional development in all areas, use the handy links to ACMPE and MGMA resources throughout this Guide.







# The Origins and Importance of the Body of Knowledge for Medical Practice Management



The identification and articulation of a relevant body of knowledge are essential steps in any profession's development. The validation of a body of knowledge by a community of peers is the prerequisite for the presentation of a profession's requirements for knowledge and skills.

For medical practice professionals, the Body of Knowledge for Medical Practice Management represents just such a milestone. Our validation process has provided an accurate and detailed description of the role and responsibilities of medical practice, the general competencies and specific knowledge and skills for carrying them out. This Body of Knowledge is a current but evolving resource which practitioners can visit and revisit for the perspective they need to understand the foundations of their current work and the future challenges.

#### Mastering the knowledge

The presumption that there is a body of knowledge that practicing medical practice executives must master has been evident in the literature of the profession for many years. However, the profession has lacked a clearly identified inventory of current competencies scientifically validated by the broad community of medical practice executives. To this end, the ACMPE began a study in 1998 to identify and validate the role requirements of medical practice management professionals.

As part of this process, ACMPE convened a Role Delineation Panel of experts in medical practice management drawn largely from the ACMPE membership. The 12-member panel represented a variety of practice settings, geographical regions, educational levels and years of experience. The panel identified eight major performance domains (i.e., areas of responsibility), a variety of key tasks associated with successful performance in these domains, and the knowledge, skills and abilities required for completing each task.

The identification of these domains and tasks was validated by a psychometric and quantitative review of the survey responses of a statistically valid sample of ACMPE and MGMA members, including physicians. Subsequent to this survey, ACMPE convened panels of subject matter experts drawn from the MGMA assemblies and societies and the Education/Information Center Committees to further develop knowledge and skill statements within each performance domain.



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#### Why is this study important?

The results of this work, *The Guide to the Body of Knowledge for Medical Practice Professionals*, provides the framework for helping current practitioners identify gaps in their professional preparation and for educating and certifying the competency of those working in the field.

The Guide to the Body of Knowledge for Medical Practice Management provides a professional development setting for those advancing or entering the field. For example, educational planners will find it a resource for developing educational curricula and programs with relevant content that meet the needs of the practitioners of today and tomorrow. For the medical practice management profession, it serves as an on-going marker that determines the boundaries and definitions of who we are as professionals in this field.

#### The Body of Knowledge lives...

Possession of a body of knowledge is one way that professionals establish their claim to expertise that deserves recognition. Changes in a profession's body of knowledge are not only expected but indicate its vibrancy.

Our profession's Body of Knowledge is an expanding universe that responds to the needs of today's health care organizations. The job of medical practice executives is to help organizations reach objectives through the strategic use of information drawn from this Body of Knowledge. The *duty* of medical practice executives is to examine and question the contents of the Body of Knowledge and make new contributions to it.

This collection of work, as a continuously evolving and living representation of the profession, will change and grow over time. Necessary review and modification to the Body of Knowledge requires thought, imagination, an awareness of the public interest and continued research of the role of the medical practice executive.









## How does the American College of Medical Practice Executives and the Medical Group Management Association use the Body of Knowledge?

ACMPE and MGMA, as professional membership associations, use the Body of Knowledge for Medical Practice Management as their primary source for:

• Identifying the professional development needs of medical practice executives

MGMA uses the Body of Knowledge as a basis for developing and classifying a variety of education, information and networking resources uniquely relevant to the needs and specific job duties of the medical management professional.

 Providing certification and standard-setting activities to preserve the profession's integrity and promote its growth

ACMPE uses the Body of Knowledge for developing assessments, examinations and other resources for the professional certification process. Just as a blueprint guides the construction of a building, so a clear statement of the knowledge, skills and abilities required for professional competence determines the content and form of an examination.

This reliance on the Body of Knowledge ensures a demonstrable linkage between the profession and the education, information and certification testing that the Associations provide to the practicing professional.

#### Resources for the professional

Find out more about **ACMPE Certification**.

Get an objective assessment of your proficiency in all areas of the Body of Knowledge by taking the *ACMPE Knowledge Assessment*.

View the current MGMA education calendar.

Find books and other resources.







## Using the Body of Knowledge

Medical practice management professionals at all career stages can use the information to guide their personal growth and development, as well as to advance their organizations.

In addition, physicians, planners, human resource managers, educators and others with responsibilities for supporting the effective management of medical practices will also find this information useful for developing staffing models and management structures, creating relevant educational offerings and establishing medical practice business goals.

This Guide also provides medical practice executives a selection of resources relevant to their jobs. Here are some specific ways to use the Guide to the Body of Knowledge for Medical Practice Management:

## For your professional development assessment and planning use the Guide to the Body of Knowledge for Medical Practice Management to:

- Identify the five general competencies of a well-rounded medical practice executive
- Learn about the eight major performance domains in which practice managers must function effectively
- Identify key tasks that must be performed with competence for successful management of a medical practice
- · Identify gaps in your personal knowledge and skill base
- Structure a professional development plan that targets general competency development and identifies topics for further study
- Target limited professional development resources most effectively in the key areas identified by assessment
- Know exactly what is required to earn ACMPE certification







#### To improve your organization use

the Guide to the Body of Knowledge for Medical Practice Management to:

- Perform an internal, high-level audit of the practice by determining if and how key tasks are being conducted
- Structure staffing models and job descriptions for a variety of management positions within the medical practice
- Guide your search and evaluation of management staff and consultants
- Structure roles and responsibilities for consultants and advisers

#### To educate others use

the Guide to the Body of Knowledge for Medical Practice Management to:

- Serve as a framework for mentoring others in your practice
- Show physicians and other health care professionals the complexity and importance of the medical practice executive's role in the organization
- Demonstrate the level of professionalism required for effective performance in today's practice settings
- Advocate for the continuous development of the management staff and the need for an organizational commitment to this valued resource
- Communicate the value and role of medical practice executives through presentations to hospital staff, students and community groups
- Demonstrate the concrete benefits that accrue to medical practice through the medical practice executive's participation in professional development activities through organizations such as MGMA and ACMPE

Click to learn how ACMPE uses the Body of Knowledge in the certification process and to find out more about *ACMPE Certification*.









## Overview of the Body of Knowledge for Medical Practice Management

## The Body of Knowledge for Medical Practice Management comprises:

A listing and description of the Five General Competencies for Medical Practice Management, key sets of abilities that are prerequisites for successful job performance as a medical practice executive:

- 1. Professionalism Achieving and preserving professional standards
- **2. Leadership** Supporting the organization's strategic direction
- **3. Communication Skills** Interacting with others and presenting information clearly and concisely
- 4. Organizational & Analytical Skills Solving problems, making decisions and developing systems
- 5. Technical/Professional Knowledge and Skills Developing the knowledge base and skill sets necessary to perform activities unique to the job, role or task of a medical practice executive

The Technical/Professional Knowledge and Skills competency contains an in-depth description of the eight major performance domains or areas of responsibility for medical practice executives:

- 1. Financial Management
- 2. Human Resource Management
- 3. Planning and Marketing
- 4. Information Management
- 5. Risk Management
- 6. Governance and Organizational Dynamics
- 7. Business and Clinical Operations
- 8. Professional Responsibility

Within each of the Technical/Professional Knowledge and Skills performance domains are detailed listings of the skills, tasks and core knowledge that medical practice executives should develop to carry out their role.











## **ACMPE Technical/Professional** Knowledge Inventory

The ACMPE Technical/Professional Knowledge Inventory is a tool to help you assess what you believe to be your current level of knowledge in the eight performance domains that define the scope of responsibility of medical practice executives.

Each section of the inventory focuses on a different performance domain and includes a listing of specific tasks for evaluation.

#### The eight domains:

**Financial Management** 

**Human Resource Management** 

**Planning and Marketing** 

**Information Management** 

**Risk Management** 

**Governance and Organizational Dynamics** 

**Business and Clinical Operations** 

**Professional Responsibility** 

After completing the inventory, use your ratings of knowledge in each performance domain to target personal objectives for your professional development plan and identify study areas for the ACMPE certification examinations.

Links at the end of each performance domain include a complete listing of the skills and topics required to achieve competency in each performance area, as well as professional development resources from ACMPE and MGMA.

### NAVIGATION TIP

To retain your answers to the inventory, save this document to your hard drive or print the inventory pages.

If you save this document to your hard drive. be aware that it will be periodically updated at the ACMPE web site.







The following inventory is a checklist based on the Technical/Professional Knowledge competency, one of five competencies defined in the Body of Knowledge for Medical Practice Management. The inventory contains the eight performance domains.

#### 1. Financial Management

For each task in the Financial Management domain, indicate what you believe to be your current level of knowledge by checking the appropriate box.

	Low	Moderate	High
Prepare and manage budgets			
Develop accounting and financial control systems	••••••	••••••	
Prepare financial statements and conduct financial analysis			
Develop and manage material procurement and payment systems			
Develop coding and reimbursement policies and procedures	•••••	••••••	
Facilitate investment planning, management and compliance	•		
Establish business relationships with financial advisors	•••••	•••••••	
Establish fee schedules for physician services	••••••	••••••	
Negotiate third-party contracts	••••••	••••••	•
Develop reconciliation systems for third-party payor reimbursement		•••••	
Facilitate retirement planning, management and compliance	••••••	••••••	
Maintain compliance with tax laws and filing procedures			

Click to find a complete list of *financial management* skills and topic areas for study and development.

**Books and other resources** 

**Education programs** 

**ACMPE** certification









#### 2. Human Resource Management

For each task in the Human Resource Management domain, indicate what you believe to be your current level of knowledge by checking the appropriate box.

	Low	Moderate	High
Develop compensation and benefits programs consistent with			
the values of the organization			
Establish job classification systems			
Develop employee placement programs and facilitate workforce planning	•		•••••
Establish employee appraisal and evaluation systems		•••••••	•
Develop and implement employee training programs	••••••	•••••	•••••
Establish employee relations and conflict resolution programs	•	•••••	•
Maintain compliance with employment laws			

Click to find a complete list of *Human Resource Management* skills and topic areas for study and development.

**Books** and other resources

**Education programs** 

**ACMPE** certification









#### 3. Planning and Marketing

For each task in the Planning and Marketing domain, indicate what you believe to be your current level of knowledge by checking the appropriate box.

v Moderat	e High
	••••••
	***************************************
	•••••
	••••••
	•••••

Click to find a complete list of *planning and marketing* skills and topic areas for study and development.

**Books and other resources** 

**Education programs** 

**ACMPE** certification







#### 4. Information Management

For each task in the Information Management domain, indicate what you believe to be your current level of knowledge by checking the appropriate box.

	Low	Moderate	High
Conduct information system needs analysis			
Facilitate information system procurement and installation	•	•••••	••••••
Develop and implement information system training and support programs		•••••	•••••
Oversee database management and maintenance	•	•••••	•••••
Develop information network security systems		•	•
Provide access to electronic education and information resources and systems			

Click to find a complete list of *information management* skills and topic areas for study and development.

**Books and other resources** 

**Education programs** 

**ACMPE** certification







#### 5. Risk Management

For each task in the Risk Management domain, indicate what you believe to be your current level of knowledge by checking the appropriate box.

	Low	Moderate	High
Maintain legal compliance with corporate structure			
Maintain corporate history and develop record-keeping procedures		••••••	•••••••
Develop conflict resolution and grievance procedures	••••••	••••••	••••••
Assess and procure liability insurance	••••••	••••••	••••••
Establish personnel and property security plans and policies	••••••	••••••	••••••
Develop and implement quality assurance and patient satisfaction programs	•	••••••	•••••••
Establish patient, staff and organizational confidentiality policies	•	••••••	•••••••
Conduct audits of at-risk financial activities	••••••	••••••	••••••
Develop professional resource networks for risk-related activities	•		•••••••
Negotiate and comply with contractual arrangements		•••••	•••••
Maintain compliance with government contractual mandates			

Click to find a complete list of *risk management* skills and topic areas for study and development.

**Books and other resources** 

**Education programs** 

**ACMPE** certification







#### 6. Governance and Organizational Dynamics

For each task in the Governance and Organizational Dynamics domain, indicate what you believe to be your current level of knowledge by checking the appropriate box.

	Low	Moderate	High
Lead and manage the organizational change process for practice improvement			
Construct and maintain governance systems	•••••	••••••	••••••
Evaluate and improve governing bylaws, policies and processes	•••••	••••••	••••••
Conduct stakeholder needs assessment and facilitate relationship development	••••••		
Facilitate staff development and teaming	•••••	••••••	••••••
Facilitate physician understanding and acceptance of good business management	••••••	••••••	•
Develop and implement quality assurance programs			

Click to find a complete list of *Governance and Organizational Dynamics* skills and topic areas for study and development.

**Books and other resources** 

**Education programs** 

**ACMPE** certification







#### 7. Business and Clinical Operations

For each task in the Business and Clinical Operations domain, indicate what you believe to be your current level of knowledge by checking the appropriate box.

	Low	Moderate	High
Facilitate business operations planning			
Conduct staffing analysis and scheduling		••••••	••••••
Develop ancillary clinical support services		••••••	••••••
Establish purchasing, procurement and inventory control systems		••••••	•
Develop and implement facilities planning and maintenance programs			•
Establish patient flow processes	•••••••••	••••••	••••••
Develop and implement patient communication systems	••••••	••••••	•••••
Develop clinical pathway structure and function	••••••••••	••••••	••••••
Create monitoring systems for licensure, credentialing and recertification		••••••	
Develop and implement process improvement programs for clinic operations			••••••••••

Click to find a complete list of *business and clinical operations* skills and topic areas for study and development.

**Books and other resources** 

**Education programs** 

**ACMPE** certification







#### 8. Professional Responsibility

For each task in the Professional Responsibility domain, indicate what you believe to be your current level of knowledge by checking the appropriate box.

	Low	Moderate	High
Advance professional knowledge and leadership skills			
Balance professional and personal pursuits		••••••	••••••
Promote ethical standards for individual and organizational behavior and decision-making		••••••	••••••
Conduct self-assessments	•	••••••	••••••
Engage in professional networking		•	•
Advance the profession by contributing to the body of knowledg	је	••••••	••••••
Develop effective interpersonal skills		•••••	••••••
•••••••••••••••••••••••••••••••••••••••			

Click to find a complete list of *professional responsibility* skills and topic areas for study and development.

**Books and other resources** 

**Education programs** 

**ACMPE** certification

Get an objective assessment of your knowledge in these and all other areas of the Body of Knowledge by taking the *ACMPE Knowledge Assessment*.

Back to the start of the ACMPE Technical/Professional Knowledge Inventory.





## Five General Competencies for Medical Practice Management



Success in any profession requires knowledge and skills in a variety of areas. The Body of Knowledge for Medical Practice Management identifies five areas of ability or general competencies expected of practitioners in the field.

#### 1. Professionalism

Medical practice executives must demonstrate a commitment to achieving professional standards that enhance personal and organizational integrity and contribute to the profession. They must be able to:

- Actively engage in a program of self-assessment and continuous learning.
- Manage the overload of information and stress generated from diverse situations that occur in the practice and their personal lives.
- Advocate for ethical decision-making in the practice.
- Carry out service activities to support the development of their colleagues, the profession and the community.

#### 2. Leadership

Medical practice executives must demonstrate leadership by collaborating with and supporting the practice's physician leadership to provide strategic direction to the organization and the operational systems to carry it out. They must be able to:

- Foster teamwork between clinical and administrative staffs.
- Support the creation of an effective system of physician governance.
- Introduce and promote changes to improve practice performance, accountability and patient care.
- Develop external relationships to benefit patients, the practice and the community.





#### 3. Communication Skills

Medical practice executives must demonstrate the communication skills necessary to elicit multiple points of view from internal and external sources, facilitate constructive interaction and present information clearly and concisely. They must be able to:

- Seek out and incorporate the views of physicians, management professionals, staff, patients and other external stakeholders into decisions that affect the quality of care, the workplace environment and the business stability of the practice.
- Logically organize the presentation of information.
- Identify and utilize appropriate human and technical resources to develop communication vehicles.
- Present information orally and in writing.
- Facilitate discussion, conflict resolution and problem solving.

#### 4. Organizational and Analytical Skills

Medical practice executives must demonstrate a systematic approach to problem solving, decision making and the development and administration of systems to address day-to-day issues and the long-term improvement needs of the practice. They must be able to:

- Collect and analyze data from internal and external sources relevant to each situation.
- Discriminate between important and unimportant aspects of a variety
  of situations that affect the business and clinical performance of the
  practice as a basis for sound decision making.
- Recommend knowledge-based solutions and courses of action that will enhance the practice's ability to satisfy the needs of physicians, staff, patients and other external stakeholders.
- Organize and carry out planning and implementation processes that support achievement of organizational goals.
- Organize and manage the human and physical resources of the practice to achieve input, buy-in and optimal performance.
- Continually monitor and evaluate the practice's ability to achieve its intended outcomes
  as a basis for modifying and improving systems and processes.





#### 5. Technical/Professional Knowledge and Skills

Medical practice executives must demonstrate the knowledge essential for competent job performance as defined in the Body of Knowledge for Medical Practice Management. They must be able to:

- Recognize the important situational features that make the management of medical practices unique from other health care and business settings.
- Understand and apply the management information, concepts and principles necessary to address a broad range of medical practice tasks and situations in the eight performance domains of:

Financial Management

Human Resource Management

Governance and Organizational Dynamics

Planning and Marketing

Information Management

Risk Management

**Business and Clinical Operations** 

Professional Responsibility

back to the start of Five General Competencies for Medical Practice Management.

Those seeking to complete the requirements for ACMPE certification must demonstrate competency in each of these five areas. Click to find more information about *ACMPE certification*.

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## Competency Five— Technical/Professional Knowledge

A necessary cornerstone of any profession is the specialized knowledge base and skillset that practitioners must develop for success in the field. The Body of Knowledge for Medical Practice Management indicates that, among other competencies, medical practice executives must be able to carry out a variety of management and leadership tasks within eight major performance domains:

Financial Management

Human Resource Management

Governance and Organizational Dynamics

Planning and Marketing

Information Management

Risk Management

**Business and Clinical Operations** 

Professional Responsibility

The following sections provide in-depth descriptions of task, knowledge and skill requirements within each of these domains.

Links are provided to the glossary (for definitions of abbreviations and terms used) and information on a variety of ACMPE and MGMA professional development resources.





## Technical/Professional Knowledge Performance Domain One Financial Management: Skills, Tasks, Knowledge

#### Financial Management Skills

Key financial management skills for the medical practice executive are:

- Translating medical practice objectives into financial assumptions for short-term and/or long-term planning.
- Projecting practice revenue/related expenses and developing budget models to guide practice activities.
- Prioritizing projects in line with the practice's financial goals, negotiating resource allocation and directing work teams to achieve revenue/expense objectives.
- Compiling, interpreting and communicating financial information to various audiences, including physicians/shareholders and staff in verbal and written forms for education and decision making.
- Identifying and using financial software applications to facilitate the medical practice's billing/collections, general ledger, cost accounting, spreadsheets and investments.
- Analyzing and controlling budget variances to ensure tight fiscal management.
- Evaluating vendor/consultant credentials and manage the practice's professional resources.
- Developing requests for proposals (RFPs), analyzing and negotiating/ renegotiating contract terms favorable to the practice.
- Designing and monitoring systems of checks and balances and internal controls to safeguard practice assets.
- Calculating business ratios and benchmarks to keep the practice competitive.
- Analyzing the relationship of fees to coding/diagnosis for appropriate reimbursement to practice.
- Developing and monitoring policies and procedures to direct financial activities.







#### Financial Management Tasks

Medical practice executives must use the skills described above to ensure that the following tasks are carried out in a medical practice (Click on a task number to find the core knowledge required to carry out that task):

TASK 1	Prepare and manage budgets to achieve organizational objectives
TASK 2	Develop accounting and financial control systems
TASK 3	Prepare financial statements and conduct financial analysis
TASK 4	Develop and manage material procurement and payment systems
TASK 5	Develop coding and reimbursement policies and procedures
TASK 6	Facilitate investment planning, management and compliance
TASK 7	Establish business relationships with financial advisers
TASK 8	Establish fee schedules for physician services
TASK 9	Negotiate third-party contracts
TASK 10	Develop reconciliation systems for third-party payor reimbursement
TASK 11	Facilitate retirement planning, management and compliance
TASK 12	Maintain compliance with tax laws and filing procedures

Click for the *glossary* of abbreviations and terms used in the task descriptions.

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#### Financial Management Knowledge by Task

Financial Management Task 1:
Prepare and manage budgets to achieve organizational objectives

#### Core financial management knowledge for Task 1

#### Strategic direction of the organization

Mission and vision Short-term and long-term goals and strategies Impact of budget

#### Market trends

General social, technological, economic, political trends Specific industry trends Potential changes in revenue, rates, costs, staffing models Impact on resource development and allocation

#### Budget items/types

Revenue budget
Expense budget
Operating budget
Line-item budget by departments, locations, providers, business lines
Program/department budget
Zero-based budget
Cash-flow budget
Capital budget

Return to Financial Management Task Table.

Find books and other products on Financial Management.

Find educational resources on Financial Management







## Financial Management Task 2: Develop financial accounting and controls systems

#### Core financial management knowledge for Task 2

#### Financial and accounting principles

Generally accepted accounting and auditing practices (GAAP, GAAS)

Role of certified public accountant

Cash vs. accrual accounting

Fixed vs. variable costs

Direct vs. indirect costs

Capitalization

Depreciation

Conservatism

Consistency

#### Financial forecasting models

Pro forma

Cash flow

Statistical

Asset liabilities/capital budgeting

Benchmarking

#### Accounting system development and analysis

Double-entry bookkeeping

Documentation and control

Accounting period

Process flow

Adjustments

General journal/ledger

Subsidiary ledgers

Revenue determination

Expense determination

External reports

Physician income distribution and productivity

Short-term financial management

Long-term financial management

#### Organizational accounting needs

Organizational chart

Departments

Functionality

Policies and procedures

Process management

Management responsibilities (board, staff)





#### Financial Management Task 2: continued

#### Chart of accounts methodologies

Five basic accounts
Information sources
Complexity level/numbering system
Account categories

#### Financial decision-making tools

Present value Time value of money

#### Financial information systems

General accounting (A/R, A/P, payroll, general ledger, billing/collection, patient accounting, cost accounting, claims processing)

Contract management

Practice management

Patient management

Productivity tracking

Decision support system

Security

Confidentiality

#### Managerial accounting principles

Decision-making information for planning and controlling
Cost accounting
Budgeting
Systems analysis
Division of labor
Level of authorization
Cash-flow management
Financial statement preparation
Financial analysis

## Internal controls Bank reconciliations

Check signing
Reimbursed expenses
Petty cash control
Deposits
Approvals/authorizations and verifications
Reviews of operating performance
Security of assets
Segregation of duties

#### Accounting audit control functions

Independent auditor examination Audit report Types of audits Types of auditors Unaudited financial statements Audited financial statements



BACK FORWARD QUIT INDEX





#### Financial Management Task 2: continued

#### Compliance

Compliance program, education, monitoring, accountability Preventive measures
Conflict of interest
U.S. Department of Justice/Office of Inspector General audits Stark law, referrals
CMS, Medicare/Medicaid billing fraud and abuse
Antikickback
HIPAA

Return to Financial Management Task Table.

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Find *educational resources* on Financial Management.







## Financial Management Task 3: Prepare financial statements and conduct financial analysis

#### Core financial management knowledge for Task 3

#### Financial and cost accounting techniques

Modeling Forecasting Benchmarking Cost/benefit analysis Statistical analysis

#### Sources of revenue

Medical reimbursement Clinical drug trials Alternative medicine e-commerce Ancillary services Ambulatory surgery center

#### Financial statement types/steps

Basic financial statements
Preparation of trial balance and financial statements
Statement of functional expenses
Statement of cash flows
Notes to financial statements
Analysis of financial statements
Benefits of financial statements

#### Key indicators

Practice performance - gross charges, net revenue, operating costs, current ratio, days in A/R, net/gross collection percentages, salaries, supplies, bad debts, number of staff Benchmarking to cost surveys, physician compensation surveys
Prepaid services

#### Variance analysis

Budget comparison - actual to estimates Plan to correct/shift resources Budget modifications

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#### Financial Management Task 4: Develop and manage material procurement and payment systems

#### Core financial management knowledge for Task 4

#### Materials management principles and models

RFP process
Par values vs. just-in-time inventory
Purchasing control
Group/Internet purchasing
Budgeted purchases
Fixed assets
Pricing discounts
Maintenance/leasing contracts
Equipment/service requests

#### Accounts payable and purchasing systems

Accounts payable management Aging Discounts Vendor relations

#### *Inventory control and management*

Reporting on normal flow, variations Security Computerization Current, historic data Inventory as assets - equipment, supplies

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#### Financial Management Task 5: Develop coding and reimbursement policies and procedures to maximize cash flow

#### Core financial management knowledge for Task 5

#### Accounts receivable measurement/management systems

Aging

Benchmarking

Net vs. gross revenue

Days outstanding collections

#### Coding systems, guidelines, resources

CPT and ICD-9

E&M levels of service

CCI and bundling guidelines

Auditing systems

**RBRVS** 

Modifiers

Coding resources (specialty specific)

\*Contract reimbursement rates

Risk contracts (capitation and case rates, withholds)

Fee-for-service

Auditing payments

#### Regulatory agency and contract guidelines and mandates

CMS

Insurance

State

HEDIS

NCQA

**JCAHO** 

#### Charge capturing, billing and collection systems

Patient encounter records

Billing procedures

Month-end closing

Electronic claims processing

Manual process/computer system

Collection agency policy

Collection letters

Telephone collection

Collection follow-up

Disputes

Bankruptcy claims

Settlements

Time payments

Write-offs







Financial Management Task 5: continued

Front-office activities

Patient flow Scheduling Registration Benefit verification Copay collection

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#### Financial Management Task 6: Facilitate investment planning, management and compliance

Core financial management knowledge for Task 6

#### Financial markets and investment alternatives

Investment options
Cash tools
Cash inflows and outflows
For-profit vs. nonprofit considerations
Investment philosophies
Investments and long-term receivables
Fixed income
Equity
Sources of capital
Managing investments

#### Organizational goals

Coordinating accounting goals with organizational goals Risk, return and liquidity Need for capital infusion

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Financial Management Task 7: Establish business relationships with financial advisers.

Core financial management knowledge for Task 7

#### **Business** principles

Banking basics Accounting/auditing basics Investment basics

#### Adviser relationships

Roles, relationship management Types of advisers (e.g., banker, accountant, retirement adviser, investment adviser.) Method for choosing Method for reporting, monitoring

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# Financial Management Task 8: Establish fee schedules for physician services

Core financial management knowledge for Task 8

#### Fee schedule methodologies

Setting charges RBRVS McGraw-Hill reference Case rates Capitation Contract reimbursement Periodic review of fee schedule

# Utilization of services under risk agreements

Risk agreement negotiation Service monitoring

## Operational data sources

Frequency counts
Weighted average methodology

#### Antitrust, fraud and abuse

Compliance communication/education
Prevention programs
Voluntary audits
Reporting methods
Responsibility assignments, roles
Compliance agency interfaces
Outside consultants

# Payor mix

Mix Volume Reimbursement rates Market analysis

#### Noncovered services

Uninsured policy Write-offs Charity care

Return to *Financial Management Task Table*.

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# Financial Management Task 9: Negotiate third-party contracts

Core financial management knowledge for Task 9

#### Paper contracts

Fee-for-service Risk (pharmacy, global, professional, primary care, carve-outs, mental health, etc.) Fee-for-service with bonus Contract capitation Case rates Prospective payment

# Managing risk

Actuarial underwriting Stop-loss insurance Scope of services Contract and health care law

#### Health care quality standards

Quality assurance/performance improvement Patient satisfaction NCQA requirements Payor satisfaction JCAHO, CMS requirements

#### Medical management

Utilization management Disease management

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# Financial Management Task 10: Develop reconciliation systems for third-party payor reimbursement

Core financial management knowledge for Task 10

# A/R management

RBRVS
Identification of reasons for nonpayment
Development of rejection codes/tracking their use
Tracking and collection of withholds
Denial appeals
Collections of late payment, penalties and interest
PITA factor
Reimbursement methods
Auditing techniques

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# Financial Management Task 11: Facilitate retirement planning, management and compliance

# Core financial management knowledge for Task 11

#### Fiduciary responsibility

Role of trustee

Provision of adequate plan information to beneficiaries

## Types of plans

Defined benefits vs. defined contribution 401(k), 403(b), etc. Prototype vs. nonprototype

Self-directed vs. employer-directed vs. limited option Super top-heavy vs. top-heavy vs. normal plan

Age weighted and new comparability options

Nondiscrimination clauses

Money purchase, profit sharing and matching contributions

# Retirement plan laws, regulations

**ERISA** 

U.S. Department of Labor Forms and compliance Tax returns

## Administrative services, record keeping and investment management

Evaluation of services, outsource vs. in-house Cost analysis of total fee structure Reporting costs Coordination-external advisers and internal staff

#### Financial planning for individuals

Physician education
Outside advisers, seminars
Open enrollment meetings
Continuous communication
Open access to information

# Plan monitoring

Benchmarking returns to market indices Investment risk evaluation Investment adviser evaluation

# Return to *Financial Management Task Table*.

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# Financial Management Task 12: Maintain compliance with tax laws and filing procedures

Core financial management knowledge for Task 12

#### Federal and state taxation authorities

Internal Revenue Service
U.S. Department of Labor
State Department of Revenue
Employment Security Commission
Wage and hour regulators
Workers' compensation

## Compliance

Administrative checklist Responsibility assignments by department Payroll Department Time/attendance records

#### External resource coordination

CPA firm
Payroll tax service

Return to Financial Management Task Table.

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Take an objective *knowledge assessment* of what you know in this and other areas of the Body of Knowledge for Medical Practice Management.

Click to find out more information on **ACMPE certification**.





# Technical/Professional Knowledge Performance Domain Two Human Resource Management: Skills, Tasks, Knowledge

# **Human Resource Management Skills**

Key human resource (HR) management skills for the medical practice executive are:

- Interpreting and integrating federal, state and local laws and industry HR regulations into organizational policies and procedures.
- Developing HR measurement/monitoring systems.
- Explaining pros and cons of different models of compensation and getting physician buy-in.
- Giving/receiving feedback to improve individual and organizational performance.
- Analyzing cost/benefit tradeoffs of HR practices and the financial impacts on the practice.
- Negotiating employee relations matters fairly to prevent labor disagreements and to ensure the safety of practice personnel.
- Tolerating and understanding the stress, criticism and conflict related to HR matters, including disciplinary issues.
- Identifying core competencies and job responsibilities specific to medical services and creating clear job descriptions.
- Designing recruitment/selection processes to ensure new personnel match practice position needs and staffing/strategic plans.
- Understanding the basis for physician behavior and dealing with it effectively.
- · Assessing and responding to staff needs for training and coaching.
- Monitoring and updating HR practice's pay policies with today's dynamic and diverse labor/industry trends and medical practice goals.







# **Human Resource Management Tasks**

Medical practice executives must use the above skills to ensure that the following tasks are carried out in a medical practice (Click on a task number to find the core knowledge required to carry out that task):

TASK 1:	Design compensation and benefits programs consistent with the values of the organization
TASK 2:	Establish job classification systems
TASK 3:	Develop employee placement programs and facilitate work force planning
TASK 4:	Establish employee appraisal and evaluation systems
TASK 5:	Develop and implement employee training programs
TASK 6:	Establish employee relations and conflict resolution programs
TASK 7:	Maintain compliance with employment laws

Click for the *glossary* of abbreviations and terms used in the task descriptions.





# Human Resource Management Knowledge by Task

Human Resource Management Task 1: Design compensation and benefits programs consistent with the values of the organization

#### Core Human Resource Management Knowledge for Task 1

## Organizational considerations

History, values, structure
Philosophy of pay/benefits
Disseminated authority/decision making
Formal vs. informal practices
Organizationally sanctioned vs. unsanctioned compensation
Determination of pay/benefit mix in total compensation

#### Compensation models

Performance-based
Skill/knowledge/competency-based
Productivity-based
Job analysis-based
Incentive-based

## Variable compensation

Incentive pay options
Profit sharing
Cost reduction/gainsharing
Equity ownership
Pay-for-knowledge/skill
Pay-for-performance
Reward for suggestions
Special awards
Bonuses
Team rewards
Supervisory discretionary awards

#### Market analysis

Marketplace rates Government data External competitiveness Labor markets Economic conditions

# Compensation benchmarks

Published salary surveys (e.g., industry, government, local) Informal salary surveys (e.g., peer, employee, exit interviews) Data from recruitment process/new hires

#### Income distribution models

Income allocation policy
Physician compensation
Shareholder vs. nonshareholder
Salary/incentive ratio
Stock options/ownership









# Human Resource Management Task 1: continued

# Compensation methods

Pay tables
Salary grades/steps
Broadbanding
Salary increase guides
Performance measures
Equitable pay guidelines
Longevity-seniority considerations
Incentive program criteria
Pay adjustments, timing/type

# Compensation communication

Confidentiality issues
Open/closed pay information policy
Shared information
Private information
Annual employee pay/benefit report
Payroll recordkeeping/procedures

#### Job evaluation

Relative worth of job
Relative importance within organization
Knowledge, skills, abilities needed
Amount/type of education, experience needed
License/certification needed
Difficulty of job
Accountability
Amount of supervision provided/needed
Factor comparison
Point method

## Benefit program financing

Benefit package design
Employer-vs. employee-paid
IRS implications
Cost-effectiveness
External contracts vs. self-insured
Qualified vs. nonqualified plans
Self-funding
Long-term benefit cost
Percentage of payroll
Legally required benefits

## Eligibility

Physician Executive Employee full-time Employee part-time







# Human Resource Management Task 1: continued

## Benefit options

Flexible benefits

Health insurance

Life insurance

Dental insurance

Long-term/short-term disability insurance

Accidental death insurance

Paid time off (e.g., sick leave, vacation, holiday, jury duty)

Financial planning/counseling

Housing finance assistance

Child care/elder care

Charitable matching contributions

Long-term care plan

IRAs

Pension plan

Severance pay

Travel insurance

*In-house medical services* 

Vision insurance

Hearing insurance

Postretirement medical benefits

## Legal aspects

**ERISA** 

HIPAA

COBRA

IRS payroll obligations

IRS Code Section 457/deferred compensation

Social Security

Workers' compensation

Unemployment insurance

#### Market economics

Supply/demand influences

Local labor market

Sign-on bonuses

Effects on current staff

Compression issues

Recruiting bonuses

Return to Human Resource Management Task Table.

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# Human Resource Management Task 2: Establish job classification systems

# Core Human Resource Management Knowledge for Task 2

#### Job assessment/analysis

Methods (e.g., interview, observation, questionnaire, diary/time log)

Job analysis of job activities

Number of job classes

Job tasks

Difficulty/complexity of duties

Supervision/administration duties

Accountabilities

Working conditions

Performance standards

Reporting relationships

Position analysis

Knowledge/skills/abilities

Physical job requirement/ergonomic standards

ADA issues

EEO issues

Labor relations issues

*Interactions with other positions* 

Medical services responsibilities

Reporting relationships

Employee-written job description

# Job description

Position title

General statement of duties

Supervision received

Supervision exercised

Essential functions

Educational requirements

Experience requirements

Other requirements

Skills

**Abilities** 

Competencies

Working conditions

Equipment operated

# Health care/business occupations

Medical job categories

Allied health jobs (e.g., radiology, lab)

Nonmedical job categories (e.g., finance, MIS, maintenance)

Position type/employee status



BACK FORWARD QUIT INDEX





## Human Resource Management Task 2: continued

# Human resources practices

Relationship to staffing plan Relationship to compensation Relationship to appraisal Relationship to other HR practices (e.g., training) Protection against pay inequities

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# Human Resource Management Task 3: Develop employee placement programs and facilitate work-force planning

# Core Human Resource Management Knowledge for Task 3

## Organizational goals

Types of staff needed Numbers needed Timing required

# Organizational structure/culture

Strategic/business plan implications Job evolution/emerging jobs Changing expectations Matching people with organization Image to applicants Clinical processes/desired outcomes

## Workforce planning

Assessment of existing/future staffing needs Physician-to-staff ratio
Midlevel provider considerations
Labor shortages
FTE ratios
Staffing/scheduling factors
Shift/extended hours
Budget considerations
Location/space factors
Part-time employees
Outsourcing

## Recruitment sources/techniques

Promotion from within
Community placement services
Advertising strategy
Media for placing job ads
Academic institution career centers
Temporary agencies
Internet job posting services
Search firms
Internal referrals
Local/national professional organizations





#### Human Resource Management Task 3: continued

#### Selection

Employment application form
EEO factors (e.g., advertising, recruiting, record-keeping)
ADA considerations
Interviewing (screening, structured, behavior-based)
Panel interviews
Open-ended questions
Testing (written, performance)
Consent for reference checks
Criminal investigation
Background checks
Reference checks
Offer of employment
Health information/physical exams
Negligent hiring issues
Laws/regulations

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# Human Resource Management Task 4: Establish employee appraisal and evaluation systems

# Core Human Resource Management Knowledge for Task 4

# Employee performance review methods

Performance evaluation policy

Competency-based

Productivity/merit pay-based

Scored vs. nonscored

Peer review/360-degree observation

Physician review

Patient review

Essay rating

Critical incident rating

**BARS** 

Performance standards

Criterion-based

Goal setting

Self-assessment

Management/supervisory responsibilities

Link to job description

Contemporary challenges

Frequency/modification

Legal pitfalls

# General/specific competencies

Competency classification systems

Staff-specific positions

Continuing education

Patient age-specific (e.g., adult, pediatric)

#### Constructive feedback

Performance interview

Balanced review

Perceived inequality/undervalued

Coaching/listening

Mentoring

Conflict resolution

Mediation of differences

Recognition/rewarding of desired outcomes

Self-responsibility

## Performance development plan

Poor performers

Star/exceptional performers

Long-term employee

New employee

Physician

Ancillary staff

Nonmedical staff

*Problem-solving emphasis* 







# Human Resource Management Task 4: continued

#### **Promotion**

Job posting
Job bidding
Skills inventory
Personnel records
Staff coordination
Legal considerations
Promotional orientation/training
Link with compensation

# Pay for performance/merit pay

Discretionary rewards Nonmonetary recognition/cashless compensation Timing of salary review vs. performance review

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# Human Resource Management Task 5: Develop and implement employee training programs

# Core Human Resource Management Knowledge for Task 5

#### Adult learning styles

Learning by doing
Didactic teaching
Coaching
Formal/informal preferences
Self-directed
Group interaction

# Organizational operations/practices

Philosophy of training/development Training value to organization Present cost vs. future investment Determination of training content/courses Logistical planning Replacement schedules Overtime considerations Outsourcing vs. in-house training Benefits vs. pitfalls Training the trainer Application/eligibility Covered expenses/reimbursement Tuition coverage Release time Paid attendance Meeting time Continuing education policy

#### Types of training

Orientation
Technical
Skill
Career development
Supervisory/management
Academic/degree programs
Certification
Cross-training







# Human Resource Management Task 5: continued

## Training models/media

Job-specific requirements
Computer-based
Video
Interactive
Role playing
Lecture/speaker
Group discussion
Books
Education technology online/software

#### Desired outcomes

Awareness Knowledge Behavior change Results

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# Human Resource Management Task 6: Establish employee relations and conflict resolution programs

# Core Human Resource Management Knowledge for Task 6

## Laws and regulations

Federal

State

Local

Employee participation/legal employee committees

Employee and labor relations

Employee organization/representation policy

Union solicitation policy

Arbitration policy

Union avoidance procedures/union-free workforce

*Union grievance procedures* 

Competitive wages

Communication plan

Current personnel policies

# Employee grievance procedures

Definition of grievance

Legal requirements

Procedural steps

Communication of procedures

Time limitations

Third-party resolution

Chain of command

Due process

Union considerations

Conflict resolution/mediation models

Trouble-shooting

Positive employee relations

Interest-based

Win-win

Mediation

Arbitration





# Human Resource Management Task 6: continued

## Progressive discipline

Philosophy of discipline policy
Legal requirements
Supervisory guidelines
Documentation of incidents/observations
Dealing with anger
Policy on employee behavior
Policy on workplace harassment
Policy on workplace violence
Diplomacy
Reprimand
Verbal and written warnings

Decision-making leave Suspension with/without pay Discharge considerations

Termination

Documentation

#### ADA factors

Protected individuals Essential functions criteria Reasonable accommodations Changes in law

# Employee assistance program

Conditions of usage Conditions of employment Intervention with troubled employees Prevention/identification of potential workplace violence Stress management Tolerance for no-solution situations Age discrimination Handling criticism and direct challenges Objective stance Fair application of policies Substance abuse/impaired physicians Counseling for emotional issues Family/marital counseling Financial counseling Legal counseling Career counseling

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# Human Resource Management Task 7: Maintain compliance with employment laws

# Core Human Resource Management Knowledge for Task 7

#### Human resources policies/practices

HR policies

Employee handbook

Organizational philosophy/values/culture

Compliance laws/regulations

Time off

Compensation/payroll

Benefits

Discipline

Performance

Employment

Safety and health

Compliance with fraud and abuse laws

Nondiscrimination

## Federal/state/local laws and regulations

FLSA - wage and hour

Employment at will

ADA

*FMLA* 

**OSHA** 

Civil Rights Act/Title VII

EEO

Workers' compensation

Sexual orientation (e.g., state/local laws)

Unemployment compensation

COBRA

Licensure/certification

Record-keeping (e.g., employment files, employee health files)

ERISA

Immigration Reform Control Act

HIPAA

NLRA

Equal Pay Act

Age Discrimination in Employment Act

Vocational Rehabilitation Act

Vietnam Era Veterans Readjustment Act

Pregnancy Discrimination Act

Affirmative action (state-local-specific)

# Supervisory training on HR matters

Legal requirements
Consequences for noncompliance
Appropriate/inappropriate actions
Supervisory responsibilities
Employee rights and responsibilities





Human Resource Management Task 7: continued

Supervision review/monitoring functions

Observation Measurement Documentation Investigation Discipline Termination

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Take an objective *knowledge assessment* of what you know in this and other areas of the Body of Knowledge for Medical Practice Management.

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# Technical/Professional Knowledge Performance Domain Three Planning and Marketing: Skills, Tasks, Knowledge

# Planning and Marketing Skills

Key planning and marketing skills for medical practice executives are:

- Analyzing/interpreting market research data to help guide strategic planning for the practice.
- Communicating business-planning factors to physicians and staff to influence movement in synchronization with emerging trends.
- Generating ideas to target markets and meet the needs of diverse demographic segments.
- Organizing public, customer and community relations programs to communicate the key messages and image of the practice.
- Evaluating promotion methods to maximize best fit for each market segment.
- Assessing need for additional ancillary services that fit with the practice's mission/vision.
- Negotiating external affiliations for the practice.
- Serving as a role model for effectively dealing with stress and ambiguity to help physicians and staff cope with change.
- Negotiating legal/financial contracts with marketing vendors to ensure best cost-benefit ratio for practice resources.
- Facilitating ongoing monitoring of business and marketing plans and making appropriate adjustments in line with medical industry dynamics.
- Building consensus on the most appropriate marketing mix to complement the strategic plan.
- Designing new products/services to foster practice growth and better serve customers.







# **Planning and Marketing Tasks**

Medical practice executives must ensure that the following planning and marketing tasks are carried out in the medical practice (Click on a task number to find the core knowledge required to carry out that task):

TASK 1:	Develop strategic plans.
TASK 2:	Create business plans.
TASK 3:	Create marketing plans.
TASK 4:	Monitor and evaluate effectiveness of strategic, business and marketing plan activities.
TASK 5:	Pursue and establish partnerships and strategic alliances.
TASK 6:	Develop and implement community outreach, public relations and customer relations programs.

Click for the *glossary* of abbreviations and terms used in the task descriptions.







# Planning and Marketing Knowledge by Task

Planning and Marketing Task 1: Develop strategic plans

# Core Planning and Marketing Knowledge for Task 1

# Strategic planning principles

Leadership roles of board, administrator Need for professional outside facilitator Conflict management/consensus building Mission, vision, values statements Planning process, meeting agendas Retreat logistics, goals Follow-up

## Data collection/analysis

Social, technological, economic, political trends Strengths, weaknesses, opportunities, threats Emerging industry trends Focus groups Satisfaction surveys Interviews Situation assessment Environmental assessment Practice assessment Community needs assessment

# Facilitation, decision-making methods

Meeting management
Facilitating vs. running
Delphi technique
Nominal group process
Problem-solving techniques
Brainstorming methods
Creative thinking, critical thinking
Case studies







# Planning and Marketing Task 1: continued

# Organization structure, culture

History, age of practice
Single specialty, multispecialty
Size of practice
Physician agendas and personalities
Corporate structure
Hierarchy vs. participation
Development of shared sense of purpose
Coordination/integration of work groups

Return to Planning and Marketing Task Table.

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# Planning and Marketing Task 2: Create business plans

# Core Planning and Marketing Knowledge for Task 2

#### Business plan principles

Types of business plans
Start-up vs. ongoing financing
Operational vs. bank financing
Development of pro formas
Annual operational planning
Annual goals/objectives
Action plans

# Marketing impacts on business plan

Trend analysis/change triggers Product/service development Budget implications Staff considerations

# Budgeting concepts/financial goal-setting

Return on investment (ROI)
Discounted cash flow methodology
Accrual vs. cash basis financial statements
Financial risk tolerance

Return to **Planning and Marketing Task Table**.

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# Planning and Marketing Task 3: Create marketing plans

# Core Planning and Marketing Knowledge for Task 3

#### Market data sources

Census data
Industry trends
Local economics
Web sites
Payors
Business coalitions
Chambers of commerce
State trade organizations
Competitive data

# Survey techniques

Focus groups
Patient feedback
Complaint/occurrence data
Evaluation cards
Outside consultants
Competitive comparison

## Marketing mix

Product
Price
Promotion
Place

# Target Marketing

Ability to meet need
Cost of serving need
Current/potential customer profile
Demographics/psychographics
Current/potential income
Number/strength of competitors
Physician-to-physician referral marketing
Physician-to-managed care marketing
Physician-to-corporate marketing
Market segmentation/stratification
Market share
Market development/penetration







# Planning and Marketing Task 3: continued

## Product/service lines

Service assessment
Supply and demand
Service expansion
Product features vs. benefits
Product life cycle
Alternative income sources
Customer desires/buying triggers

# Pricing

Pricing strategies
Product costing
Competitive comparison
Payor considerations
Legal ramifications
Discounts/sliding scale
Uninsured/pro bono policy

#### Place

Distribution of service
Geographic coverage
Location of services
Satellite offices
Off-site (e.g., schools, community clinics)
Hospital affiliations
Provider panel expansion

## Promotion

Advertising
Public relations/publicity
Customer relations
Community relations
Staff relations
Media relations
Personal promotion

# Organization, structure and culture

Style/image of practice Structure of practice Systems of practice Culture of practice Practice niche or uniqueness





# Planning and Marketing Task 3: continued

# Advertising concepts

Communication channels
Brand creation, branding strategy
Key messages, graphics/logos, tag lines
Corporate image, visibility
Practice identity
Signage
Cooperative advertising
In-office marketing
Content, reading level of marketing materials
Targeting for each market
Marketing materials design
TV, radio, Internet options
Competitor positioning/image

Return to *Planning and Marketing Task Table*.

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Planning and Marketing Task 4: Monitor and evaluate effectiveness of strategic, business and marketing plan activities

## Core Planning and Marketing Knowledge for Task 4

# Reassessment of plans

Importance of ongoing evaluation Variance analysis Feedback techniques Survey methods Analysis/measurement techniques Outcomes/results Practice benchmarking Market research

## Plan modification

Ongoing consensus building
Interpretation of data, results
Conflict management
Ongoing physician, staff education
Adjusting goals, objectives, budget
Revising business/marketing plans

Return to *Planning and Marketing Task Table*.

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# Planning and Marketing Task 5: Pursue and establish partnerships and strategic alliances

# Core Planning and Marketing Knowledge for Task 5

# Integration principles

Financial considerations
Capitalization of medical groups
Merger/acquisition implications
Consolidation ramifications
Contracting network
Decentralized network
Strategic planning

# Personnel implications

"Same desk" rule
Benefits, pensions, reporting relationships
Managing change reactions, resistance
Participation in change process
Group culture considerations
Licenses, credentialing
Compensation adjustments

#### Risk analysis

Stark legislation
Safe harbors
Real estate considerations
Pro forma budgets
Cash flow projections
Capital asset valuations
Accounts receivable (A/R) valuations
Banking/lending relationships
Restrictive covenants

#### Due diligence process

Operational

Marketing
Legal
Financial
Accounting/tax implications
Physician employment agreements/compensation
Governing structure
Bylaws, documents
Ownership
Naming rights
Negotiation/merger communication
Board, administrator roles
Legal counsel
Investment bankers
Accountants/financial advisers
Consultants/facilitators









# Planning and Marketing Task 5: continued

# Affiliation models

IPA

PPO

PHO

IDS

MSO

Medical division/Employment model

Group practice model

Foundation model

Physician equity model

PPMC

Joint ventures

Return to **Planning and Marketing Task Table**.

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Find *educational resources* on Planning and Marketing.







Planning and Marketing Task 6:
Develop and implement community outreach,
public relations and customer relations programs

## Core Planning and Marketing Knowledge for Task 6

#### Patient education

Patient handbooks
Patient communication protocol
Internet/Web "tele-health" methods
Brochures
Educational materials (video, audio, print)

## Community focus/collaboration

Community definition
Population profile vs. community
Awareness building
Targeted messages
Sensitivity to cultural issues
Standards of acceptance
Community involvement
Volunteer involvement
Health fairs, free clinics
Pro bono/charitable care
Community coalitions

## Analysis of community health risks

Community health risk assessment instruments Collection/analysis of clinical data Promotion of key clinical practices Identification of major issues Involvement in uninsured solutions

#### Wellness/health benchmarks

Awareness of good health principles and concepts Behavioral change Health status improvement Disease management results

#### Public relations methods

Open houses Speakers' bureau Newspaper articles/columns Web site presentations Physician referral newsletter Business cards Service brochure

# Publicity

News releases Media coverage Medical media opportunities







# Planning and Marketing Task 6: continued

#### Internal relations

Staff newsletter
Staff meetings with senior management
Intranet communications
Suggestion boxes

# Stakeholder identification and management

Characteristics
Needs
Expectations
Customized communications

# Survey techniques

Marketing feedback Operational improvement evaluation HEDIS quideline results

## Operational improvements/best practices

Organizational development
Change management tools
Organizational culture, dynamics
Customer service practices
Telephone etiquette
Reception desk etiquette
Dealing with difficult people
Dealing with demanding patients
Dealing with dissatisfied customers
Role modeling with physicians
Physician "bedside manner"
Satisfaction surveys

Return to **Planning and Marketing Task Table**.

Find books and other products on Planning and Marketing.

Find educational resources on Planning and Marketing.

Take an objective *knowledge assessment* of what you know in this and other areas of the Body of Knowledge for Medical Practice Management.

Click to find out more information on **ACMPE certification**.







# Technical/Professional Knowledge Performance Domain Four Information Management: Skills, Tasks, Knowledge

# Information Management Skills

Key information management skills for medical practice executives are:

- Assessing short-term/long-term information technology (IT) needs of medical practice and developing RFI/RFP to ensure comprehensive response from vendors.
- Evaluating vendor proposals and working with physician and staff selection committees to determine best fit for practice.
- Negotiating vendor contracts to ensure best possible price, support and servicing for the medical practice.
- Planning and implementing initial and ongoing training to allow physicians and staff to make best use of IT.
- Persuading physicians and staff to use electronic resources to meet their education, certification and credentialing needs.
- Communicating to physicians and staff the need to maintain IT security to ensure accountability, confidentiality and integrity of system.
- Analyzing database needs and planning comprehensive database systems development to meet multiple practice management needs.







# **Information Management Tasks**

Medical practice executives must ensure that the following information management tasks are carried out in the practice (Click on a task number to find the core knowledge required to carry out that task):

TASK 1:	Conduct information system needs analysis.
TASK 2:	Facilitate information system procurement and installation.
TASK 3:	Develop and implement information system training and support programs.
TASK 4:	Oversee database management and maintenance.
TASK 5:	Develop information network security systems.
TASK 6:	Provide access to electronic education and information resources and systems.

Click for the *glossary* of abbreviations and terms used in the task descriptions.







## Information Management Knowledge by Task

Information Management Knowledge for Task 1: Conduct information system needs analysis

#### Core Information Management Knowledge for Task 1

#### Current systems

Existing applications/tools

Practice management scheduling, billing systems

Automated phone reminder systems

Referrals/authorizations

Claims processing/eligibility/appeals

Electronic medical records

Prescription management/writing

Database management

Disease management

Productivity tools/handheld devices

Transcription/voice recognition systems

Integrated portals

Physician/staff satisfaction

#### IT architecture planning

Mission/vision for organization

Executive direction for IT

Management issues

Business need changes

Application architecture/software trends

Future database needs

Services (e.g., e-mail, groupware)

Facilities/space

Capital investment, ongoing cost

Outsourcing

Virtual visits

Application service providers

Evidence-based medicine

Informatics tools

Online recruitment

Payor data tracking

#### Patient applications

Telehealth

Physician-patient electronic communications

Care management

Electronic monitoring

Physician Web sites

Patient education from practice, from Internet

Medical smart cards

Internet care delivery









#### Information Management Knowledge for Task 1: continued

#### Change processes

Brainstorming method
Players/participation
Timeframe
Planning/evaluation tools
Roles, responsibilities
Communication plan
Readiness for change assessment

Return to Information Management Task Table.

Find books and other products on Information Management.

Find *educational resources* on Information Management.





# Information Management Task 2: Facilitate information system procurement and installation

#### Core Information Management Knowledge for Task 2

#### Prequalification phase

Identification of vendors Trade shows Trade publications MGMA resources Internet

#### Request for information (RFI)

RFI development/distribution
Strategy preferred (portal, niche player, solutions provider)
Response analysis
Company reviews
Stock reviews
Better Business Bureau check
Determination of finalists

#### Request for proposal (RFP)

Selection criteria
Practice profile
Practice goals/constraints
Price range
Delivery timeline
Ongoing service
References/portfolio
Specific platform
Other criteria

#### Decision making

Finalist reference checking Selection committee Analysis of trade-offs Decision Implementation plan

Return to Information Management Task Table.

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Find *educational resources* on Information Management.







# Information Management Knowledge for Task 3: Develop and implement IT training and support programs

Core Information Management Knowledge for Task 3

#### Needs assessment

Survey of physician expertise/needs Survey of staff expertise/needs Survey of preferred training methods Analysis of time needed Analysis of costs

#### Planning

Budgeting Scheduling Equipment needs Instructors (internal, external) Off-site, on-site

#### *Implementation*

Schedule options
Make-up options
Training/reference materials
Evaluation of instruction
Ongoing support

Return to *Information Management Task Table*.

Find books and other products on Information Management.

Find *educational resources* on Information Management.







#### Information Management Knowledge for Task 4: Oversee database management and maintenance

Core Information Management Knowledge for Task 4

#### Database selection

Needs assessment Buy/rent vs. build Contract/custom development

#### Management

Responsibilities, roles
Policies, procedures
Types of data
Patient care billing
Closings (daily, monthly, yearly)
Report generation/distribution
Custom reports

#### Maintenance

System administration Disaster management Policies, procedures Staff roles

Return to Information Management Task Table.

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# Information Management Knowledge for Task 5: Develop information network security systems

#### Core Information Management Knowledge for Task 5

#### Health Insurance Portability and Accountability Act (HIPAA)

National provider identifier
Electronic transactions
National standard employer identifier
Standards for security and electronic signatures
National health identifier for individuals
Standards for individually identifiable health information

#### Accountability

Authorized access to information Authentication technology Encryption Physical access control

#### Confidentiality

Policies, procedures Legislation Proper use Proper disclosure Proper release

#### System Integrity

Data protection from tampering
Firewall and other safeguards
Accuracy of data
Maintenance of data
Communication/education
Board/administration responsibilities
Physician responsibilities
Staff responsibilities
Monitoring
Consequences

Return to Information Management Task Table.

Find books and other products on Information Management.

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# Information Management Knowledge for Task 6: Provide access to electronic education and information resources and systems

Core Information Management Knowledge for Task 6

#### Resource options

MGMA knowledge base Internet options Applicable professional organizations Academic institutions

#### Equipment/software/media options

Computer Video Audio CD-ROM Interactive

#### Management

Practice priorities and topics for clinical and administrative training Communication of options Support for education Scheduling flexibility Evaluation of results

Return to Information Management Task Table.

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Take an objective *knowledge assessment* of what you know in this and other areas of the Body of Knowledge for Medical Practice Management.

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# Technical/Professional Knowledge Performance Domain Five Risk Management: Skills, Tasks, Knowledge

## Risk Management Skills

Key risk management skills for the medical practice executive are:

- Continually assessing potential medical practice risks to prevent malpractice suits, loss control issues and government claims of abuse.
- Communicating consistently to medical practice staff via most appropriate media the commitment to minimize risk and maximize compliance to ensure high-quality patient care.
- Interpreting government regulations on corporate compliance, fraud/abuse to physicians and staff to promote adherence.
- Building/maintaining relationships with legal counsel to ensure most appropriate resources on practice liability matters.
- Planning security systems and education to minimize possible workplace violence in the medical facility.
- Writing and communicating clear policies on medical practice risk and compliance matters, including medical records, self-referral and patient safety to limit risk exposure.
- Investigating all claims against the practice and its physicians and staff to ensure patients and staff are treated correctly.
- Negotiating contracts (including capitation agreements) with payors, contractors, vendors and other outside resources to eliminate risks for the practice.
- Reporting regularly to the board, administrators and staff on risk-related matters to ensure up-to-date understanding of liability issues for the practice.
- Evaluating future risks for the practice in light of past/present history and forecasted trends to ensure adequate preparation for the future.







# Risk Management Tasks

Medical practice executives must ensure that the following major risk management tasks are carried out in the medical practice (Click on a task number to find the core knowledge required to carry out that task):

Maintain legal compliance with corporate structure
Maintain corporate history and develop record-keeping procedures
Develop conflict resolution and grievance procedures
Assess and procure liability insurance
Establish personnel and property security plans and policies
Develop and implement quality assurance and patient satisfaction programs
Establish patient, staff and organizational confidentiality policies
Conduct audits of at-risk financial activities
Develop professional resource networks for risk-related activities
Negotiate and comply with contractual arrangements
Maintain compliance with government contractual mandates

Click for the *glossary* of abbreviations and terms used in the task descriptions.





## Risk Management Knowledge by Task

Risk Management Knowledge for Task 1: Maintain legal compliance with corporate structure.

#### Core Risk Management Knowledge for Task 1

#### Knowledge of federal, state, local laws/regulations

Corporate and business law

C vs. S corporation

LLC vs. general partnership

For-profit vs. nonprofit

Foundation

Antitrust

Federal funding

OSHA

ADA

**FMLA** 

ERISA

Networks

Provider legislation

Antikickback

Stark law

#### Legal relationships

Attorney in general practice

Attorney specialists

Legal resource capabilities/utilization

Relationship with legal counsel

Legal system

Arbitration/mediation rules/skills

#### Leadership liability

Board

Officer

Decisions

Obligations (to speak up on issues, to know when to seek legal counsel)

Rules of discovery

Liability insurance (e.g., professional/personal)

Civil vs. criminal law

Medicare fraud and abuse

Tax numbers, billing, contracts

Corporate compliance plan

Corporate structural changes

De-merger





#### Risk Management Knowledge for Task 1: continued

#### Assessment/decision making

Cost/benefit assessment of suits Options/choices Assessment of need for negotiation Settlements

#### Governance development/policy adherence

Governance structure Governance policies/procedures Board member personalities/relationships/interactions Right to due process

#### Risk management strategy

Risk management plan
Identification of risk exposures/loss experience
Peer review and evaluation of care
Ongoing monitoring of corrective actions
Importance of immediate investigation of potential claims
Staff participation
Identification/isolation of suspect medical equipment/supplies
Notification of manufacturers/suppliers
Gathering of evidence related to actual/potential litigation
Documentation of risk management activities

#### Corporate compliance

Board/executive commitment

Appointment of compliance officer Education (physicians/staff/patients/volunteers/contractors) Prevention of fraudulent practices (billing, documentation) Incorrect reimbursement Record falsification/alteration Inappropriate acceptance of gifts Billing errors Continuation of unneeded/unauthorized care Inadequate documentation of patient care Inadequate patient information (e.g., informed consent, anticipated charges, rights/responsibilities) Inadequate reference-checking before hiring Inadequate training Insufficient physician participation in medical record/billing audits Patient discrimination Client abuse Inadequate safety plan for patients, staff Inadequate system for reporting compliance violations/concerns



Lack of accusation follow-up and correction

BACK FORWARD QUIT INDEX





#### Risk Management Knowledge for Task 1: continued

#### Communication plan

Target audiences (board, administration, physicians, staff, patients, public)
Oral/written presentations/communications
Corporate communications
Public relations
Damage control
Employee education

Return to Risk Management Task Table.

Find books and other products on Risk Management.

Find educational resources on Risk Management.





#### Risk Management Knowledge for Task 2: Maintain corporate history and develop record keeping procedures

#### Core Information Management Knowledge for Task 2

#### Corporate record-keeping

Articles of incorporation

Bylaws

Bylaw changes/documentation

Robert's Rules of Order

Discovery

Paper trail

Stock/outstanding shares

Minutes (board, committee)

Employment agreements (physician, administrator, other)

General ledger

Rules, expirations, limits, renewals, vicarious liability

Corporate history (founding, annual reports, milestones)

Disclosure

Medical records

Physician credentials/licenses

National Practitioner Data Bank

#### Computer aids for recording history

Database

Spreadsheets

Word processing

PowerPoint

E-mail (when to use/not use)

Redlining changes

Fundamentals of PCs and hardware/software

#### Record system organization

Efficiency/flow

PERT chart

What to keep/how to keep

How long to keep

Storage (database, paper, filing)

Distribution

Return to *Risk Management Task Table*.

Find books and other products on Risk Management.

Find educational resources on Risk Management.







#### Risk Management Knowledge for Task 3: Develop conflict resolution and grievance procedures

#### Core Risk Management Knowledge for Task 3

#### Labor and administrative law

Local, state, federal Grievance procedures Mediation process Arbitration laws Union relations Malpractice matters

#### Grievance procedures

Claims appeals, denials, referrals
Patient complaints
Insurance commissioner
Whistle blowers
Sexual/workplace harassment
Inadequate care
Refusal to take patient under care/discharge of patient
Internal hotlines

#### Complaint investigations

Fact-finding
Interpretation of legal mandates and restrictions
Problem solving
Mediation
Resolution
Documentation

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Find educational resources on Risk Management.







#### Risk Management Knowledge for Task 4: Assess and procure liability insurance

#### Core Risk Management Knowledge for Task 4

#### *Insurance requirements/products*

Malpractice
Board/officer liability
Property and casualty
Vehicle
Analysis of insurance providers/products
Contract negotiations
Underwriting, self-insurance

#### Risk/benefit analysis

Current/potential insurance policies Loss ratios/loss experience (past history) Premiums/costs Benefits of insurance

#### Organizational commitment

Board Physicians Administrators Medical ancillaries Nonmedical staff

Return to *Risk Management Task Table*.

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#### Risk Management Knowledge for Task 5: Establish personnel and property security plans and policies

#### Core Risk Management Knowledge for Task 5

#### Federal, state, local laws/regulations

Sexual/workplace harassment Workplace violence Patient confidentiality FLSA OSHA

#### **Policies**

Security plan
Disruptive physicians/staff/patients
Formulation of policies/procedures
Solution-based systems
Training
Documentation

#### HR investigation tactics

Physical inspection (lockers, desks)
Personal interviews
Record review
Interpretation of findings
Standards/measurements
Delegation
Training
Documentation

#### Monitoring techniques

Legal/appropriate
Surveillance laws
Substance abuse
Pre-employment physicals
Pre-employment reference checks
Privacy/confidentiality

#### Patient privacy protection

Patient information Staff training Staff suspension/termination

Return to *Risk Management Task Table*.

Find books and other products on Risk Management.

Find educational resources on Risk Management.







#### Risk Management Knowledge for Task 6: Develop and implement quality assurance and patient satisfaction programs

#### Core Risk Management Knowledge for Task 6

#### Capitation contracting

Contract requirements
Cost/patient
Rates/fees
Liability
Credentialing

#### Quality management

Standards/quality monitors Measurement of outcomes Feedback systems Utilization of feedback Quality improvement process Training

#### **Utilization Management**

#### Patient satisfaction

Survey instruments (written, phone interview)
Frequency
Content
Data analysis
Distribution/communication
Follow up/corrective actions
Performance evaluation use

#### Federal, state, industry laws/standards

Interpretation of regulatory guidelines Quality reporting agencies Surveys, audits Distribution of findings

#### Malpractice risks

Incompetent/impaired physicians
Prescription errors (poor writing, incorrect medications/dosage)
Unnecessary procedures
Physician misconduct
Safety issues (equipment/supplies, facility, environmental hazards)
Medical errors (diagnosis, treatment)
Lack of physician/staff training
Inadequate documentation









#### Risk Management Knowledge for Task 6: continued

Medical service delivery system

Medical management
Patient flow plan
Patient intervals
Appointment scheduling
Flow charting internal operations
Standards

Return to Risk Management Task Table.

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#### Risk Management Knowledge for Task 7: Establish patient, staff and organizational confidentiality policies

#### Core Risk Management Knowledge for Task 7

Federal, state, local laws/regulations

HIPAA

Medical records safekeeping

#### Organizational information flow

Appointment scheduling Check-in Ancillary staff Physicians Medical records/data processing staff Billing staff

Administration (reports, analysis)

#### Policies/procedures

Medical records
Release of information
Training
Documentation
Court testimony
Management responsibilities

Return to *Risk Management Task Table*.

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#### Risk Management Knowledge for Task 8: Conduct audits of at-risk financial activities

#### Core Risk Management Knowledge for Task 8

#### Federal, state, local tax codes

Up-to-date information Ongoing education Outside consultants (e.g., CPA) Industry application

#### Generally Accepted Accounting Principles (GAAP)

Applicable for medical practice Applicable for for-profit/nonprofit Current standards Continuing education

#### Systems analysis models/procedures

Financial forecasting Financial models Software applications

#### Accounting/auditing systems

Cost reports/analysis Industry comparisons

#### Tax reports/ returns

Preparation (in-house, external CPA) Board philosophy/strategy Administrative follow-up

#### Reports

Exception reports Cost reports Tax estimates Forecasts

Return to *Risk Management Task Table*.

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#### Risk Management Knowledge for Task 9: Develop professional resource networks for risk-related activities

Core Risk Management Knowledge for Task 9

#### Consultative resources

Applicable

Current

Potential

Legal

Financial

Tax

Insurance

Industry

#### Contract negotiation

Expertise needed/provided Amount of service needed Risk assessment Cost/benefit

#### Current/future risk-related issues

Past risk history Present risks/suits Potential risks Most vulnerable areas

Return to Risk Management Task Table.

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#### Risk Management Knowledge for Task 10: Negotiate and comply with contractual arrangements

Core Risk Management Knowledge for Task 10

#### Contract negotiation

Payors Physicians Contractors Vendors

#### Health care law

Industry information Legal counsel Peer discussion

#### Needs assessment

Past contractual experience Present situation Future needs Competitive analysis Trend analysis

Return to *Risk Management Task Table*.

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#### Risk Management Knowledge for Task 11: Maintain compliance with government contractual mandates

#### Core Risk Management Knowledge for Task 11

#### Contract law

Industry updates Legal updates/advice Board, administration education Research

#### Federal, state, local HR laws/regulations

Safety Privacy Leave Health

People with disabilities

#### Self-referral laws/regulations

Stark law Compliance issues Physician education Monitoring/follow up Policies/plans

#### Fraud/abuse laws/regulations

Medicare Compliance plan Physician/staff education Monitoring/follow up Policies/plan

#### Record keeping

Policies Education Patient confidentiality Safekeeping/security Storage Access/release

Return to Risk Management Task Table.

Find books and other products on Risk Management.

Find educational resources on Risk Management.

Take an objective *knowledge assessment* of what you know in this and other areas of the Body of Knowledge for Medical Practice Management.

Click to find out more information on **ACMPE certification**.







### Technical/Professional Knowledge Performance Domain Six Governance and Organizational Dynamics: Skills, Tasks, Knowledge

## Governance and Organizational Dynamics Skills

Key Governance and Organizational Dynamics skills for the medical practice executive are:

- Communicating mission/vision/values/decisions to influence the strategic direction of the medical practice.
- Using negotiation skills to reach consensus on critical issues while maintaining trust and relationships with key constituents.
- Resolving conflicts in ways that create energy and motivation for appropriate change in the medical practice.
- Using assessment/survey tools to gain important data for the medical practice on stakeholders, situations and personalities.
- Displaying self-confidence and leadership skills to balance professional integrity and quality care with appropriate results for the practice.
- Facilitating decision-making, conflict resolution, strategic planning and dialogue to move the medical practice forward.
- Presenting information in an organized way using appropriate media, settings, verbal and listening skills and body language to gain attention and achieve specific objectives for the practice.
- Planning for the future, setting goals and assigning responsibility/accountability to maximize individual and practice performance.
- Building trust and relationships to motivate individuals and groups to become effective medical practice teams.
- Use coaching methods to teach and reinforce desired performance.
- Teaching the benefits of standard business/financial practices to achieve quality patient care.
- Fostering participation in self-assessment and continuous learning programs for everyone in the practice, including administrator.







## Governance and Organizational Dynamics Tasks

Medical practice executives must use the above skills to ensure that the following tasks are carried out in a medical practice (Click on a task number to find the core knowledge required to carry out that task):

TASK 1:	Lead and manage the organizational change process for practice improvement
TASK 2:	Construct and maintain governance systems
TASK 3:	Evaluate and improve governing bylaws, policies, processes
TASK 4:	Conduct stakeholder needs assessment and facilitate relationship development
TASK 5:	Facilitate staff development and teaming
TASK 6:	Facilitate physician understanding and acceptance of good business management
TASK 7:	Develop and implement quality assurance programs

Click for the *glossary* of abbreviations and terms used in the task descriptions.







## Governance and Organizational Dynamics Knowledge by Task

Governance and Organizational Dynamics Task 1: Lead and manage the organizational change process for practice improvement

Core Governance and Organizational Dynamics Knowledge for Task 1

#### Group dynamics

Group culture
Individual personalities, skills
Organization politics, power
Group interactions
Problem-solving, decision-making patterns
Focus, follow-through

#### Change-agent management

Environmental change triggers
Organizational planning
Change theory
Need/motivation for change
Formal vs. informal leadership
Resistance to change, acceptance
Trust building
Negotiating/implementing change
Process improvement techniques
Operational knowledge
Continuous teaching/learning

#### Performance goals

Choice of goals, objectives, outcomes
Performance expectations
Commitment to goals
Coaching/mentoring
SMART (specific, measurable, active, realistic, timely) objectives
Prioritization of goals
Measurement of outcomes
Implementation, impacts

#### Meeting management

Written agenda
Logistics
Structure
Purpose, objectives
Participants
Start/stop times
Role of chair, facilitator, recorder
Rules of conduct
Focus on strategic issues
Action plan
Verbal, written summary









#### Governance and Organizational Dynamics Task 1: continued

#### Managing expectations

Statement of expectations
Behavioral expectations
Business expectations
Personal expectations
Blend of diverse expectations
Relationship to goals

Return to Governance and Organizational Dynamics Task Table.

Find books and other products on Governance and Organizational Dynamics.

Find *educational resources* on Governance and Organizational Dynamics.









# Governance and Organizational Dynamics Task 2: Construct and maintain governance systems.

#### Core Governance and Organizational Dynamics Knowledge for Task 2

#### Strategic planning process

Definition/purpose
Expectations for process
Outside professional resources, facilitation
Conflict management, consensus building
Development of mission, vision, value statements
External trend analysis
Internal status analysis
Planning process, meeting agendas
Cost/benefit analysis
Relationship of strategic plan to operational plan
Constituencies, culture, hidden agendas
Blending diverse views into coherent strategy

#### Organizational communication pathways

Formal vs. informal
Organizational structure design
Consistent message
One leadership voice
Communication containment/firewalls
Repetition, reinforcement via diverse methods

#### Physician-administrative teaming principles

Definition of roles, team role
Trust in each other
Dialogue as priority
Unity, speak as one
Value of each to organization
Appreciation of style/skill differences
Conflict management/consensus building
Complementary management
Respect, recognition
Selection of team players based on skill vs. seniority
Formal recognition of roles, group buy-in
Leadership team





#### Governance and Organizational Dynamics Task 2: continued

#### Applicable governance structure

Communication of the structure, decision-making process
Choice of the appropriate governance structure (managing partner, strict partnership, professional corporation, regular corporation, representative group, one leader vs. executive committee)
Definition of governance vs. leadership
Role of committees and chairs
Accountability of all roles
Responsibility, authority assigned
Governance vs. management
Balance between physician expectations for results and desire to influence process
Empowerment of leadership to enact board policies/decisions
Bylaws, articles of incorporation
Legal ramifications of structure, policies, compliance
Creation, amendment of legal documents

Return to Governance and Organizational Dynamics Task Table.

Find books and other products on Governance and Organizational Dynamics.

Find *educational resources* on Governance and Organizational Dynamics.









#### Governance and Organizational Dynamics Task 3: Evaluate and improve governing bylaws, policies, processes

#### Core Governance and Organizational Dynamics Knowledge for Task 3

#### Board composition and meeting procedural rules

Board membership

Board evaluation

Needs of stakeholders

Stakeholder survey

Meeting conduct

Board member job descriptions

**Board orientation** 

Board management by chair

Organizational legal documents

Legal counsel

Corporate laws

Living, changing documents

Articles of incorporation

Bylaws, changes

Robert's Rules of Order

Stock issued, ownership/number

Stockholder agreements

**Employment agreements** 

Board/committee meeting minutes

Financial reports, general ledger

Paper trail

Disclosure

Legal vs. illegal discovery

Insurance, malpractice, directors and officers, liability

#### Organizational history

Culture maintenance

Corporate/institutional history

Tribal knowledge

Key written documents

Key photographic materials

Record retention, legal requirements

Systems for maintenance (e.g., database, paper, microfilm)

#### Survey techniques

Survey methodology

Evaluation of survey techniques

Survey result validation

Statistical analysis, probability theory

Action on results

Measurement analysis



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#### Governance and Organizational Dynamics Task 3: continued

#### Cultural/group assessment

Assessment tools to survey personality, learning style, satisfaction, self, issue identification, attitude
Analysis of assessment data to maintain group culture, set expectations
Feedback to assessment participants

Return to Governance and Organizational Dynamics Task Table.

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#### Governance and Organizational Dynamics Task 4: Conduct stakeholder needs assessment and facilitate relationship development

Core Governance and Organizational Dynamics Knowledge for Task 4

#### Organizational constituents and needs

Stakeholder analysis Opposing incentives of internal/external stakeholders Responsibilities of health care providers vs. business managers

#### Needs assessment methodologies

Community assessments Community analysis of needs assessment Community collaboration on priority needs

#### Program development

Focus group input, patient/payor education/education Education of internal stakeholders about external stakeholders

Return to Governance and Organizational Dynamics Task Table.

Find books and other products on Governance and Organizational Dynamics.

Find *educational resources* on Governance and Organizational Dynamics.







# Governance and Organizational Dynamics Task 5: Facilitate staff development and teaming

Core Governance and Organizational Dynamics Knowledge for Task 5

#### Staff development techniques

Targeted learning experiences

Adult learning styles

Training models (e.g., computer-based, video, interactive, role playing, lecture/speaker, group discussions, books)

Educational technology (e.g., online training, software)

Power of optimism, positive thinking

Motivational theory

Celebration of successes, accomplishments

Relationships with academic and other outside resources

Development of middle managers

#### **Human dynamics**

Emotional health
Personality assessment
Communication/interpersonal skills

Group dynamics
Burnout

Self-management, time management

#### Physician, manager mindsets

Managers as process-oriented; physicians as immediate action-oriented Physician as advocate for patient health; manager as advocate for organizational, population health Management and leadership development

Return to Governance and Organizational Dynamics Task Table.

Find books and other products on Governance and Organizational Dynamics.

Find educational resources on Governance and Organizational Dynamics.







#### Governance and Organizational Dynamics Task 6: Facilitate physician understanding and acceptance of good business management

Core Governance and Organizational Dynamics Knowledge for Task 6

#### Quality of patient care issues

Data collection for quality issue decisions (e.g., patient satisfaction, cost effectiveness, referrals)
Patient perceptions of compassionate care vs. clinical care
Informed consumer/patient
Collaboration with patient on care management

#### Organizational goals

Conflict with personal goals
Alignment with mission/vision/values
Alignment of individual and organizational goals
Recruitment of individuals aligned with organizational goals

#### Clinical staff background, expectations

Labor shortages
Strategies making organization employer of choice
Clinical background
Physician sensitivity to staff needs/values
Delegation to mid level/other providers

#### Patient safety

Medical errors Legibility of physician handwriting Miscommunication, inadequate communication Inadequate training

Return to Governance and Organizational Dynamics Task Table.

Find books and other products on Governance and Organizational Dynamics.

Find *educational resources* on Governance and Organizational Dynamics.









#### Governance and Organizational Dynamics Task 7: Develop and implement quality assurance programs

Core Governance and Organizational Dynamics Knowledge for Task 7

#### Team building

Organizing/maintaining teams Empowering teams Developing trust Training Recognition, reward Celebration

#### Industry quality benchmarks

Objective, accurate, timely data
Data collection agencies (e.g., JCAHO, HEDIS, NCQA)
Accreditation process
Satisfaction surveys
Organizational assessments
Self-assessments
Feedback loops to teams

#### Financial models

Cost-effective performance expectations
Financial data for managers/physicians to influence financial performance
Management/cost accounting (cash vs. accrual, fixed vs. variable, direct vs. indirect)
Forecasting models (pro forma, cash flow, statistical, cost/benefit ratio, benchmarking)
Budgeting
Contribution margin analysis
Retained earnings model
Financial statements, cash flow

#### Clinical requirements to meet patient and organization needs

Medical assessment, diagnosis development, referral process, documentation Teamwork promotion Customer expectations Clinical requirements to provide quality care

Return to Governance and Organizational Dynamics Task Table.

Find books and other products on Governance and Organizational Dynamics.

Find educational resources on Governance and Organizational Dynamics.

Take an objective *knowledge assessment* of what you know in this and other areas of the Body of Knowledge for Medical Practice Management.

Click here to find out more information on *ACMPE certification*.







# Technical/Professional Knowledge Performance Domain Seven Business and Clinical Operations: Skills, Tasks, Knowledge

### **Business and Clinical Operations Skills**

Key business and clinical operations skills for the medical practice executive are:

- Using project management techniques to plot and improve the practice's business and clinical operations.
- Visualizing and stating desired operational outcomes, checking progress through quality indicators, aligning with mission.
- Involving physicians in strategic/operational planning, facilities design and clinical pathway mapping to meet their needs and benefit the entire organization.
- Using financial budgeting/accounting/forecasting models to obtain relevant benchmarking information for process improvement.
- Using satisfaction survey techniques to identify expectations of physicians, payors, patients.
- Maximizing knowledge of human resource management to recruit and retain appropriate staff, including temporary help and outsourced contractors.
- Resolving scheduling conflicts to ensure patient satisfaction and best use of physician/staff resources.
- \* Negotiating win-win purchasing contracts/maintenance agreements to ensure productive vendor/supplier relationships.
- Designing space/facilities to maximize physician/staff space and time.
- Choosing training techniques/media to achieve ongoing education for protocols, technologies.
- Evaluating and implementing new technologies to facilitate reimbursement, patient education, and physician research.
- ${\bf \cdot} \ Monitoring \ licensure/certification/credentialing \ to \ ensure \ qualified, \ legal \ staffing.$







### **Business and Clinical Operations Tasks**

Medical practice executives must use the above skills to ensure that the following tasks are carried out in a medical practice (Click on a task number to find the core knowledge required to carry out that task):

TASK 1:	Facilitate business operations planning
TASK 2:	Conduct staffing analysis and scheduling
TASK 3:	Develop ancillary clinical support services
TASK 4:	Establish purchasing procurement and inventory control systems
TASK 5:	Develop and implement facilities planning and maintenance programs
TASK 6:	Establish patient flow processes
TASK 7:	Develop and implement patient communication systems
TASK 8:	Develop clinical pathway structure and function
TASK 9:	Create monitoring systems for licensure, credentialing and recertification
TASK 10:	Develop and implement process improvement programs for clinic operations

Click for the *glossary* of abbreviations and terms used in the task descriptions.





### Business and Clinical Operations Knowledge by Task

Business and Clinical Operations Task 1: Facilitate business operations planning

Core Business and Clinical Operations Knowledge for Task 1

#### Strategic planning

Need/importance of strategic plan Strategic plan as foundation for operational plan Planning process, meeting agendas Cost/benefit evaluation of planning Mission, vision, values statements Utilization of professional outside resources Conflict resolution, consensus building

#### Operational planning

Need/importance of operational plan
Operational plan as foundation for budget, department plans
Alignment with mission, vision
Alignment with resources
Strategy formulation, alternatives
Physician role
Administrator role

#### Strategies and tactics

Components of operational plan Definition of strategy Definition of tactics Tactical action plan Project management techniques

#### Organizational structure and culture

Need for organizational change strategy based on strategic/operational plans
Strategies and tactics consistent with culture
Plan as framework for change-management processes
Internal and external demographic factors
Personal dynamics/preferences
Cultural barriers
Location impact on culture
Physician naivete about change processes
Physician buy-in
Practice of medicine vs. business of health care

Return to Business and Clinical Operations Task Table.

Find books and other products on Business and Clinical Operations.

Find educational resources on Business and Clinical Operations.







#### Business and Clinical Operations Task 2: Conduct staffing analysis and scheduling.

#### Core Business and Clinical Operations Knowledge for Task 2

#### Staffing/scheduling financial fundamentals

Financial forecasting models
Financial/accounting staffing/scheduling applications
Software applications
Analysis/communication of financial data
Business ratios and benchmarking, break-even strategy
Revenues/expenses of staffing/scheduling
Panel size impact

#### Personnel management factors

Human resources policies and practices Wage/salary administration Employee classifications/position types Staff/cultural expectations Industry norms
Union environment

#### Personnel staffing

Workforce planning based on strategic/operational plans Labor market analysis Staffing analysis Job analysis, job descriptions Assessment of team needs Staffing impact on space Recruitment/outsourcing Working hours/shifts

### Patient/staff/physician satisfaction

Service expectations
Physician expectations
Staff expectations
Formal/informal survey processes
Quality indicators

#### Patient/staff safety

Coverage for patient load
Staff training
Patient education
Environmental hazards
Medical error reduction
Safety/health issues
Prescription readability
Exposure control
Biohazard disposal
Hazard communication program
Infection control/hand-washing/universal precautions
Protective gear
Workers' compensation







#### Business and Clinical Operations Task 2: continued

#### Scheduling

Patient flow
Appointment scheduling protocols
Manual scheduling
Automated scheduling
Phone protocols
Appointment status checks
Appointment confirmations
Chronic no-shows
Block/modified wave scheduling
Impact on administrative/clinical performance
Same-day appointments/emergency calls
Surgery scheduling
Impact on facility design/utilization

Return to Business and Clinical Operations Task Table.

Find books and other products on Business and Clinical Operations.

Find *educational resources* on Business and Clinical Operations.









#### Business and Clinical Operations Task 3: Develop ancillary clinical support services

#### Core Business and Clinical Operations Knowledge for Task 3

#### Ancillary services

Laboratory services
Radiology services
Pharmacy services
Rehabilitation services
In-house vs. outsourcing
Complementary therapies
Reimbursement methodologies
Labor availability
Service protocols

#### Certification and licensing regulations for ancillaries

Federal and state regulations
Accrediting organizations
Midlevel provider and other allied health clinician regulations
Validation of credentials
Source document acquisition/maintenance
Risk liability issues
OIG sanctions
Requirements of different professions

#### Clinical quality standards

Laboratory regulatory standards Clinical quality assurance Specialty-specific standards Proficiency/competency testing Outcomes measures

#### IS ancillary service applications

IS application interfacing
Compatibility
Management/communication of information
Collateral hardware
Reports for medical charting
Electronic medical records
Resource knowledge and product evaluation
Shelf life
HIPAA
Data security
Patient confidentiality
Backup issues, disaster management plan









Business and Clinical Operations Task 3: continued

**Evaluation methods** 

Survey methodology Alignment with strategic/operational plan Financial analysis

Return to Business and Clinical Operations Task Table.

Find books and other products on Business and Clinical Operations.

Find *educational resources* on Business and Clinical Operations.









#### Business and Clinical Operations Task 4: Establish purchasing, procurement and inventory control systems

#### Core Business and Clinical Operations Knowledge for Task 4

#### Purchasing policies, procedures, standards

Purchasing controls Authorization/approval Budgeted/nonbudgeted items Fixed assets Pricing discounts Vendor relations Standardization of inventory and products Governmental regulations Ethical behavior

#### Purchasing procurement systems

Automated/manual methods Timing of order/delivery Request/fulfillment Group purchasing E-commerce options Purchasing consortiums

#### Inventory control systems

Materials management policies Manual tracking Patient chargeables vs. nonexpendable supplies Stock evaluation Physician special orders Shelf life Inventory tracking software Internal department tracking of supplies Management of flow Security

#### Cost/activity accounting

Cost information Allocation to departments/patients/cost centers/payors

#### Equipment purchase process/maintenance agreements

Contract negotiations Match of equipment with service OSHA requirements Maintenance bids Maintenance scheduling

#### Quality/safety of supplies

Pharmaceuticals Blood supplies Injectables









#### Business and Clinical Operations Task 4: continued

#### Pharmacy

Regulatory issues
Prescription management
Prescription refills
Narcotic drug controls
Inventory forecasting
Security of controlled substances
Storage issues
Placement of supplies

Return to Business and Clinical Operations Task Table.

Find books and other products on Business and Clinical Operations.

Find *educational resources* on Business and Clinical Operations.







#### Business and Clinical Operations Task 5: Develop and implement facilities planning and maintenance

Core Business and Clinical Operations Knowledge for Task 5

#### Facility design

Licensing, certification Federal/state/local regulatory compliance Safety considerations Patient flow Physician/staff work flow Equipment needs Patient aesthetics, comfort, privacy Signage Selection of location, size, parking Environmental controls Communications infrastructure Landscaping/maintenance Community acceptance and cultural sensitivity Physician involvement Planning board approval Security, safety issues

#### Facility management

Medical equipment and technology

Federal, state/local laws and regulations
OSHA-related and ADA-related policies/procedures
Building certification by JCAHO, other accrediting organizations
Crime considerations, secure environment
Patient and employee safety
Housekeeping standards, cleaning schedules
Utilization data analysis
Inspection schedules
Mechanical, electrical, plumbing systems
Biohazard waste management/disposal
Fire control and evacuation
Safety committee

Return to Business and Clinical Operations Task Table.

Find books and other products on Business and Clinical Operations.

Find *educational resources* on Business and Clinical Operations.









## Business and Clinical Operations Task 6: Establish patient flow processes

#### Core Business and Clinical Operations Knowledge for Task 6

#### Patient flow/needs

Queuing theory

Process documentation systems

Flow charting

Floor manager

Cancellations

No-shows

Contingency planning

Barriers to flow

Daily management

Nonclinical staff patient flow protocols

#### **Business requirements**

Registration on-site, phone, Internet

Sign-in list, forms

Necessary signatures

Current/new patients

Financial screening/insurance verification/benefit eligibility

Medicare, Medicaid, commercial/noncommercial carriers

Secondary carriers

Posting, coding

Cash drawer

Documentation

Data entry

Billing

Collections

Bankruptcy

Noncovered services

#### Clinical requirements

Encounter management

Physician maximization

Clinical intake

Medical assessment

HIV/HCV considerations

Medical emergencies

Diagnosis development

Treatment plan

Informed consent Patient education

Referral process

Rejerrar process

Problem patient discharge

Visit documentation







#### Business and Clinical Operations Task 6: continued

#### Patient access to services

Recall, reminder, rescheduling systems
Triage protocols
Patient inquires/callbacks
Appointment/scheduling information systems
Appointment delay period
Physician availability
Cancellation analysis
Physician extender delegation/supervision

#### Patient communication/confidentiality

Medical records
Results reporting to patients/others
Patient consent to information release
Record access protocols
Employee policies
Check-in/check-out protocols
Phone protocols
Waiting room protocol
Information system/data security
HIPAA regulations

Return to **Business and Clinical Operations Task Table**.

Find books and other products on Business and Clinical Operations.

Find educational resources on Business and Clinical Operations.









#### Business and Clinical Operations Task 7: Develop and implement patient communication system

Core Business and Clinical Operations Knowledge for Task 7

#### Communication systems

E-mail

Telephones

Data pagers

Voice mail

Intranet/network infrastructure

Regulatory issues

#### Call center

Call flow

Greeting standards

Answering services

Triage systems

Training

Service orientation

Inbound systems for patient calls

Emergency call protocols

#### Internet-based technologies

Web page

Telemedicine

Telehealth patient communication

Electronic claims processing

Electronic data exchange

Physician research

Reference accuracy

#### Patient education systems

Training on computers

*Interactive education* 

Patient research

Resources/references

#### Technological knowledge

Telephony

Data ports

Bandwidth

Telephone conferencing

Video conferencing

Outside resources

Integration/interface

Cost/benefit analysis

Shelf life









#### Business and Clinical Operations Task 7: continued

#### Staff training

New technologies Computers for presentations/communications Data processing Word processing Data analysis/reporting Intranet/Internet

Return to Business and Clinical Operations Task Table.

Find books and other products on Business and Clinical Operations.

Find *educational resources* on Business and Clinical Operations.







#### Business and Clinical Operations Task 8: Develop clinical pathway structure and function

Core Business and Clinical Operations Knowledge for Task 8

#### Clinical pathway structure and function

Multidisciplinary team involvement

Physician /clinical executive leadershir

Physician/clinical executive leadership

Administrator role: advocate, facilitator, champion, resource allocation

Organization-specific approach

Project development/management

Review/approval process

Implementation of clinical pathways

Financial accountability

Impact of redundancy

Variation reduction

Impact on quality of care, cost-effectiveness

Outcomes measurement

Involvement of external agencies, payors

Industry norms

Community collaborators

Continuity of care considerations

Clinical procedure maps

Clinical need vs. administrative need

Non clinical staff involvement

#### Continuous quality improvement

Quality assurance programs

Practice review

Chart reviews

Physician/payor/patient satisfaction

Patient advocacy program

Evaluation of utilization/satisfaction data

Evaluation of clinical outcomes data

#### Clinical outcomes data models and analysis

Data collection

Analysis, reporting

Utilization management for medical management

Decision-making for strategic/operational planning

Return to Business and Clinical Operations Task Table.

Find books and other products on Business and Clinical Operations.

Find *educational resources* on Business and Clinical Operations.







#### Business and Clinical Operations Task 9: Create monitoring systems for licensure, credentialing and recertification

Core Business and Clinical Operations Knowledge for Task 9

#### Accrediting/Certification Bodies

AAAHC JCAHO Physician certification boards Administrator certification boards

#### *Identification of requirements*

Personnel, services, facilities, equipment requiring licensures, certification, credentials Interval/scheduling requirements
Applicable federal, state, local regulations
Physician credentialing
Physician privilege

#### Systems

Development of database of regulations, licenses, credentialing Policy/procedure development Implementation methods Compliance communication Progressive discipline Corrective actions Termination considerations Process improvement program

Return to Business and Clinical Operations Task Table.

Find books and other products on Business and Clinical Operations.

Find *educational resources* on Business and Clinical Operations.







#### Business and Clinical Operations Task 10: Develop and implement process improvement program for clinical operations

Core Business and Clinical Operations Knowledge for Task 10

#### Clinical practices/protocols

Coding documentation
Regulatory, payor compliance requirements
Program audits
Risk assessment
Identification of process improvement opportunities
Communication with physicians/staff, payors, patients, community

#### Process improvement methods

Flow charting
Survey techniques
Historical data comparison
Variation/trend analysis
Pilot programs
Process improvement implementation

#### Process improvement teaching techniques

Adult learning styles
Training models
Media: computer-based, video, interactive, role-playing, lecture/speaker, group discussion, books, etc.
Educational technology (e.g., online training, software)
Content match with training requirements

Return to **Business and Clinical Operations Task Table**.

Find books and other products on Business and Clinical Operations.

Find educational resources on Business and Clinical Operations.

Take an objective *knowledge assessment* of what you know in this and other areas of the Body of Knowledge for Medical Practice Management.

Click to find out more information on **ACMPE certification**.





# Technical/Professional Knowledge Performance Domain Eight Professional Responsibility: Skills, Tasks, Knowledge

### **Professional Responsibility Skills**

Key professional responsibility skills for the medical practice executive are:

- Understanding the concept and importance of professionalism and its key requirements.
- Assessing strengths and weaknesses in knowledge and skill base.
- Identifying assessment, educational and informational resources to meet needs for professional development.
- Understanding the personal benefits of certification to the individual,
   the health care organization and the field.
- Understanding the requirements for certification and effectively managing the advancement process.
- Identifying and pursuing other opportunities for achieving higher levels of excellence in the field.
- Managing the overload of information and stress generated from multiple and diverse situations that occur in the practice and in personal life.
- Developing a professional network and support system comprising mentors, coaches, subject matter experts and others.
- Providing guidance and mentoring to others.
- Developing a personal code of ethics.
- Explaining the importance of ethical considerations as part of the organization's decision-making process.
- Identifying and pursuing opportunities for making contributions to colleagues, the profession and the community.
- Providing leadership to catalyze the practice's commitment of resources and active participation in community service activities.





## **Professional Responsibility Tasks**

Medical practice executives must ensure that the following professional responsibility tasks are carried out in the medical practice (Click on a task number to find the core knowledge required to carry out that task):

TASK 1:	Advance professional knowledge and leadership skills
TASK 2:	Balance professional and personal pursuits
TASK 3:	Promote ethical standards for individual and organizational behavior and decision-making
TASK 4:	Conduct self-assessments
TASK 5:	Engage in professional networking
TASK 6:	Advance the profession by contributing to the body of knowledge
TASK 7:	Develop effective interpersonal skills

Click for the *glossary* of abbreviations and terms used in the task descriptions.





### Professional Responsibility Knowledge by Task

Professional Responsibility Task 1: Advance professional knowledge and leadership skills

#### Core Professional Responsibility Knowledge for Task 1

#### Professional education

Assessment of educational needs Identification of education opportunities/locations Evaluation of options Management of time Cost/benefit analysis

#### Information requirements

Industry regulations Industry trends Health care evolution Business changes Body of knowledge advances

#### Education/credentialing

Communication of importance to board Self-commitment to credentialing Promotion of continuing education to others Plan for career advancement

#### Leadership skills

Self/peer assessment Effectiveness with physicians, clinical staff Interacting with industry peers Partnership with board, administrative staff

Return to **Professional Responsibility Task Table**.

Find books and other products on Professional Responsibility.

Find *educational resources* on Professional Responsibility.







Professional Responsibility Task 2: Balance professional and personal pursuits effectively to maintain psychological and physical well-being

Core Professional Responsibility Knowledge for Task 2

#### Health/fitness

Assessment of health status (physical, psychological)
Awareness of benefits of health prevention/promotion
Commitment to fitness regiment (exercise, diet, sleep)
Burnout prevention
Compartmentalization of work/home responsibilities
Personal/professional boundaries

#### Relaxation techniques

Stress management tactics Recreation/hobbies Personal time-out Family time Sports Flexible schedule

#### Self-assessment tools

Personal style assessment Time usage assessment Self-esteem assessment Personal/professional goal-setting Career assessment Action plan/monitoring

#### External support/evaluation resources

Career counselor Mentor/coach Manager Peers Subordinates Therapist

#### Time management techniques/models

Covey/seven habits of effective managers Journal-keeping Time log Professional/personal balance

Return to *Professional Responsibility Task Table*.

Find books and other products on Professional Responsibility.

Find *educational resources* on Professional Responsibility.







Professional Responsibility Task 3: Promote ethical standards for individual and organizational behavior and decision-making

#### Core Professional Responsibility Knowledge for Task 3

#### Individual integrity

Commitment to personal/professional growth Personal standards

Ethical principles

Moral code

Personal credibility

Personal/professional integrity/behavior

Respect, trust, courtesy for others

Management style

#### Organizational goals/culture

Organizational history/profile

Goals

Culture

#### Organizational integrity

Ethical practices

Ethics communication/education

Organizational values

Seeking constructive comments

Comparison with standards in similar organizations

Ethical assessment

Relationship/obligation to patient

Workplace diversity

Teamwork

Ethics and economics

Regulations, licensure, accreditation

Employer/employee relations

Ethical decision-making

Health care service orientation

Community/societal focus

#### Ethical behavior

Board

**Physicians** 

Staff

Stakeholders

Ethics committee

Ethics audit

External relations/feedback

Staff participation in setting/maintaining standards

Addressing ethical dilemmas

Patient rights, confidentiality

Charity care

Conduct of professional conduct







#### Professional Responsibility Task 3: continued

#### Standard setting

Identification of appropriate standards for organization and constituents
Contemporary industry standards
Responsibility to community/society
Fee setting
Balance between organizational viability and consumer demands
Theoretical bases for ethics and law
Legal liability to patients
Withholding/withdrawing treatment
Incompetent patients
Relations with contractors
Abusive situations
Confidentiality/disclosure

Return to *Professional Responsibility Task Table*.

Find books and other products on Professional Responsibility.

Find *educational resources* on Professional Responsibility.







#### Professional Responsibility Task 4: Conduct self-assessments

#### Core Professional Responsibility Knowledge for Task 4

#### Competency requirements

General competencies

Professional knowledge and skill requirements

#### Professional Knowledge and Skill Assessment

Purpose and requirements for certification

Objective tests

Knowledge assessments

Performance tests

Management and leadership profiles

360 and 180 assessments by supervisors, peers, subordinates

#### Personality classification models

Personal style

Self assessment

Assessment by others

Myers-Briggs

Counselor assessment

#### Assessment techniques

Interview

Test

Group interaction

Objective/subjective data and evaluations

Personal feelings/opinions

Family/friend input

Feedback data

External evaluations

#### Mind, body, spirit

Self-assessment of needs, strengths, weaknesses

Outside counseling

Spiritual advice

Short-term contingency plan

Long-term career plans

Planned job change

Reinvention of self

Generalist vs. specialist

Responsibility for own professional development

Ongoing education/personal growth







Professional Responsibility Task 4: continued

Group/personal dynamics

Participant exercises
Participant evaluation
Team building methods/models
Feedback

Return to *Professional Responsibility Task Table*.

Find books and other products on Professional Responsibility.

Find *educational resources* on Professional Responsibility.







#### Professional Responsibility Task 5: Engage in professional networking

Core Professional Responsibility Knowledge for Task 5

**Knowledge of existing professional organizations/networks** *MGMA, ACMPE and other membership databases* 

Industry/professional contacts Internet, e-mail communications Conferences

Coaching/mentoring philosophies

Commitment vs. over-commitment Do's and don'ts Work/life balance Corporate politics Values

Return to Professional Responsibility Task Table.

Find books and other products on Professional Responsibility.

Find *educational resources* on Professional Responsibility.







#### Professional Responsibility Task 6: Advance the profession by contributing to the body of knowledge

#### Core Professional Responsibility Knowledge for Task 6

#### Body of knowledge and relationship to practice management

Importance of a body of knowledge for professional legitimacy Contents of the ACMPE Body of Knowledge Application of knowledge and skills to medical practice management Importance of sharing knowledge and information with the field

#### Perspectives on ambulatory medicine

History Trends Specialties Rural vs. urban Small vs. large Integrated systems

#### Perspectives on practice management

Roles of clinical staff
Patient focus
Clinical practice overview
Role of administration/support
Policies/procedures
Emerging fields for practice administration

#### Perspectives on community health care organizations

Relation to hospitals/clinics/home health agencies Relation to other medical groups, solo practices Relation to human service agencies (public, private)

#### Perspectives on health care issues

Uninsured/charity care
HIV, TB, hepatitis
Diversity, cultural preferences
Access to care
Cost sharing
Community collaboration

Return to **Professional Responsibility Task Table**.

Find books and other products on Professional Responsibility.

Find educational resources on Professional Responsibility.







#### Professional Responsibility Task 7: Develop effective interpersonal skills.

Core Professional Responsibility Knowledge for Task 7

#### Giving/receiving feedback

Informal/formal dialogue Surveys Facilitated group discussion

#### Communication techniques

Verbal Written Electronic Body language

#### Employee needs

Informal conversations Performance reviews Exit interviews

#### Patient needs

Complaints
Informal discussions
Focus groups
Surveys

#### Board/administration needs

Informal discussions Performance reviews Surveys Policies/procedures Relationship to leaders

#### Physician needs

Physician/administrator differences Common values/mission One-on-one interactions Decision-making styles Time sensitivity Focus on patient

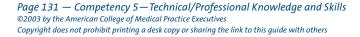
Return to **Professional Responsibility Task Table**.

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Find *educational resources* on Professional Responsibility.

Take an objective *knowledge assessment* of what you know in this and other areas of the Body of Knowledge for Medical Practice Management.

Click to find out more information on **ACMPE certification**.





## **Glossary of Terms**

- **401(k), 403(b)** Savings investment plans that employers offer to employees that contain tax-savings. 401(k) plans are offered by for-profit companies and 403(b) plans are offered through not-for-profit companies.
- ADA Americans with Disabilities Act
- BARS Behaviorally anchored rating scale
- C vs. S corporation: Conventional C corporation status versus a Subchapter corporation status with the IRS for tax purposes
- CCI Correct Coding Initiative
- Competencies: General statements of what candidates must know and be able to do to be considered capable; clusters of key skills, knowledge that makes a performer successful at a given job. Competencies tell you what organizations value and indicate areas where standards should be set. From a certification standpoint, competencies can be regarded as the logical building blocks upon which assessments of professional development are based. There are five General Competencies for Medical Practice Executives identified in the Body of Knowledge: Professionalism, Leadership, Communication Skills, Organizational and Analytical Skills and Technical/Professional Knowledge and Skills.
- **CMS** Centers for Medicare and Medicaid Services, formerly known as the Health Care Financing Administration (HCFA)
- **COBRA** Consolidated Omnibus Budget Reconciliation Act
- CPT and ICD-9 Current Procedural Terminology and International Classification of Diseases, 9th Edition
- CPA certified public accountant
- **EEO** equal employment opportunity
- ERISA Employee Retirement Income Security Act of 1974
- E & M evaluation and management (levels of service)
- FLSA Fair Labor Standards Act
- FMLA Family Medical Leave Act
- **HEDIS** Health Plan Employer Data Information Set
- HIPAA Health Insurance Portability and Accountability Act

## Glossary of Terms continued

- HIV/HVC Human immunodeficiency virus/hepatitis virus C
- IDS integrated delivery system
- IPA independent practice association/arrangement
- IRS Internal Revenue Service
- **IS** information services (ancillary service applications)
- IT information technology
- JCAHO Joint Commission on Accreditation of Healthcare Organizations
- Knowledge: The information people draw on to perform the task within the domain
- LLC limited liability corporation
- Medical practice executive: A professional who has acquired knowledge and skill
  through a combination of experience and education and provides leadership to
  manage health care delivery using the five competencies of the Body of Knowledge
  for Medical Practice Management.
- MIS management information system
- MSO management service organization
- NCQA National Committee for Quality Assurance
- NLRA National Labor Relations Act
- OIG Office of Inspector General
- OSHA Occupational Safety and Health Administraion
- **PC** personal computer
- Performance domain: The areas of skills, tasks and knowledge that make up the
  Technical/Professional Knowledge and Skills competency of the Body of Knowledge for
  Medical Practice Management. There are eight performance domains identified in this
  competency: Financial Management, Human Resource Management, Planning and
  Marketing, Information Management, Risk Management, Governance and Organizational
  Dynamics, Business and Clinical Operations, and Professional Responsibility.
- **PERT chart** Program valuation and review techniques
- **PHO** physician hospital organization



## Glossary of Terms continued

- PITA factor acronym for "Pain In The Ass" factor donnoting people/things/situations that are very difficult to handle and may not be worth the effort of handling
- PPMC physician practice management company
- **PPO** preferred provider organization
- RBRVS resource-based relative value scale
- **RFI** request for information
- RFP request for proposal
- **Skills:** The intellectual, emotional and physical behaviors required to perform the tasks within a domain.
- Task Statement: A task is an activity performed within the performance domain.

  Each performance domain consists of a series of skills, tasks and knowledge.

  Task statements are a specifications used in the ACMPE certification examination process.



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