

Reno Orthopaedic Trauma Fellowship Business Curriculum

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Summary: The Reno Orthopaedic Center (ROC) Trauma Fellowship business curriculum is designed to provide the fellow with a graduate level business practicum and research experience. The time commitments in a typical 12-month trauma fellowship are significant, rendering a traditional didactic master's in business administration difficult to complete during this short time. An organized, structured, practical business education can provide the trauma leaders of tomorrow with the knowledge and experience required to effectively navigate the convoluted and constantly changing healthcare system. The underlying principle throughout the curriculum is to provide the fellow with the practical knowledge to participate in cost-efficient improvements in healthcare delivery. Through the ROC Trauma Fellowship business curriculum, the fellow will learn that delivering healthcare in a manner that provides better outcomes for equal or lower costs is not only possible but a professional and ethical responsibility. However, instilling these values without providing actionable knowledge and programs would be insufficient and ineffective. For this reason, the core of the curriculum is based on individual teaching sessions with a wide array of hospital and private practice administrators. In addition, each section is equipped with a suggested reading list to maximize the learning experience. Upon completion of the curriculum, the fellow should be able to: (1) Participate in strategic planning at both the hospital and practice level based on analysis of financial and clinical data, (2) Understand the function of healthcare systems at both a macro and micro level, (3) Possess the knowledge and skills to be strong leaders and effective communicators in the business lexicon of healthcare, (4) Be a partner and innovator in the improvement of the delivery of orthopaedic services, (5) Combine scientific and strategic viewpoints to provide an evidence-based strategy for improving quality of care in a cost-efficient manner, (6) Understand the political, economic, and strategic basics of private practice orthopaedics.

Key Words: trauma fellowship, business curriculum, syllabus

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SECTION I. HOSPITAL ADMINISTRATION

System Chief Executive Officer (CEO)

Job Description: In healthcare systems that contain more than 1 hospital or facility, a system CEO is the top

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executive. The individual facility CEOs, COOs, and other high level administrators report directly to the system CEO who oversees all executive decisions for the entire healthcare system.

Time Requirement: One 2-hour session.

Objectives

- Understand the complexities of managing a healthcare system with multiple hospitals and healthcare facilities
- Discuss the individuals that comprise the system CEO's group of advisors
- Discuss the development of strategic planning at a system level
- Discuss the preparations for changes in healthcare
- Discuss physician's role in the strategic plan
- Discuss the financial strategy for the system centered on market share, profitability, and enrollment in healthcare plan

Suggested Reading

1. O'Halloran K, Depalma A, Joseph V, Cobelli N, Sharan A. The role of accountable care organizations in delivering value. *Curr Rev Musculoskelet Med.* 2012;5:283–289.

Chief Executive Officer (CEO)

Job Description: A CEO is the highest ranking administrator in any company. He/she reports to the board and is in charge of total management of the organization. The CEO has multiple responsibilities including director, decision maker, manager, and executor. The hospital CEO manages the daily operations of the hospital and all of its entities including surgery centers, medical offices, urgent cares, and rural clinics. The CEO works directly with the board of directors to implement strategic planning and vision. He/she reports directly to the board of directors.

Time Requirement: Two 2-hour sessions.

Objectives

- Describe the importance of orthopaedic trauma to the hospital
- Discuss the economic role orthopaedics plays in the hospital system
- Discuss the impact of private practice versus hospital employed trauma surgeons
- Discuss the strategic difficulties of negotiating with a large group practice
- Discuss the difficulties of hospital partnership agreements
- Describe risks and benefits of co-management and gain-sharing agreements
- Discuss when to delegate
- Discuss strategic planning (1-, 5-, 10-year plans)
- Discuss concepts of "centers of excellence"
- Discuss performance metrics

- Discuss how business can change depending on Medicare
- Discuss the opportunities and risks of accountable care organizations
- Discuss the importance of data collection and what data is needed
- Discuss the decision and strategy involved with American College of Surgeons (ACS) trauma center accreditation

Suggested Reading

1. Churf J. The impact of healthcare reform on orthopaedic surgeons. AAOS Web site. Available at: <http://www.aaos.org/news/aaosnow/sep10/advocacy3.asp>. Published September 2010. Accessed March 7, 2014.

Chief Operating Officer (COO)

Job Description: The hospital COO has the ultimate responsibility to ensure efficiency and smooth operation of hospital day-to-day business operations. This individual enforces hospital policies and procedures and manages material and human resources. There are a wide range of responsibilities and the position requires multiple business management skills ranging from ensuring patient and physician satisfaction to employee morale issues.

Time Requirement: One 2-hour session.

Objectives

- Discuss the biggest operational issues affecting physicians and hospitals
- Address the risks/benefits of standardized electronic medical records between hospitals and private practitioners
- Describe Press Ganey scores and how to improve them
- Discuss the multiple roles of physician extenders
- Discuss the most efficient use of extenders
- Discuss the chain of command when dealing with an issue that cannot be solved within a single department
- Discuss the role of the trauma director and orthopaedic department chief, how they help the hospital, and how they can best be utilized
- Discuss methods to improve employee morale
- Discuss importance of physician satisfaction
- Discuss process improvement issues
- Discuss how to maximize emergency room (ER) flow
- Discuss how to decrease time to operating room (OR)

Suggested Reading

1. Althausen PL, Shannon S, Coll D, Cvitash M, Owens B, Lu M, et al Impact of hospital-employed physician assistants on a level II, community-based orthopaedic trauma system. *J Orthop Trauma*. 2013;27:e87–e91.
2. Kates SL, Mendelson DA, Friedman SM. The value of an organized fracture program for the elderly: early results. *J Orthop Trauma*. 2011;25:233–237.

Chief Financial Officer (CFO)

Job Description: This individual is responsible for managing the financial risks of the corporation. Usually this is a certified public accountant (CPA) who oversees all financial planning, record keeping, and data analysis. Hospital CFOs are responsible for the oversight of financial operations of the hospital and all of its departments. They make sure that all departments, nurses, and physicians are working within budget. The CFO is responsible for the planning, implementation, and

evaluation of the fiscal performance of the facility. They report to the board of directors and CEO.

Time Requirement: Two 2-hour sessions.

Objectives

- Discuss the financial impact of trauma on the hospital
- Discuss the economics on uninsured and underinsured patients on the hospital system
- Discuss what state and federal support is available for these individuals
- Discuss the amount and impact of graduate medical education money
- Review different payer sources
- Review implications of taking or opting out of Medicare
- Review economics of creating an indigent clinic
- Discuss the financial impact of improving length of stay
- Discuss the financial impact of elective orthopaedics to the hospital system
- Discuss which service lines/cases are most profitable

Suggested Reading

1. Ziran BH, Barrette-Grischow MK, Marucci K. Economic value of orthopaedic trauma: the (second) bottom line. *J Orthop Trauma*. 2008;22:227–232.
2. Vallier HA, Patterson BM, Meehan CJ, Lombardo T. Orthopaedic traumatology: the hospital side of the ledger, defining the financial relationship between physicians and hospitals. *J Orthop Trauma*. 2008;22:221–226.
3. Althausen PL, Coll D, Cvitash M, Herak A, Omara TJ, Bray TJ. Economic viability of a community-based level-II orthopaedic trauma system. *J Bone Joint Surg Am*. 2009;91:227–235.

Chief Medical Officer (CMO)

Job Description: The CMO functions as both the lead physician for employed physicians and the primary liaison between hospital administrators and community physicians. The CMO is usually a physician and represents one of the highest levels within hospital administration achieved by a physician. The CMO oversees all negotiations between hospital and private community physicians, investigates patient complaints directed at physicians, moderates physician–physician disputes, and delivers disciplinary actions or suspension of privileges to disruptive physicians.

Time Requirement: Two 2-hour sessions (fall and spring)

Objectives

Because this position is usually held by a physician, meeting with the CMO provides a unique opportunity for the fellow to learn more about positions of physician leadership within the hospital administration infrastructure and investigate whether the fellow may be interested in a similar position at some point in their career.

- Discuss the primary responsibilities of the CMO
- Discuss day-to-day tasks
- Discuss how the CMO attained their role in hospital administration
- Discuss the difficulties of dealing with disruptive physicians
- Discuss the most common complaints or grounds for disciplining physicians
- Discuss future career goals of the CMO

- Discuss how to effect change within a hospital system
- Obtain tips on negotiating the political landscape within a hospital system

Suggested Reading

1. Hill A, Althausen PL, O'Mara TJ, Bray TJ. Why veteran orthopaedic trauma surgeons are being fired and what we can do about it? *J Orthop Trauma*. 2013;27:355–362.
2. Patel P, Robinson BS, Novicoff WM, Dunnington GL, Brenner MJ, Saleh KJ. The disruptive orthopaedic surgeon: implications for patient safety and malpractice liability. *J Bone Joint Surg Am*. 2011;93:e1261–e1266.

Chief Nursing Officer (CNO)

Job Description: This position is the director of all nurses and top nursing administrator. The position is the nursing equivalent of the CMO. This position oversees staffing needs, disciplinary issues, and training of new nurses.

Time Requirement: Two hours.

Objectives

- Discuss the director's day-to-day activities
- Discuss the decision-making process for staff allocation and acquisition of new staff
- Discuss the role and impact of nursing unions
- Discuss how physicians interact with this position
- Discuss nursing scope of practice
- Discuss the impact of hospital decisions on work hours, nurse–patient ratios, and shift requirements
- Discuss the impact of electronic medical record, preprinted orders, and verbal orders on patient care

Suggested Reading

1. Berg GM, Spaeth D, Sook C, Burdsal C, Lippoldt D. Trauma patient perceptions of nursing care: relationships between ratings of interpersonal care, technical care, and global satisfaction. *J Trauma Nurs*. 2012;19:104–110.

Hospital Marketing Director

Job Description: Individual responsible for all marketing activities for the hospital.

Time Requirement: One 2-hour session.

Objectives

- Understand marketing options for trauma
- Discuss if having a trauma designation improves patient draw
- Discuss the “halo effect” of trauma
- Discuss how the hospital views its position in the community
- Discuss which venues/media for marketing are most important
- Discuss the approximate cost of radio, newspaper, and billboard advertising, mailings, etc.
- Discuss how much money the hospital spends on marketing
- Discuss how the hospital reconciles marketing for hospital owned versus private practice physicians
- Discuss the options the hospital uses for high profile patients
- Discuss how the hospital markets to referring physicians
- Discuss the role local media plays and how the hospital utilizes them

- Discuss how the hospital decides which educational meetings or philanthropic events to support

Suggested Reading

1. State Medical Board Restrictions on Physician Marketing

Vice President of Strategic Planning

Job Description: Some hospitals or hospital systems will be large enough to employ a vice president of strategic planning. The specific title and job description may vary from hospital to hospital. The VP of strategic planning usually reports directly to the top executive, either the hospital CEO or system CEO.

Time Requirement: Two hours.

Objectives

- Discuss how the position assists the top executive
- Discuss the different elements of strategic planning for the hospital/healthcare system
- Discuss challenges and uncertainties in strategic planning
- Discuss management, alignment, and acquisition of physician providers
- Discuss long-term plans for hospital employed physicians
- Discuss decision making regarding capital assets
- Discuss decision making for capital improvement and facility projects
- Discuss the risks/benefits of a one-hospital town versus one with competing institutions

Suggested Reading

1. Kauk JR, Bray TJ. Orthopaedist-hospital alignment in a community setting. *Clin Orthop Relat Res*. 2013;471:1837–1845.

Payer Contracts Vice President

Job Description: This position directs all contract negotiations with payers. The position requires an in-depth knowledge of healthcare contracts, benefits, and sociodemographic factors in the area surrounding the hospital.

Time Requirement: Two hours.

Objectives

- Discuss financial contributions of different payer classes to hospital bottom line
- Discuss specific goals of contract negotiations with each payer
- Understand how commercial insurance payers make up the financial shortfall for uninsured and underinsured patients
- Understand the various components to contract negotiations (ie, per diem vs. capitated, technical fees, facility fees)
- Understand different payment incentives for inpatient, outpatient, and in hospital versus surgery center
- Understand Medicare and Medicaid contract negotiation
- Discuss how the Patient Protection and Affordable Care Act may affect the hospital

Suggested Reading

1. Velopulos CG, Enwerem NY, Obirieze A, Hui X, Hashmi ZG, Scott VK, et al. National cost of trauma care by payer status. *J Surg Res*. 2013;184:444–449.

Vice President of Quality

Job Description: This position oversees quality programs, loss prevention, Surgical Care Improvement Project

(SCIP) protocols, hand hygiene, and also is involved in the prevention and treatment of recovery audit contractor audits.

Time Requirement: Two hours.

Objectives

- Discuss the different quality programs in place at the hospital
- Discuss how a quality program is selected and implemented
- Discuss the role for an osteoporosis or geriatric fracture program in the hospital
- Discuss what role physicians play in the creation of a quality initiative
- Discuss the financial implications of SCIP
- Discuss incentive structures for physician quality measures
- Discuss incentives of private practice versus hospital employed physicians

Suggested Reading

1. Rasouli MR, Jaber MM, Hozack WJ, Parvizi J, Rothman RH. Surgical Care Improvement Project (SCIP): has its mission succeeded? *J Arthroplasty*. 2013;28:1072–1075.

Vice President of Risk Management (Hospital Attorney)

Job Description: This position serves as in-house legal counsel to the hospital on all legal matters including contracting and risk management. Outside legal counsel is then obtained when appropriate as recommended by the hospital attorney. This position oversees issues pertaining to risk management, litigation, or legal inquiries made against the hospital for care delivery–related claims or other suits (antitrust, contentious contract negotiations, etc.).

Time Requirement: One 2-hour session.

Objectives

- Understand legal aspects of trauma panel contracting
- Understand restraint of trade
- Understand monopoly arguments
- Understand legal implications and indemnity clauses surrounding quality assurance programs and morbidity and mortality conferences
- Discuss how to deal with a disruptive surgeon
- Understand state versus hospital laws regarding call responsibilities
- Understand legal aspects of physician extender use
- Discuss most common issues resulting in malpractice suits
- Discuss how malpractice claims are processed and dealt with
- Discuss common risk management issues
- Discuss methods of minimizing risk

Suggested Reading

1. Patel P, Robinson BS, Novicoff WM, Dunnington GL, Brenner MJ, Saleh KJ. The disruptive orthopaedic surgeon: implications for patient safety and malpractice liability. *J Bone Joint Surg Am*. 2011;93:e1261–e1266.
2. Stewart RM, Corneille MG, Johnston J, Geoghegan K, Myers JG, Dent DL, et al. Transparent and open discussion of errors does not increase malpractice risk in trauma patients. *Ann Surg*. 2006;243:645–649; discussion 649–651.

Vice President of Human Resources

Job Description: This position is the director of the human resources department and the top administrator for employee hiring, firing, promotion, and disciplinary action for hospital employees.

Time Requirement: Two hours.

Objectives

- Discuss typical employee behavior issues and how they may be affected by physicians
- Discuss physician's role in the promotion or dismissal of a hospital employee
- Discuss pitfalls of physician–employee professional relationships
- Discuss pitfalls of physician–employee personal/romantic relationships
- Discuss dismissal process for an employee
- Discuss management of a problem employee
- Discuss handling of disgruntled employee with allegations of wrongful termination
- Discuss process for determining staffing ratios in hospital for nurses, physical therapists, discharge planners

Suggested Reading

1. Nurse staffing ratios. *AORN J*. 2013;97:604, 538.
2. Robinson F, Gorman G, Slimmer L, Yudkowsky R. Perceptions of effective and ineffective nurse-physician communication in hospitals. *Nursing Forum*. 2010;45:206–216.
3. Lopez KD. A mixed methods study of nurse-physician work relationships. Udini Web site. Available at: <http://udini.proquest.com/view/a-mixed-methods-study-of-nurse-goild:749793356/>. Accessed March 7, 2014.

Vice President of Government Relations (Lobbyist)

Job Description: This position is essentially the lobbyist for the hospital. This vice president serves as the primary liaison between the hospital and government officials and entities. Significant time is spent promoting and protecting the hospital's interests at the state level primarily, with some involvement at the national level.

Time Requirement: Two hours.

Optional Additional Session: Attend a state congressional debate concerning a healthcare policy issue that may be of interest to an orthopaedic trauma surgeon (eg, physicians' right to own physical therapy or radiology, restrictions of out-of-network billing).

Objectives

- Discuss the hospital's interests in current policy changes debated at the local, state, and national level
- Discuss how the VP interacts with elected members of the state and national governing bodies
- Discuss the funding disparity between physician, hospital, insurance, and implant companies
- Address how physicians can become involved in these important issues

Suggested Reading

1. Lundy DW, Teuscher D. The case for advocacy. *Orthopedics*. 2007;30:426–427.

Vice President of Community Development

Job Description: This position serves as the primary liaison between the healthcare system and surrounding hospitals that make up the healthcare system's referral network. This individual is tasked with developing relationships with rural hospitals and ERs to improve access to care and increase referral base. This position is also tasked with solving barriers to patient transfer, and facilitating the transfer of patient information including radiographic studies. This VP also oversees the implementation of community education outreach projects for both providers and patients.

Time Requirement: Two hours.

Optional Additional Session: The fellow may choose to travel with the VP to an outlying institution to see the process in person. If possible, the fellow could also participate in an educational outreach initiative.

Objectives

- Discuss challenges associated with maintaining goodwill amongst competing institutions that also refer patients
- Discuss barriers to patient transfer and triage
- Discuss efficiency improvements in the arena of patient portability
- Discuss cost issues related to improper triage, improper transfer, and duplication of services
- Discuss educational outreach programs and opportunities
- Discuss the orthopaedic surgeon's role in educational outreach
- Discuss problems specific to rural communities
- Discuss what rural patients bring to big hospital systems
- Outline opportunities for growth
- Discuss the role of telemedicine
- Discuss insurance status of rural patients versus big city patients
- Discuss techniques of getting physicians on board
- Discuss importance of image transfer so imaging does not need to be repeated
- Discuss value of physician-to-physician communication
- Discuss transport issues and their costs (ambulance, fixed wing, life flight)
- Value of primary care provider meetings

Suggested Reading

1. Haas B, Stukel TA, Gomez D, Zagorski B, De Mestral C, Sharma SV, et al. The mortality benefit of direct trauma center transport in a regional trauma system: a population-based analysis. *J Trauma Acute Care Surg.* 2012;72:1510–1515.
2. Gomez D, Haas B, de Mestral C, Sharma S, Hsiao M, Zagorski B, et al. Institutional and provider factors impeding access to trauma center care: an analysis of transfer practices in a regional trauma system. *J Trauma Acute Care Surg.* 2012;73:1288–1293.
3. Gomez D, Berube M, Xiong W, Ahmed N, Haas B, Schuurman N, et al. Identifying targets for potential interventions to reduce rural trauma deaths: a population-based analysis. *J Trauma.* 2010;69:633–639.
4. Haas B, Gomez D, Zagorski B, Stukel TA, Rubinfeld GD, Nathens AB. Survival of the fittest: the hidden cost of undertriage of major trauma. *J Am Coll Surg.* 2010;211:804–811.

SECTION II. HOSPITAL SURGICAL SERVICES MANAGEMENT

Director of Orthopaedic Services

Job Description: Most hospitals now have a midlevel administrator tasked with managing the orthopaedic service line. This entails the management of vendor contracts, OR inventory, OR staffing, block time, creation of an orthopaedic trauma room, dedicated orthopaedic nursing, dedicated orthopaedic physical therapy, and creation of orthopaedic and pharmacy protocols.

Time Requirement: Two to three 2-hour sessions.

Objectives

- Understand the scope of responsibilities for this position
- Understand the qualities necessary for an individual to function well in this position
- Discuss key issues related to floor care for orthopaedic patients
- Discuss key issues related to physical therapy for orthopaedic patients
- Discuss key issues related to the OR
- Discuss the creation of a dedicated orthopaedic trauma OR and the components needed for it to be successful
- Discuss staffing for all orthopaedic positions
- Discuss the creation and maintenance of treatment protocols
- Discuss efficiency, quality measures, and cost containment efforts

Suggested Reading

1. Sowers KW, Newman PR, Langdon JC. Evolution of physician-hospital alignment models: a case study of comanagement. *Clin Orthop Relat Res.* 2013;471:1818–1823.
2. Fink JN, Libby DE. Integration without employment. *Healthc Financ Manage.* 2012;66:54–62.

Operating Room Materials Management Director

Job Description: This position oversees all purchasing of durable medical equipment, biologics, hospital equipment, implants, disposable items, and some capital assets.

Time Requirement: One 2-hour session.

Objectives

- Discuss negotiation process with orthopaedic implant companies
- Discuss cost containment strategies with orthopaedic implant companies, single vendor discount model versus matrix pricing versus multivendor arrangement
- Discuss approval process for the implementation of a new device (new to the hospital)
- Discuss budgeting process
- Discuss cost containment for bone graft and orthobiologics
- Discuss methods of maintaining physician choice regarding implant use
- Discuss physician role in selection of products (implant committee?)
- Understand how implants are selected and charged for
- Discuss the techniques and benefits of matrix pricing
- Discuss the risks and benefits of generic implants

- Discuss the role of physician-owned distributorships
- Learn about implant comparison tools
- Learn how physicians can help the hospital save money
- Learn why physicians must be an integral part of the process
- Learn how hospital accounts for implant savings
- Learn what hospital does with implant savings

Suggested Reading

1. Waddell JP, Morton J. Generic total hip arthroplasty. *Clin Orthop Relat Res.* 1995;109–116.
2. Althausen PL, Lu M, Thomas KC, Shannon SF, Biagi BN, Boyden EM. Implant standardization for hemiarthroplasty: implementation of a pricing matrix system at a level II community based trauma system. *J Arthroplasty.* 2013 [epub ahead of print].
3. Althausen PL, Kurnik CG, Gurnea TP, Shields T, Anderson SR, Coll D, et al. Clinical and economic impact of generic 7.3 mm cannulated screw use at a level II trauma center. Accepted for publication to *Am J Ortho*, 2014.

Operating Room Director

Job Description: This individual is responsible for overall OR function and manages the staffing, throughput, and allocation of resources and space in the ORs.

Time Requirement: Two hours.

Objectives

- Discuss the challenges of maintaining an orthopaedic trauma OR
- Discuss the logistics of staffing, costs associated with different models
- Discuss ways to incentivize staff within budgetary constraints
- Discuss specialization of surgical technicians and nurses
- Discuss the management of designated call teams and the costs involved
- Understand data behind designated orthopaedic trauma OR
- Understand OR efficiency
- Understand economic implications of overtime for staff
- Understand costs of on-call surgical staff
- Discuss importance of designated OR transport services
- Discuss importance and financial implications of turnover time
- Discuss anesthesia issues regarding trauma care
- Review methods of OR data collection and available computer tracking programs available

Suggested Reading

1. Bhattacharyya T, Vrahas MS, Morrison SM, Kim E, Wiklund RA, Smith RM, et al. The value of the dedicated orthopaedic trauma operating room. *J Trauma.* 2006;60:1336–1340.
2. Lemos D, Nilssen E, Khatiwada B, Elder GM, Reindl R, Berry GK, et al. Dedicated orthopedic trauma theatres: effect on morbidity and mortality in a single trauma centre. *Can J Surg.* 2009;52:87–91.
3. Wixted JJ, Reed M, Eskander MS, Millar B, Anderson RC, Bagchi K, et al. The effect of an orthopedic trauma room on after-hours surgery at a level one trauma center. *J Orthop Trauma.* 2008;22:234–236.

4. Althausen PL, Kauk JR, Shannon S, Lu M, O'Mara TJ, Bray TJ. Operating room efficiency: benefits of an orthopaedic traumatologist at a level II trauma center. *J Orthop Trauma.* 2013 [epub ahead of print].
5. Chacko AT, Ramirez MA, Ramappa AJ, Richardson LC, Appleton PT, Rodriguez EK. Does late night hip surgery affect outcome? *J Trauma.* 2011;71:447–453; discussion 453.

SECTION III. HOSPITAL CLINICAL SERVICES

Trauma Panel Director

Job Description: Physician leader of the trauma panel, ideally a fellowship-trained orthopaedic traumatologist. In addition to their clinical practice, this individual spends time on call schedule creation, political issues, and OR access issues.

Time Requirement: One 2-hour session.

Objectives

- Understand community barriers to setting up a trauma panel
- Discuss various negotiating strategies
- Discuss options for community alignment
- Discuss American Academy of Orthopaedic Surgeons/Orthopaedic Trauma Association guidelines for trauma panel requirements
- Understand how to obtain call pay and payment for indigent patients
- Discuss pathway for finding a good contract lawyer
- Discuss trauma algorithm creation
- Discuss multidisciplinary collaboration
- Discuss role of fellowship-trained traumatologists
- Understand orthopaedic data required for ACS certification
- Discuss morbidity and mortality or quality assurance difficulties
- Learn tips for running effective meetings and staying on task

Suggested Reading

1. Bray TJ, Althausen PL, O'Mara TJ. Growth and development of the Northern Nevada Orthopaedic Trauma System from 1994 to 2008: an update. *J Bone Joint Surg Am.* 2008;90:909–914.
2. Bray TJ. Design of the Northern Nevada Orthopaedic Trauma Panel: a model, level II community-hospital system. *J Bone Joint Surg Am.* 2001;83-A:283–289.

Director of Clinical Pharmacy

Job Description: The director of clinical pharmacy serves as the primary liaison between the pharmacy staff, physicians, and administration. This position participates in the development of protocols and drug safety. This individual is also responsible for designing hospital formulary, order sheet selection, and approval of new medications.

Time Requirement: Two hours.

Objectives

- Discuss pharmacological treatment of osteoporosis
- Discuss deep vein thrombosis prophylaxis: efficacy, costs, and community standard of care
- Discuss blood conservation protocol
- Discuss transfusion protocols

- Discuss antibiotic protocols, their costs, and efficacy
- Discuss regional differences in antibiotic susceptibilities
- Discuss ways of containing costs through the pharmacy
- Discuss mood altering medications that contribute to delirium in geriatric patients and how to minimize these medications
- Learn cost of blood transfusions
- Learn savings of transfusion protocols and algorithms
- Learn cost of bowel regimen medications
- Learn cost of antiemetic medications
- Review medication costs of surgical site infections
- Review cost of pain medications
- Discuss savings of generic medications

Suggested Reading

1. Carson JL, Terrin ML, Noveck H, Sanders DW, Chaitman BR, Rhoads GG, et al Liberal or restrictive transfusion in high-risk patients after hip surgery. *N Engl J Med.* 2011;365:2453–2462.
2. Carson JL, Terrin ML, Barton FB, Aaron R, Greenburg AG, Heck DA, et al A pilot randomized trial comparing symptomatic versus hemoglobin-level-driven red blood cell transfusions following hip fracture. *Transfusion.* 1998;38:522–529.
3. Sewell K, Andreae S, Luke E, Safford MM. Perceptions of and barriers to use of generic medications in a rural African American population, Alabama, 2011. *Prev Chronic Dis.* 2012;9:E142.
4. Cameron A, Mantel-Teeuwisse AK, Leufkens HG, Laing RO. Switching from originator brand medicines to generic equivalents in selected developing countries: how much could be saved? *Value Health.* 2012;15:664–673.

Director of Orthopaedic Nursing

Job Description: This position oversees the day-to-day staffing and issues occurring on the orthopaedic floor. This person evaluates patient complaints and refers them when appropriate. This position also serves as the primary point of contact with physicians.

Time Requirement: Two hours.

Objectives

- Discuss physician–nursing issues and the management of these issues
- Discuss protocols in place on orthopaedic floor
- Discuss common problems encountered by nursing
- Discuss economic and clinical impact of nurse–patient ratios
- Explore effective physician communication methods
- Review current core measures and the way data is collected
- Address problems encountered with nursing scope of practice
- Discuss methods of reducing length of stay
- Discuss process improvement strategies
- Address the role of hospitalists
- Discuss the role of discharge planners and social workers
- Discuss the role of physical therapists and their impact on length of stay

Suggested Reading

1. Pardini-Kiely K, Greenlee E, Hopkins J, Szaflarski N, Tabb K. Improving and sustaining core measure performance

through effective accountability of clinical microsystems in an academic medical center. *Jt Comm J Qual Patient Saf.* 2010;36:387–398.

2. Roy A, Heckman M, Roy V. Associations between the hospitalist model of care and quality-of-care-related outcomes in patients undergoing hip fracture surgery. *Mayo Clin Proc.* 2006;81:28–31.
3. Borghans I, Kool R, Lagoe R, Westert G. Fifty ways to reduce length of stay: An inventory of how hospital staff would reduce the length of stay in their hospital. *Health Policy.* 2012;104:222–233.
4. Meek J. Affordable care act: predictive modeling challenges and opportunities for case management. *Prof Case Manag.* 2012;17:15–23.
5. Prentice D, Ritchie L, Reynolds M, Kitson M, Smith J, Schenck T. A case management experience: implementing best practice guidelines in the community. *Care Manag J.* 2011;12:150–153.
6. Rogers F, Horst M, To T, Rogers A, Edavettal M, Wu D, et al. Factors associated with patient satisfaction scores for physician care in trauma patients. *J Trauma Acute Care Surg.* 2013;75:110–115.

SECTION IV. PRIVATE PRACTICE MANAGEMENT

Chief Executive Officer (CEO)

Job Description: A CEO is the highest ranking administrator in any company. They report to the board of directors and are in charge of total management of the organization. The CEO has multiple responsibilities including director, decision maker, manager, and executor.

Time Requirements: Two 2-hour sessions.

Objectives

- Describe the difficulties of hospital partnership agreements
- Describe risks and benefits of co-management and gain-sharing agreements
- Describe difficulties of managing a large physician group
- Describe how future political or legal decisions can affect private practice
- Describe ancillary service management
- Discuss opportunities and rules behind durable medical equipment
- Discuss when to delegate
- Discuss strategic planning
- Discuss concepts of “centers of excellence”
- Discuss performance metrics
- Discuss the appropriate use of physician extenders
- Discuss how business can change depending on Medicare
- Discuss risks and benefits of urgent care development
- Learn about risk retention groups
- Discuss the opportunities and risks of accountable care organizations
- Discuss the importance of data collection and what data is needed

Chief Financial Officer (CFO)

Job Description: This individual responsible for managing the financial risks of the corporation. Usually this is

a CPA responsible for financial planning and record keeping as well as data analysis.

Time Requirement: Two 2-hour sessions.

Objectives

- Understand how to read balance sheets, income statements, and statements of cash flow
- Understand definitions of total relative value units, work relative value units, practice expense relative value units, and malpractice expense relative value units
- Review collections-based physician pay versus relative value unit–based physician pay
- Review options for physician ancillary service distribution (physical therapy, magnetic resonance imaging, surgery center, durable medical equipment)
- Review different payer sources
- Review implications of taking or opting out of Medicare
- Discuss issues involved in debt management
- Discuss the financial implications of delayed coding/billing on collection rate
- Discuss the financial impact of under- or uninsured ER patients on the office
- Discuss what is done with bad debt
- Discuss the decision tree involved with outsourcing services or keeping them in-house

Chief Operating Officer (COO)

Job Description: This individual is responsible for the daily operations of the company and routinely reports to the CEO.

Time Requirement: One 2-hour session.

Objectives

- Understand the difficulties with scheduling and how to overcome issues
- Discuss optimization of front desk personnel
- Provide insight into difficulties encountered with medical assistants
- Understand the difficulties with radiology and how to solve them
- Understand the difficulties with casting/durable medical equipment and how to address them
- Discuss patient flow in office
- Describe Press Ganey scores and how to improve them
- Discuss the multiple roles of physician extenders
- Discuss most efficient use of extenders

Surgery Center Director

Job Description: Individual responsible for the daily operations of the surgery center from billing to staffing to materials management.

Time Requirement: One 2-hour session.

Objectives

- Discuss how Stark laws apply to physician-owned surgery centers
- Understand safe harbor implications
- Understand the importance of health insurance contracting
- Understand the difference between facility fee and professional fee
- Understand the role of implants, case scheduling, and profit margin

- Review the cost of implants
- Review the cost of medications
- Review draping costs
- Review personnel costs
- Debate pros and cons of certified versus uncertified scrub technicians
- Discuss which case types make money, and which lose money
- Understand the benefits implant consignment versus purchase
- Outline the legal, financial, and clinical importance of timely physician dictation
- Discuss required quality assurance programs
- Discuss options for controlling physician behavior
- Discuss how to incentivize physicians
- Understand the risks and benefits of full time versus per diem staff
- Discuss tricks for maximizing utilization
- Discuss 23-hour stay costs and implications
- Understand the accreditation process
- Discuss risk management issues
- Learn tricks for improving turnover time
- Learn tricks for incentivizing employees

Marketing Director

Job Description: Individual hired either full or part time by a private practice group who is responsible for the marketing operations of an organization. These individuals not only have skill in the creative aspect of advertising but have the budgetary knowledge to plan appropriately.

Time Requirement: One 2-hour session.

Objectives

- Discuss the role of marketing in medicine
- Discuss the percent of the budget should be applied to marketing
- Discuss in-house versus outsourcing marketing personnel
- Discuss the need to define a target audience (patients, hospitals, physicians)
- Discuss how to market to each group
- Discuss how to market to physicians
 - Mutually beneficial relationships
 - Ease of scheduling
 - Direct access to physicians
 - Urgent care options
 - Nice to physicians and patients
 - Send primary care physicians clinic visit notes
 - Annual educational meetings
 - Emphasize excellence/fellowship training
- Discuss how to market to patients
 - Scheduling
 - Waiting room videos
 - Room handouts
 - *Yellow Pages*
 - Direct to patient marketing
- Discuss how to market to hospitals
 - Economic issues
 - Educational partnerships
 - Technical issues
- Discuss how to build up primary care physician/physician assistant/nurse practitioner referral base

- Understand the difference between marketing and goodwill
- Understand the multiple modes of media (television, radio, Internet, billboard, written)
- Understand the general costs associated with each media type
- Discuss Internet-based physician rating companies (eg, vitals.com, healthgrades.com, Angie's List)
- Understand the importance of Press Ganey scores
- Discuss how to build a patient-friendly Web site
- Discuss how Web site optimization works
- Discuss development of patient newsletters
- Discuss internal marketing to employees

Information Technology Director

Job Description: Individual responsible for the maintenance of office information technology (IT).

Time Requirement: One 2-hour session.

Objectives

- Review benefits of electronic health record (EHRs)
- Understanding "meaningful use" implications
- Understand the cost of IT
- Understand the costs of licensing
- Understand "Infodive"
- Understand "Crimson"
- Understand how Health Insurance Portability and Accountability Act relates to the medical record, text messaging, pagers
- Discuss the effect of creation of templates in EHR on billing and coding
- Understand issues surrounding connectivity with hospitals and EHR integration
- Discuss how future technology might help patient care delivery

Billing and Coding Department

Job Description: These individuals use a set of published codes to report and bill for services rendered by physicians and their employees.

Time Requirement: One 2-hour session.

Objectives

- Learn the billing process
- Learn evaluation and management techniques
- Learn current procedural terminology code optimization
- Learn modifiers
- Learn ICD-10 techniques and cross referencing
- Learn the effects of bundling
- Learn multiple procedure discounts

- Exposure to computer-based coding tools such as Code-X
- Understand importance of coder/biller/physician relationship
- Learn techniques to maximize reimbursement
- Learn what happens when a claim is denied
- Learn what needs to be in physician dictations
- Discuss if billing/coding should be outsourced

Suggested Reading

1. Appleton P, Chacko A, Rodriquez EK. Financial implications of nonoperative fracture care at an academic trauma center. *J Orthop Trauma*. 2012;26:617-619.

Malpractice Attorney

Job Description: Lawyer contracted by group to handle all malpractice cases against the firm.

Objectives

- Discuss most common reasons orthopaedic surgeons get sued
- Learn basic techniques for avoiding lawsuits
- Develop a plan of action if you feel a patient might sue you
- Learn what to do about documentation
- Learn how to manage outstanding patient bills
- Understand when to call risk management
- Understand when to alert your malpractice insurance carrier
- Understand when to call attorney
- Develop questions to ask a lawyer to decide if they are the right person for the job
- Understand what your limits are and when you could be sued above them

Board Meetings

Time Requirements: Attend when able.

Objectives

- Learn importance of setting and sticking to an agenda
- Understand delegation of authority
- Learn meeting dynamics and protocol
- Obtain insight into intraoffice politics
- Obtain insight into physician behavior
- Learn how not to present an idea
- Learn how to present an idea
- Learn how to evaluate a proposal
- Evaluate different incentives for young and older physicians
- Learn how to deal with the "difficult" physician
- Learn how to deal with the "impaired" physician