



Health System Management Curriculum
NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY: 1,2,3

Description of Rotation:

This is a four-week block on Health System Management based on the disciplines of Family Medicine, Behavioral Medicine, Pharmacy and Behavioral Medicine. This curriculum is intended to meet the ACGME requirements of IV.A.6.s, health system management experiences, including the specified requirements that residents are members of a committee, receive regular reports of performance and training to analyze those reports, and attendance at business meetings. Additionally, it supports the requirement of IV.A.6.a).4, for progressive leadership of care teams; the requirement of IV.A.5.d). (1)-(3) for effective communication and teamwork; and the requirement of IV.A.5.f) awareness of and responsiveness to the larger context and system of health care. This curriculum advances the competencies of Professionalism, System-based Practice, Practice Based Learning, and Interpersonal and Communication Skills. AAFP: This curriculum also addresses the recommended curriculum guidelines for Leadership (AAFP Reprint 292) and Leadership in the PCMH (AAFP Reprint 268).

Overall Goals of Health System Management Rotation:

Overview

The curriculum is organized around three broad themes: Business, Operations, and Leadership in Systems. Some experiences will be focused, some longitudinal. Substantial portions of training regarding leadership and interpersonal communication occur informally in other aspects of the residency experience; this curriculum provides the theoretical framework for that training and serves to codify where that training happens.

Running a business, and principles necessary to understand the same, is not on the minds of new residents. Accordingly, these topics will be pushed later in the timeline. PGY2 will get some introduction to business principles through brief didactic sessions, and then will have an introduction to ideas for selecting a type of practice (hospitalist vs outpatient, rural vs urban, full vs limited service, private vs academic) as part of FMII, preferably through a forum with private FPs practicing in various roles. The third year is appropriate timing for a concentrated dose of practical guidance, provided by didactics and access to tools, and covering topics such as marketing, financial planning, business risk, governance, hospital staff make up, contracts, and financial analysis.

Basic training in operations principles is delivered in FM-I, including coding, documentation, health insurance, PCMH, HIPAA and clinical risk, time management, and population health. Several of those topics lend themselves to ongoing refreshers, which will be incorporated into noon conferences or half-day sessions. Productivity and QI reports can be productively introduced in half day sessions, focusing on learning to understand these, and transparently (or confidentially, depending) sharing actual reports with the group. Dr. Howard shares with individual residents their "report cards" on an ongoing basis. The prevention projects help to meet HSM requirements, because these projects require access and analysis of EHR reports and design of a system change to improve care outcomes. PGY3 should all receive baseline training in more advanced operational topics such as HR, facility design and workflow, and alternative payment models; more in depth discussion of topics can be arranged during FM-III, tailored to the individual's needs.

Basic leadership principles, including understanding of the importance of physician leadership, impact of personal attitudes, and various roles, will be introduced during FM-I. In FM-II, theoretical frameworks regarding formal and informal leadership will be provided, and case discussions can be used to assist in understanding. Role modeling occurs throughout the residency, and discussions in residency support group also assist in their growth. Additionally, one half day block annually will be dedicated to leadership topics and case studies. PGY3 is primarily about practical experience in leadership, with opportunities for focused discussion along the way, largely in ad hoc settings. Chief Residents gain substantial leadership experience in that role; other PGY3 residents will gain group leadership experience through both



ward team activities and leadership of the clinic interdisciplinary team weekly meetings. Participation in College or campus committees, or in state or national specialty society activities, should be required; residents should be able to participate according to their own areas of interest.

Business:

- Business worldview and clinical worldview—one hour
- Governance and Organizational Dynamics—two hours
- Functions of management—one hour
- Managerial decision making (case studies)—two hours
- Hospital and medical staff governance—one hour
- Deciding on a career path—two hours
- Public Relations and dealing with the media—two hours
- Accounting and financial management—two hours
- FMC clinic meetings—four hours
- Academic Half Day presentation on practice management topic—8 hours (prep and delivery)

Combined

- Half Day Sessions
 - Negotiations—three-hour seminar, every other year
 - CVs and Interview Preparation—1 hour
 - Physician contracts- 1 hour
 - Legal issues for residents—one hour
 - Financial planning one hour

Practice operations

- Risk Management--.5 hours
- OSHA requirements—one hour (orientation)
- HIPAA requirements—one hour online

FMI

- Clinical documentation introduction—one hour
- Principles of Population Health—one hour
- Insurance Basics—one hour
- Introduction to coding—one hour
- Clinical risk management—two hours
- Introduction to CQI—1.5 hours
- Analysis of quality and patient experience metrics—one hour
- Time management—one hour
- Computer systems—6.75 hours
- Fatigue management and duty hours—1 hour

FMII

- Hospital payment systems—one hour
- Marketing—one hour
- CQI/PDSA model—2 hours
- Human Resources—2 hours

FMIII

- Insurance contract analysis—two hours
- Payer mix and practice overhead—two hours
- Cash flow analysis, accounting, billing—two hours
- Hospital privileges—one hour (optional)



- Business meetings on practice operations—four hours
 - Facility design/practice equipment—two hours (optional)
- Combined
- Half Day Sessions
 - Documentation reinforcement—one hour annually
 - Time management—one hour annually
 - EMR Documentation and disclosing medical errors—1.5 hours
 - Noon Conferences
 - Coding reinforcement (various topics)—annually
 - PCMH principles—annually—outside speaker
 - M&M conferences (clinical risk management) --quarterly
 - Review of quality and patient experience metrics—annually
 - Accurate inpatient documentation—CDI team
 - Medical Risk Adjustment

Leadership and Systems

FMI

- Communication with patients—MASTERS class—6 hours
- Interviewing and Communication Skills—2.5 hours--Rule
- Leadership attitude and roles—one hour

FMII

- Principles of leadership—two hours
- Characteristics of a Good Physician Leader—1 hour
- Advocating for the Public Health—1.5 hours
- Integrated behavioral health in the PCMH—1 hour
- Underserved market tour—3 hours
- Cultural Competence—2 hours

Combined

- Half Day Blocks
 - Practical aspects of leadership—three hours annually
 - Conducting community strengths and needs assessment—one hour
 - Public Health policy, practice, and research—one hour
- Noon Conferences
 - Poverty Blindness

Individual

- Committee membership- six hours
- Chief Resident activities
- Clinic team leadership activities (PGY3 other than chiefs)

Resources that will need to be brought from outside the residency include folks to teach marketing and media, HIPAA/OSHA/compliance, billing and coding, HR management, negotiations, contract reviews, financial planning, accounting and business financial management. Many of those are already in place, and the rest should be available inside the UAMS system, often from inside the department or service line. Additionally, I would like to recruit practicing community physicians to participate in a roundtable during FMII to discuss career choices.

This curriculum comprises a total of 154.25 hours over the three years of residency, assuming attendance at every session. This does not include the residents' prevention projects, which include some of these principles. The leadership experience of Chief Resident activities and weekly team leadership by senior residents is also not included. The time commitment breaks down to 26.75 hours in FMI, 18 hours in FMII, 23 hours in FMIII, 37.5 hours in half day sessions, 30 hours in noon conferences, 2.5 hours in Orientation, and 6 hours of practical leadership during PGY3, including



committee membership. I envision an FMIII practicum, partly driven by each resident's next year career choice, that includes hands on work with the FMC (and potentially other PCSL FM clinics) management for the residents to better understand clinic and business management, as well as grasping PCMH and alternative payment models. As part of the practical leadership aspect, the PGY3 residents not serving as chief resident would be expected to lead the weekly team meetings.