PRACTICE MANAGEMENT SYLLABUS

Level of Training
PGY1, PGY2, PGY3

Length of Experience
Longitudinal throughout training

Preceptors/Attendants Name(s) and Titles
Russell Cole, M.D., Faculty
Joe Mazziotta, MD, Faculty
D. Paul Robinson, M.D, Faculty
Sue Littlewood, MBA, Administrator

Contact(s) Name
Same as above or as noted in Addendums

Location(s) of the Rotation
Usually conferences will be held in the FMC Conference Room or FMC Library. Group meetings will occur in the resident office of that group. Office wide meetings occur in the FMC conference room.

Description of the Rotation
Practice management may be defined as “the body of knowledge and skills necessary to manage the multiple elements of a specific practice of a physician. These elements include organization, administration, communication, marketing, and patient care”. The curriculum is based on input from past graduates, internal and external curricular resources, the Recommended Core Curriculum Guidelines on Practice Management for Family Medicine Residents, Residency Review Committee (RRC) requirements and current residents. The rotation is longitudinal and integrated with the management of the Family Medicine center and various rotations so that appropriate aspects of practice management are introduced at the appropriate time in residents’ career.

1 AAFP reprint No. 2668, Recommended Core Curriculum Guidelines on Practice Management for Family Practice Residents
Schedule

**PGY1:** During intern orientation, residents are introduced to the basics of how the Family Medicine Center operates, as well as to the key personnel and functions, office procedures, ambulatory office visit coding and the Tallahassee Memorial HealthCare electronic medical record. They learn of their benefits package, residency life skills and complete required TMH education. There are a total of 19.5 required hours during orientation related to Practice Management. During the FPU1 rotation, the resident spends one half day in medical records and one half day in the front office. Residents will begin focused chart audits during dedicated half-days, during the FPU1 rotation. In addition, there are longitudinal conferences each year for practice management topics. During the FPU 1 rotation, another 5 hours of practice management instruction occurs through orientation to medical records, appointment scheduling, triage and the front office.

**PGY2:** As appropriate, the previous topics are amplified during the second year through periodic feedback and didactic sessions. Residents build on previous information and discussion regarding office coding and begin the process of determining practice preferences.

**PGY3:** The bulk of practice management instruction occurs longitudinally during the third year (see attached Practice Management schedule). A twelve-hour seminar by Gates, Moore and Associates is scheduled early in the residents’ third year to provide an overview of practice management which is amplified through additional seminars. A System Based Error group project is also completed by the end of the PG-3 year.

**PGY-1 - PGY-3:** Residents are required to attend quarterly group meetings to discuss practice management topics relevant to running the group practices and monthly office-wide meetings. As much as possible, these include real-life topics that are relevant to their future practices.

**Learning Goals**

**First year**

1. Understand the essential functions of the Family Medicine
2. Possess basic information to perform and evaluate the business aspect of medical practice as part of this program

**Second year**

1. Acquire more experience and expertise in the day-to-day functioning of the Family Medicine Center, with a deeper understanding of various roles of the team providing care.
2. Possess more advanced information to perform and evaluate the business aspect of medical practice as part of this program, and participate in leading discussions of group practices via group meetings and office-wide meetings.

3. Begin to understand how quality indicators can be personally measured and improved and how they may be tied to financial incentives within the healthcare system.

Third year

1. Evaluate the day-to-day functioning of the Family Medicine Center, with more understanding of and input about various roles of the team providing care.

2. Develop a thorough understanding of various practice models to enable them to choose a desired practice environment upon graduation.

3. Continue development of a knowledge base for management of personal finances, and develop long-term plans for their own financial lives.

4. Advanced understanding of quality initiatives and strategies for performance improvement within a practice.

5. Stress importance of exit strategy going into first role in case it is a BAD one, < 80% of docs change jobs in 1st 5 years out of residency – for many reasons. It is important to not to take on a financial responsibility that can crush you trying to get out from under.

Learning Objectives

First Year

Resident will be able to describe the:

1. Basic job responsibilities of office personnel.
2. Basic steps in ICD-10 and CD-4 coding.
4. The process of business office functions in the Family Medicine Center.

Second Year

Residents will be able to:

1. Correctly code ambulatory and inpatient procedures for billing.
2. Summarize differences in eligibility and services offered by Medicare/Medicaid.
3. Lead a group meeting.
4. Discuss a chosen quality indicator based on practice guidelines and how they intend to improve their performance with respect to the indicator.

Third Year

Residents will be able to:

1. Describe practice options and practice styles after completing an office practice review.
2. Specify a preference of practice options.
3. Describe basic requirements of the financial management of a physician’s office.
4. Explain the purpose of negotiation and describe ways of attaining mutually advantageous solutions during negotiation.
5. Identify various elements of contracts and their potential pitfalls.
6. Describe the importance of personal financial management, including cash management, life and disability insurance needs, investment portfolios, retirement planning and the use of financial advisors.
7. Discuss the basics of personnel management and potential legal pitfalls.
8. Describe how to best negotiate with a hospital and how they value your services.
9. Discuss a risk management program for an ambulatory practice and potential liabilities and ways to reduce those liabilities.
10. Summarize OSHA guidelines for reportable diseases and exposure control.
11. Describe CLIA requirements and how they may impact a physicians’ future practice.
12. Describe a viable marketing program and a service culture.
13. List guidelines for best working with Medicare/Medicaid and other third-party payors.
14. Describe multiple ways that computers may be used in a private practice.
15. Describe the impact of managed care on the practice of medicine.
16. Have documented experience in evaluating for system errors and making quality improvements within the FMC.

Methodology for Teaching

Teaching occurs one-on-one and in small group discussions. Mid-day conferences comprise the major portion of the practice management curriculum, especially for third years.

Evaluation

Residents’ practice management skills are evaluated in a variety of ways from their initial entry into the residency program. Hospital and emergency department visits are coded with the resident’s input. Residents also receive periodic feedback about their office coding, number of visits, and billing. Residents participate in decisions to proceed with collection agency referrals on their patients. Quality of care indicators are periodically received from managed care organizations and shared with residents. 360° evaluations are done every quarter to assess
resident performance in the eyes of the staff. In addition, every quarter patient’s are surveyed about the care received from each resident.

Residents receive feedback during their semi-annual evaluation from Group Leaders regarding their interaction with patients, staff and peers. Finally, patient praises and complaints are discussed with the resident, usually by the group leader.

**Recommended and/or Required Readings**

Handouts of appropriate articles as references are provided to the residents during the rotation.

LONGITUDINAL CONFERENCES
PGY-1

* These will vary a little from year to year

PRACTICE MANAGEMENT:

Practice Finances - Ms. Littlewood
Introduction to Coding I - Ms. Littlewood
HMO’s: An Introduction - Ms. Littlewood
Medicare/Medicaid* - Ms. Littlewood
Third Party Payors - Ms. Littlewood
Record Requests/Responding to Subpoenas & Depositions - Ms. Judy Davis
Patient & Payor Responsibilities - Ms. Littlewood
Introduction to Coding II - Ms. Littlewood
Introduction to Coding III - Ms. Littlewood
Medical Errors (2 hours) - Ms. Judy Davis
We Care –
Coding Review – Ms. Littlewood

* = Combined Conferences
LONGITUDINAL CONFERENCES

PGY II

PRACTICE MANAGEMENT:

Intermediate Coding I - Ms. Littlewood
Intermediate Coding II - Ms. Littlewood
Risk Management - Ms. Judy Davis
HMO’s - Ms. Littlewood
Medical Errors (2 hours) - Ms. Judy Davis
Medicare/Medicaid - Ms. Littlewood
Coding Profile – Ms. Littlewood
Coding Level 4 Visits – Dr. Machado
Chart Reviews
System Based Errors (1 hour)- Dr. Machado
PGY III

PRACTICE MANAGEMENT:

Preparing for Practice - Ms. Littlewood
Contract Review (PGY I, II, III) – Mr. Murray Moore
Evaluating a Practice - Dr. Joseph Mazziotta
Practice Management Review with Stroudwater Associates (12 hrs) - Mike Fleishman
Evaluating a Practice Follow-Up - Dr. Joseph Mazziotta
Personnel I - Dr. Joseph Mazziotta
Personnel II - Ms. Littlewood
CLIA - Mr. Roger Vance/Dr. Jerry Harris
Life insurance - Mr. Jim Campbell
Personal Finance I - Dr. Joseph Mazziotta
Personal Finance II - Dr. Joseph Mazziotta
Personal Finance III - Dr. Joseph Mazziotta
Personal Finance IV** - Dr. Joseph Mazziotta
Disability Insurance - Mr. Jim Campbell
Risk Management - Ms. Judy Davis
HMO’s and Other Payors II - Ms. Littlewood
Computers in Practice - Dr. Machado
Coding, Advanced I - Dr. Machado
Coding, Advanced II - Dr. Machado
Compensation Models -
Third Party Payors *(with PGYI) - Ms. Littlewood
Practice Finances - Ms. Littlewood
Marketing -
Medicare/Medicaid* (with PGYI) – Ms. Littlewood
Financial Planning** - Mr. Jim Campbell
Medical Errors (2 hours) - Ms. Judy Davis
System Based Errors (2 hours minimum) - Dr. Machado

* Combined conferences
** Spouse attendance encouraged

REVISED 4/19/01, 05/02/02, 05/19/03, 05/28/04, 05/18/05, 02/06, 04/07, 06/08, 09/08, 09/10, 02/15
Reviewed: 06/09, 09/10, 8/11, 8/12, 7/13
System-Based Errors Project Curriculum
SYSTEM BASED ERRORS PROJECT

Level of Training
PGY-2, PGY-3 (Practice Management)

Preceptor
Ronald Machado, M.D.

Location of Rotation
Family Medicine Center

Method of Instruction
Didactic, Group Discussion, Task Assignments, Data Review and Analysis

Description of Instruction
During a didactic lecture covering medical errors, residents will be asked to critically evaluate the FM Residency Practice for “system errors” or problems that have been recognized during their training. Residents will be given some examples of previously identified errors and what has been done to improve or correct them. The residents will develop a project that addresses a relevant system problem or error within the Family Medicine Residency practice. After gathering data related to the problem, the project plan will be implemented and follow-up discussions will lead to a final gathering of data to analyze the effects of the project plan on the chosen system problem.

Learning Goals
By the end of this exercise:

1> Residents gain understanding and insight into the presence and nature of medical errors.
2> Residents progressively learn the types of errors inherent to our practice environment.
3> Residents shall acquire the knowledge, skills, and attitudes needed to contemplate relevant system errors, consider and implement solutions or system improvements, and evaluate solutions or improvements to the system.

Learning Objectives-PGY-2 or PGY-3

• Attendance at System Error startup didactic or review of syllabus if not available.
• Demonstrate knowledge of documents from the Institute of Medicine pertaining to Medical Errors.
• Participate in an active discussion of current practice system errors/problems.
• Participate in an active discussion of solutions/improvements to aforementioned system errors/problems
Plan and implement a patient safety project or system improvement that will address a relevant system problem/error.

**Learning Objectives-PGY-3**
- Gather post-implementation data related to project and assess project efficacy by end of PG-3 year.
- Discuss development of any secondary system errors or workarounds as a result of the project.
- Decide if initiative is worthwhile to continue to monitor and refine long-term.

**Evaluation**

De-briefing of project and assessment of resident involvement by Faculty Preceptor (see SystemBasedErrorForm.xls spreadsheet)

**Reading**

Institute of Medicine’s Executive Summary of To Err is Human: Building a Safer Health System

**Recommended Online Resources**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institute of Medicine</td>
<td><a href="http://www.iom.edu">www.iom.edu</a></td>
</tr>
<tr>
<td>Agency for Healthcare Research &amp; Quality</td>
<td><a href="http://www.ahrq.gov">www.ahrq.gov</a></td>
</tr>
<tr>
<td>Institute for Healthcare Improvement</td>
<td><a href="http://www.ihi.org">www.ihi.org</a></td>
</tr>
</tbody>
</table>

Implemented: 09/10
Reviewed: 09/10
Revised: 02/15
Quality Improvement Project Curriculum
QUALITY IMPROVEMENT PROJECT

Level of Training
PGY-2 (Community Medicine), PGY-3 (Geriatrics)

Preceptor
Ronald Machado, M.D.
Tanya Evers, M.D.

Location of Rotation
Family Medicine Center

Method of Instruction
One on one instruction, Self Instruction

Description of Instruction
This project is considered part of the longitudinal Practice Management curriculum. During the PG2 Community Medicine Rotation after review of a Quality Improvement CD Rom, residents will be asked to develop a quality improvement project based on a quality indicator for their patient’s health maintenance or management of a chronic disease. Residents may use the CHP quality indicators, online resources from the ACGME Outcome Project, or another quality indicator of their choice. The resident will use the attached audit tool or develop another audit tool which will be used to study 10 charts. This information will be reviewed with Dr. Evers or Dr. Machado and a copy will be given to Administrative Coordinator. A quality improvement plan for the selected indicator will be implemented by the resident for a minimum of 3 months. During the PG3 year Geriatrics Rotation, the resident will be given 1 half-day to review 10 of his/her charts (preferably the same patients) in order to see if care has changed after this quality improvement intervention and the final copy of this audit tool will be kept in the resident’s educational folder.

Learning Goals
By the end of this exercise:

1. The PGY-2 resident will understand practice guidelines.
2. The PGY-2 resident will develop and implement and a quality improvement project based on the selected indicator in their practice.
3. The PGY-3 resident will complete and evaluate the quality improvement project based on the previously selected indicator in their practice.
Learning Objectives

By the end of the exercise:

1. The PGY-2 resident will review the Quality Improvement CD-ROM and select a specific practice based guideline where the resident feels personal improvement is needed.
2. The PGY-2 resident will develop an improvement plan and an audit tool based on the above information.
3. The PGY-2 resident will use the audit tool to review 10 charts.
4. The PGY-3 resident will use the audit tool to review 10 charts after implementing an improvement plan for a specified period of time and determine if there has been any improvement in his/her patient care.

Methodology of Teaching

One on one instruction.
Self instruction with faculty review.

Evaluation

Review of completed Pre/Post Audit tool by Dr. Machado, Dr. Evers, or group leader

Recommended Online Resources

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency for Healthcare Research &amp; Quality</td>
<td><a href="http://www.ahrq.gov">www.ahrq.gov</a></td>
</tr>
<tr>
<td>American Academy of Family Practice</td>
<td><a href="http://www.aafp.org/home.html">www.aafp.org/home.html</a></td>
</tr>
<tr>
<td>American Academy of Pediatrics</td>
<td><a href="http://www.aap.org">www.aap.org</a></td>
</tr>
<tr>
<td>American Board of Internal Medicine</td>
<td><a href="http://www.abimfoundation.org">www.abimfoundation.org</a></td>
</tr>
<tr>
<td>Center of Health Evidence</td>
<td><a href="http://www.cche.net">www.cche.net</a></td>
</tr>
<tr>
<td>Evidence-Based Medicine Resource Center</td>
<td><a href="http://www.cebm.net">www.cebm.net</a></td>
</tr>
</tbody>
</table>
National Guideline Clearinghouse

American Geriatrics Society

Institute for Healthcare Improvement

Implemented: 09/08
Revised: 10/09, 09/10, 02/15
Reviewed: 06/09, 10/09