OHIO UNIVERSITY
College of Osteopathic Medicine

Ohio University College of Osteopathic Medicine
Clerkship Syllabus: ***Health Care Management***

Course Title: OCOM 895 - Health Care Management Clerkship (HCMC)
Credit Hours: 6 Credit Hours
Rotation Weeks: 2 Weeks (3 credit hours per week)
Prerequisites: Successful completion of Yr 3; Professional Development Seminars (PDS)
a) Introduction to Health Care Management (Year 3 PDS)
b) Medicare/Medicaid Program (Year 4 PDS)
Instructor of Record: Peter B. Dane, D.O. (dane@ohio.edu)
Associate Dean for Predoctoral Education
Clerkship Coordinator: Cheryl Riley, B.S.N., M.S. (riley@ohio.edu)
Assistant Dean, CORE and Academic Affairs Operations
Managed Care Liaison: Thomas S. Campanella, J.D. (tcamp@bw.edu)
Associate Professor, Department of Social Medicine (Group IV)

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1. Clerkship Description and Purpose (Core Competency)

The *Health Care Management Clerkship* (HCMC) is a two-week required rotation comprised of structured, experiential components offered to fourth-year OU-COM students in the last six (6) months of their osteopathic predoctoral medical education. This course addresses the core competency of "Systems–Based Practice". It is designed to increase students' awareness of the dominant health care delivery system of managed care in the United States that manages the **cost** and **quality** of health care as well as **access** to that care. This ambulatory clerkship shall introduce students to:

- managed care concepts that are intended to promote cost-effective health care and resource allocation without compromising quality of care;
- assessment, coordination, and advocacy of quality health care by managers and providers in the U.S. health care delivery system; and
- elements and services of the larger health care system in the U.S. that affect medical practice and impact patient access, safety, and satisfaction.

2. Clerkship Goals and Objectives

2.1 Goals

Upon completion of the HCMC, the student physician will develop insight into:

- the evolution of and current trends in managed care.
- the basics of how health care in the U.S. is organized and funded.
- how access barriers and resource allocation pose potential risks to people and/or populations who are unable to advocate for their own medical interests.
- how health care costs and quality of care are affected by reimbursement methods for health care providers as well as health care financing through a combination of government, public and private payers.
- the issues that employers face in attempting to provide adequate health care benefits for their employees.
- the relationship between managed care and physicians as well as the impact managed care has on physician/patient interactions.
- the implications of health care reform on future medical practice in a large health care organization or system of care and the integration of services.

2.2 Objectives: Knowledge Domain

Upon completion of the HCMC, the student physician will be able to:

- describe issues physicians face in the medical/legal system of workers' compensation and occupational medicine.
- explain how the workplace and job tasks affect the health and safety of employees and return to work for injured workers.
- identify financial and non-financial barriers to health care access and how these barriers impinge on the health and well-being of vulnerable individuals or populations (e.g., the impoverished, minority groups, chronically ill, terminally ill, etc.).
- differentiate between the major sources of health care spending (i.e., private and public) and describe how each of the two principle payers in the healthcare delivery system – the employer or private sector (e.g., Blue Cross-Blue Shield, Commercial Group Health Insurance, etc.), and the government or public sector (e.g., Medicare and Medicaid, Veterans Affairs) – impacts the healthcare delivery system.
- identify the factors that contribute to the growth of health care costs in the U.S. and explain the difference between managed cost and managed care.
- describe cost-containment methods (e.g., prepared care, managed care, preventive health care, provider contracting, risk sharing, etc.) utilized by Medicare, Medicaid, out-of pocket payments, individual health insurance, and employer-based health insurance to control the growth of costs and how these methods impact clinical decision making.
- identify obstacles in the current health care delivery system that employers must overcome to provide their employees with adequate, cost-effective insurance benefits.
- recognize the importance of utilizing and documenting clinical practice guidelines consistent with Evidence-Based Medicine (EBM) in the provision of safe, cost-effective, quality patient care.
- realize the benefits of Electronic Medical Records (EMR) and Telemedicine and the potential of information technology systems to improve the quality of patient care.
- delineate the purpose of different organizations involved in quality assessment (e.g., National Committee for Quality Assurance (NCQA), Health Plan Employer Data and Information Set (HEDIS), Centers for Medicare and Medicaid Services (CMS).
- describe the various mechanisms for assuring, promoting, measuring, and improving health care quality (e.g. Continuous Quality Improvement, Clinical Practice Improvement, etc.), as well as their advantages and limitations.

3. Clerkship Orientation and Logistics

3.1 Orientation

The CORE administrator will schedule and conduct an orientation for students no later than the morning of the first day of the clerkship to:

- direct students to go online to access and review the course syllabus, required text, student training outlines for each required activity/assignment, etc.;
- verify student's actual weekly schedule, contact information and instructions, and directions to/for each experiential, on-site activity;
- emphasize professional behavior and discuss strategies that will optimize participation and learning during the various required components of the clerkship;
- identify key individuals at the CORE hospital with whom the student will encounter;
- describe other available didactic activities and clinical opportunities for students at the CORE hospital and in the surrounding area that are pertinent to health care access, cost-effective care, and quality of care issues.

3.2 Logistics

3.2.1 Scheduling of the Clerkship

CORE administrators schedule fourth-year OU-COM students based at their respective CORE hospital(s) to take the HCMC during the same two-week block typically between January and April. <u>Primary Care Associates</u> (predoctoral Fellows) are scheduled to complete OCOM 895 in the year they are slated to graduate. Fellows who have a conflict with Fellowship requirements from January through May of their graduation year must submit a special petition request ***(Refer to Clinical Years 3 and 4 Student Manual)*** to the associate dean for predoctoral education if there is a need to alter their academic calendar to take the HCMC during their third year.

3.2.2 Significant Clerkship Dates

Students are **required** to spend five (5) days per week for two (2) consecutive weeks completing specified course-related experiential activities and learning assignments ***(See Sections 4.2 and 5).*** CORE Administrators prepare site specific schedules that include pertinent location and contact information for each experiential activity for their respective students. A sample generic Weekly Schedule is provided by the Office of Predoctoral Education on main campus ***(Refer to Appendix A).***

3.2.3 Governing Curricular Document

Policies and procedures stated in the *2008/09-2010 Clinical Years 3 and 4 Student Manual* apply to the HCMC. Refer to this governing document online as necessary throughout the clerkship at: http://www.oucom.ohiou.edu/AcademicAffairs/Yr3-4Manual/2008-2010/index.htm

4. Required Components

4.1 Professional Development Seminars (Prerequisites)

All students are required to attend two (2) full-day Professional Development Seminars (PDS) in preparation for the HCMC**.** Students are expected to attend the PDS as scheduled in the region of the state designated for their base CORE hospital. If a student has an unavoidable conflict, she/she may be scheduled to attend on a different date at an alternate CORE site as arranged by his/her respective CORE administrator. **Students should review required PDS readings and other PDS handouts/materials before starting their two-week HCMC and when preparing to take the post-clerkship exam.**

4.1.1 Fall Quarter of Third Year

This PDS provides students with basic managed care information, terminology, and concepts. Presenters (e.g. physicians, attorneys, insurance industry leaders, hospital administrators, politicians, etc.) with expertise in health care delivery, law, regulations, and policy provide interactive presentations designed to: 1) review current issues in managed care from various perspectives; 2) introduce students to the "real world of medicine" in preparation for their clinical rotations; and 3) sensitize students to the issues of access, cost, and quality of health care.

4.1.2 Fall Quarter of Fourth-Year

This PDS introduces students to the Medicare and Medicaid System. Presenters for the PDS are experts in Medicare and Medicaid rules and regulations. The presentations are designed to provide students with basic information in these areas of managed care and a review of current issues/policies.

NOTE: Each CORE administrator provides students based at their respective hospital(s) with information regarding the specific date, time, and location of the PDS they are to attend. **Students provide feedback about the overall PDS presentation by completing a written evaluation and submitting it to the CORE administrator at the end of each program.** Presentation ratings and student comments are compiled in Academic Affairs by CORE site and shared with presenters. **PDS content will be covered on post-clerkship exam.**

4.2 Experiential Activities

CORE administrators arrange and schedule students based at their respective CORE site(s) for all experiential activities except for the Group Health Insurance Managed Care Organization ***(See Section 4.2.6)***. *Student Training Outlines* are provided for each experiential activity ***(Refer to Appendices B through K***) identifying learning issues that are to be addressed and suggested questions for students to ask while participating in these experiences. Students are to read journal articles and all chapters in the required texts as well as the respective training outline in preparation for each assigned activity ***(Described Below)***. Students should take a copy of the respective training outline to each assigned activity to refer to as needed to ensure that they are meeting course objectives.

4.2.1 Bureau of Workers' Compensation Service Office (preferably on-site)

Students are to spend a half day, preferably on-site, meeting and/or working with designated staff at a regional Bureau of Workers' Compensation (BWC) Service Office to learn about BWC policies and procedures. **The purpose of this experience is for students to obtain an overview of the process injured workers follow to submit a workers' compensation claim and the support for that process by:** 1) reviewing the role of the Medical Director, Customer Care Representative, Disability Management Coordinator, Re-employment Advisor, and Third-Party Administrator; and 2) being shown the case management of workers' compensation claims, the billing process, payment of compensations, as well as injured worker, provider and employer rights and responsibilities during the management of a workers' compensation claim ***(Refer to Appendix B).***

Text: ***A Practical Approach to Occupational and Environmental Medicine (McCunney, 2003)***
Read:
Chap. 18 (pgs. 242-266) "Workers' Compensation"

4.2.2 Employer Visit (on-site)

Students are to spend a half day on-site at a local business or industry (determined by the availability in a particular region) to observe employees in their workplace. **The purpose of this experience is to enable students to explore issues that employers face in today's health care market in order to:** 1) gain a better understanding of the rules and regulations that govern the work site; 2) how Occupational Medicine and Workers' Compensation go hand-in-hand; and 3) the impact that increased health insurance costs are having on employers and their employees' health insurance benefits. The intent is to have students observe firsthand work hazards that employees are exposed to in a given workplace, how certain tasks can potentially be a catalyst for injuries, and any safety programs that the employer has implemented to reduce work-related injuries ***(Refer to Appendix C).***

Text: ***A Practical Approach to Occupational and Environmental Medicine (McCunney, 2003)*****:**
Read:
Chap. 3 (pgs. 30-39) Role of Regulatory Agencies"
Chap. 38 (pgs. 546-553) "Workplace Safety"
Chap. 42 (pgs. 600-606) "Risk Assessment in the Workplace"
Chap. 43 (pgs. 607-623) "Ergonomics"

4.2.3 Hospice Administration and Finance (on-site)

Students are to spend a half day on-site meeting and/or working with administrative/financial staff at a Hospice. **The purpose of this experience is for students to achieve a better understanding of the comprehensive services provided to patients facing a life-limiting illness and their families, how to access these services, and how hospice care is financed.** The focus is on: 1) funding sources for hospice care which include Medicare, Medicaid, Commercial Insurance, Managed Care Organizations, and Veterans Affairs; 2) benefits offered for home and inpatient care; 3) when out-of-pocket expenses are needed to cover the cost of hospice care; and 4) role of the physician in maintaining quality palliative care in the hospice setting ***(Refer to Appendix D).***

Text: ***Understanding Health Policy (Bodenheimer and Grumbach, 2009)***
Read:
Chap. 12 (pgs. 139-146) "Long-Term Care"

4.2.4 Occupational Medicine Physician*/Clinic (on-site)

Students are to spend a half day on-site observing an Occupational Medicine physician and the role of the "company" physician in comparison to a "personal' physician relative to the doctor-patient relationship. **The purpose of this experience is for students to determine how injured workers gain access to the occupational medicine physician and the cost and quality of care provided for injured workers in the workers' compensation system.** Students will discuss and/or observe the evaluation and treatment of workers presenting with common work-related injuries and what the "company" physician does to help injured workers return to work. Students will gain exposure to a current Occupational Medicine practice that promotes the safety and health of working people in a changing work environment ***(Refer to Appendix E).***

Text: ***A Practical Approach to Occupational and Environmental Medicine (McCunney, 2003)***
Read:
Chapter 1 (pgs. 1-12) "Occupational Medical Services"
Chapter 7 (pgs. 86-95) "The Independent Medical Evaluation"

Chapter 9 (pgs. 102-123) "Drug Testing in Occupational Medicine Setting"
***The physician may assign additional readings for the student to complete.**

4.2.5 Hospital Administration Meetings (at base hospital)

Students are to meet for the equivalent of a half day (4 hours) preferably with several different individuals who hold key administrative positions in their respective CORE hospitals. **The purpose of this experience is for students to understand how hospitals provide quality care for all – the insured, under-insured and non-insured – by promoting cost containment measures that will maximize reimbursement for services provided.** The format can either be one-on-one with assigned students or as a panel addressing students all at once as a group. Assignments will be based on the availability of appropriate hospital administrators (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, President, Managed Care Contractor, Quality Control Officer, etc.) to discuss specific roles in the organization as well as hospital issues and finances they feel are pertinent to current as well as future managed care issues of access, cost, and quality ***(Refer to Appendix F).***

Text: ***Understanding Health Policy (Bodenheimer and Grumbach, 2009)***
Read:
Chap. 1 (pgs. 1-3) "Introduction: The Paradox of Excess and Deprivation"
Chap. 2 (pgs. 5-16) "Paying for Health Care"
Chap. 16 (pgs. 193-203) "Conflict/Change in America's Health Care System"

4.2.6 Group Health Insurance Managed Care Organization (on-site)

During the two-week clerkship, students will spend a minimum of a half day but typically a full day <u>on-site</u> meeting and/or working with designated Managed Care Organization (MCO) administrators at a selected local Group Health Insurance MCO arranged and assigned centrally by the clerkship coordinator and managed care liaison. **The purpose of this experience is for students to gain insight into how MCOs control health care costs by covering needed and appropriate medical care.** Various topics to be covered at Group Health Insurance MCOs include: physician contracting, hospital contracting, care management, case management, network credentialing, medical policy, medical review, and the patient-centered medical home ***(Refer to Appendix G).***

Text: ***Understanding Health Policy (Bodenheimer and Grumbach, 2009):***
Read:
Chap. 5 (pgs. 43-57) "How Health Care is Organized - I"
Chap. 6 (pgs. 59-69) "How Health Care is Organized - II"
Chap. 7 (pgs. 71-86) "Health Care Workforce/Education of Health Professionals"

4.2.7 Medical Office Manager (preferably on-site)

Students are to spend at least a half day, preferably on-site, with an office manager in a physician's private practice or clinic setting. **The purpose of this experience is for students to understand how physicians balance health care access, cost, and quality of treatment in the best interest of their patients with the financial limitations of their patients' insurance coverage.** Students will learn how office staff deals with commonly encountered day-to-day business issues with insurance companies, Medicare, and Medicaid. Also, students can use this time to focus on the importance of patient advocacy relative to referrals; informing patients about treatment options and available services; documentation and record keeping, coding and billing, etc. ***(Refer to Appendix H).***

Text: ***Understanding Health Policy (Bodenheimer and Grumbach, 2009)***
Read:
Chap. 8 (pgs. 87-98) "Painful Versus Painless Cost Control"

4.2.8 Veterans Affairs Medical Center/Clinic (on-site)

Students are to spend a minimum of a half day on-site with a Veterans Affairs (VA) representative at a VA medical center or clinic setting. **The purpose of the VA experience is for students to achieve a better understanding of the nationwide health system for veterans that is run and financed by the federal government.** The focus is on: 1) how the VA's extensive electronic medical records (EMR) system -Veterans Health Information Systems and Technology Architecture (VistA) - improves patient safety and lowers cost; 2) the role of VAMC physicians in improving quality of care by using telemedicine and practicing evidence-based medicine (EBM); and 3) use of the Computerized Patient Record System (CPRS) by health care providers to record every office visit, prescription, lab test, x-ray, and medical procedure as well as review and update a patient's EMR and place orders from any of the VA's over 1,000 health care facilities ***(Refer to Appendix I).***

Text: ***Understanding Health Policy (Bodenheimer and Grumbach, 2009)***
Read:
Chap. 15 (pgs. 181-191) "National Health Insurance"

4.2.9 Community Health Center (on-site)

Students are to spend a minimum of a half day on-site meeting and/or working with designated staff at the nearest Community Health Center (CHC). **The purpose of this experience is for students to achieve a better understanding of Ohio's Federally Qualified Health Centers (FQHC).** Students will learn how FQHCs are administered locally in health provider shortage areas (HPSA) and how CHCs provide cost effective primary preventative care services ***(Refer to Appendix J).***

Text: ***Understanding Health Policy (Bodenheimer and Grumbach, 2009)***

Read:
Chap. 11 (pgs. 129-138) "Prevention of Illness"

4.2.10 Discharge Planner (at base hospital)

Students are to spend a minimum of a half day on-site working with the discharge planner (case manager) in the hospital setting. Students will observe and learn the importance of documentation and record keeping which impacts reimbursement for the type of care and length of stay for hospitalized patients ***(Refer to Appendix K).***

Text: ***Understanding Health Policy (Bodenheimer and Grumbach, 2009)***
Read:
Chap. 4 (pgs. 31-41) "Reimbursing Health Care Providers"
Chap. 9 (pgs. 99-109) "Mechanisms for Controlling Costs"

4.2.11 Flexible Day Activities Relative to Access, Cost, and Quality

Students (as time in their weekly schedule permits) are to spend one to two days during the two-week clerkship participating in select experiences in their region that pertain to access, cost, and/or quality of health care for insured, underinsured, and non-insured patients/clients. Suggestions for this assignment include placing the students with a pharmacist, social worker, coder, ethicist, etc. at their base CORE hospital. Other possible activities include having students: 1) spend a day at a Public Health Department or Free Clinic; and 2) attend Utilization Review, Ethics Review, and Quality Assurance meetings.

5. Required Learning Assignments

In addition to completing all required components ***(See Sections 4.1 and 4.2)***, students must complete the following required learning assignments during the two-week clerkship**.** *Student Training Outlines* are provided for each assignment.

5.1 Daily Electronic Journal

Students are to keep a daily electronic journal in the recommended "journaling" format ***(Refer to Appendix L)*** that reflects upon what the student has learned from completing experiential activities relative to the healthcare issues of access, cost, and quality. **Students are to submit journals via e-mail (addresses provided in Student Training Outline) by 6:00 P.M. on Thursday of each week of the clerkship to their respective Roundtable Discussion Facilitator.** Journals are to take into account required readings/assignments and interactions with providers, MCO representative(s), etc. A portion of an actual daily journal written by a student for this course last year is being made available to students as a sample for reference.

5.2 Facilitated Roundtable Discussions

On the first and last Friday of the two-week clerkship, small groups of students will spend approximately 90 minutes discussing health policy and health care management issues with their peers based at their own and/preferably other CORE sites via point-to-point video conferencing over OhiONE. These small groups are facilitated by an OU-COM and/or CORE faculty member. The focus of the discussion is intended to be on current topics in the news, health care/insurance reform, required readings, and/or experiential activities completed and documented in daily reflective journal during the clerkship. The video conferences and small group assignments are arranged centrally by the clerkship coordinator ***(Refer to Appendix M).***

Text: *Understanding Health Policy (Bodenheimer and Grumbach, 2009*)
Read:
Chap. 13 (pgs. 147-162) "Medical Ethics and Rationing of Health Care"
Chap. 14 (pgs. 163-180) "Health Care in Four Nations"
Chap. 17 (pgs. 205-207) "Conclusion: Tensions and Challenges"

5.3 Managed Care Case Presentation/Discussion

The CORE administrators assign students in at least groups of three (3) who are scheduled to take the clerkship during the same two-week period to collaborate on the selection of a case. Each assigned group of students is to conduct a 30-45 minute panel presentation/discussion with their peers. The panel presentation/discussion is to focus on the health care issues of cost, access, and quality. This activity lends itself to interactive sessions in which the learners have the opportunity to review and discuss cases that illustrate how these types of issues arise on a daily basis in the clinical setting and how they are addressed in a managed care context. Students will be expected to conduct a literature search that is incorporated into the case discussion and answer recommended questions relative to the issues of access, cost, and quality. Students are given several options to complete this curricular requirement. **Students are to identify an appropriate case from their own clinical experiences, select a case topic from the suggested list, or develop a fictional case scenario.** A sample case that has been worked up according to the template provided by the college is provided for reference. **The case discussion is to be arranged by the CORE administrator during the second week of the clerkship and facilitated by a CORE assistant dean, resident, or other OU-COM/CORE faculty member. The panel discussion will be critiqued using an evaluation tool provided by the college *(Refer to Appendix N).***

Text: *Understanding Health Policy (Bodenheimer and Grumbach, 2009)*:
Read:
Chap. 3 (pgs. 17-30) "Access to Health Care"
Chap. 10 (pgs. 111-128) "Quality of Health Care"

5.4 Educational (Didactics) Day

Students are required to attend the weekly structured education day or its equivalent at their base CORE hospital. Didactics are delivered in a variety of teaching/learning formats. Students are expected to apply what they are learning in other components of the clerkship (e.g., EBM, population medicine, CPG, access/cost of care; quality of care; patient safety, health insurance coverage, ethics, managed care contracting, etc.) and to participate actively in the presentations made in this forum.

6. Clerkship Examinations (on-line)

6.1 Pre-Clerkship Exam

On the first day of the clerkship students must complete a timed, on-line (Blackboard) twenty item pre-clerkship test in 20 minutes having no specific grade requirement. The purpose of this pre-test is for students to familiarize themselves with the types of questions that will comprise the post-clerkship exam and help them to focus their reading and preparation during the clerkship. The non-graded exam is self-scheduled and can be taken on any computer that meets the requirements for using Blackboard. Students are permitted to take this exam only once. If a student starts taking the exam, he/she must finish it in that one sitting. The exam cannot be saved to resume at a later time. Upon submitting the exam, the student will receive his/her score along with the correct answers and information on the chapter of the required text or journal article on which the question is based. Students are to direct questions they may have regarding the pre-clerkship exam to their respective CORE administrator.

6.2 Post-Clerkship Exam

On the last day of the clerkship or no later than two weeks after the clerkship ends, students must successfully complete (with a score of at least 60 percent) an online, timed (50 minutes), fifty (50) item post-clerkship exam (multiple-choice, one best answer format) that will cover **assigned readings from required texts, journal articles, reports, and seminar materials (i.e., Medicare and Medicaid)**. The exam is self-scheduled and can be taken on any computer that meets the requirements for using Blackboard. Once the student starts to take the exam, it must be completed during that one sitting. The exam cannot be saved to resume at a later time. Upon submitting the completed exam, the student will receive his/her score along with the correct answers and information on the chapter of the required text or journal article on which the question is based. Students are to direct questions they may have regarding the post-clerkship exam to their respective CORE administrator.

Students who do not achieve a 60 percent on the post-clerkship examination must take the exam a second time. Students may retake this exam no sooner than forty-eight (48) hours after first completing the exam. In the event of a second failure to achieve a score of 60 percent, the student is required to meet with the CORE assistant dean to discuss areas of knowledge deficiency and to construct a plan for remediation. Students are to direct questions they may have regarding remediation to their respective CORE administrator.

6.3 Honor Code

The OU-COM Honor Code guides the student's behavior related to both the pre- and post-clerkship exam. After finishing each exam, students are required to enter New

Innovations to complete and submit the Honor Code (HC) form. Students will not receive a passing grade or credit for OCOM 895 unless submission of this form is documented on New Innovations for both exams (http://new-innov.com/pub/).

6.4 Time Penalty

Blackboard alerts the student (test-taker) when one minute remains to complete the exam. Blackboard does not automatically stop the exam when the test-taker reaches the time limit. The test-taker must manually submit the exam within one (1) minute of receiving the one-minute warning. Two points will be deducted from the exam score for every minute that the test-taker exceeds the time limit. If the time limit is exceeded, the student will be notified via e-mail that his/her score has been reduced.

7. Student Performance Evaluation and Remediation Procedures

7.1 Evaluation Tool

The respective CORE assistant dean (CAD) is to complete the **"Academic Rotation Feedback" form** provided online to rate a student's performance. Ratings are based on personal observation and interaction as well as input from faculty, facilitators, managed care liaison, clerkship coordinator, and administrators. **A student must receive an overall "passing" grade from the CAD in order to receive credit for the clerkship *(See Section 9).***

7.2 Remediation Guidelines

If the student's performance during the clerkship is **MARGINAL**, then the CORE assistant dean is to develop and submit a remediation plan for the student to the associate dean for predoctoral education for approval. If the student fails the clerkship, he/she will be given a grade of "F" for the clerkship by the instructor of record regardless of the grade earned on the post-clerkship exam ***(See Section 6.2).*** Notice of the student's "failure" must be forwarded to the OU-COM's Committee on Student Progress (CSP). Students earning a grade of "F" may be required to repeat OCOM 895. **This clinical course is offered once a year, the next earliest time being winter quarter 2011.**

8. Student Evaluation of Clerkship

Within one week after finishing the clerkship, the student must complete a "Student Evaluation of Preceptor and Rotation" form online via New Innovations (http://new-innov.com/pub/).

9. Grading

This course is graded Credit (CR)/Fail (F). A student's final grade will be determined by the instructor of record. **To receive credit for the course the student must:**

- satisfactorily complete all components/learning assignments ***(See Sections 4 and 5)***;
- exhibit professionalism while preparing for and participating in on-site experiential activities;

- attend/participate in roundtable discussions, and managed care case panel presentations;
- earn a passing score on the post-clerkship exam ***(See Section 6.2);***
- receive a passing grade for performance from the CORE assistant dean ***(See Section 7.1)***;
- submit all required evaluation/feedback forms ***(See Section 8).***

10. Required Resources

10.1 <u>Required Texts</u> (students will be permitted to borrow the following textbooks from the CORE office as needed)

1. Bodenheimer, T.S. and Grumbach, K. *Understanding Health Policy: A Clinical Approach.* 5th ed. The McGraw-Hill Companies, Inc., 2009. **(Available online through Access Medicine via Ohio University Libraries; go to http://www.accessmedicine.com/resourceTOC.aspx?resourceID=56)**

2. McCunney, R.J. *A practical approach to occupational and environmental medicine.* 3rd ed. Lippincott, Williams & Wilkins, 2003.

10.2 <u>Required Journal Articles</u> (copies of journal articles will be placed on closed reserve in the CORE site office and/or hospital library)

1. Arnst, C. *The best medical care in the U.S.: How Veterans Affairs transformed itself.* BusinessWeek, July 17, 2006: 50-56.

2. Fontanarosa, P.B., Rennie D., and DeAngelis, C.D. *Health of a nation 2008 and beyond.* Journal of the American Medical Association (JAMA), Volume 300, No. 16, October 22/29, 2008: 1941-1942.

3. Obama, B. *Affordable health care for all Americans.* Journal of the American Medical Association (JAMA), Volume 300, No. 16, October 22/29, 2008: 1927-1928.

4. Quill, T. *Is length of stay on hospice a critical quality of care indicator?* Journal of Palliative Medicine, Volume 10, No. 2, 2007: 290-292.

10.3 <u>Required Reports</u>

1. Baldwin Wallace College Quarterly Health Care Report – June/July 2009 Issue http://www.bw.edu/academics/bus/programs/hcmba/nl

2. Joint Principles of the Patient Centered Medical Home – February 2007 http://www.pcpcc.net/joint-principles

3. Health-Care Overhaul Proposals – December 2009

http://online.wsj.com/public/resources/documents/st_healthcareproposals_20090912.html

10.4 Additional Web Sites (students are encouraged to log on to the following web sites for more information and newsworthy items)

http://www.bw.edu/academics/bus/programs/hcmba/nl/ (Access, Cost, Quality)
http://www.hschange.org/index.cgi?topic=topic03 (Health System Change)
http://systoc.com/ (Occupational Medicine)
http://www.cms.hhs.gov (Medicare/Medicaid)
http://www.ohiobwc.com (Workers' Compensation)
http://www.ahrq.gov (Healthcare Research and Quality)
http://www.kff.org (Kaiser Family Foundation)
http://www.osha.gov/ (Occupational Safety)
http://www.WHITEHOUSE.gov (Health Care Reform)
http://www.pcpcc.net (Patient Centered Primary Care Collaborative – Medical Home)

11. Standards of Professional Conduct

The OU-COM Honor Code applies to all activities in the CORE System as well as on the Athens campus. It reads, "As a member of the medical profession, I will maintain the highest standards of academic and personal behavior. As a medical student, I will not cheat or plagiarize or tolerate that behavior in others."

11.1 Examinations

Students are encouraged to study together and share their knowledge freely with one another during the learning process. During examinations, however, no assistance from other students or from outside sources is allowed, unless explicitly permitted by the CORE office. Books, notes, and other materials must be left at the periphery of the testing area during the actual examination.

11.2 Professional Behavior

Professional standards required of a member of the Osteopathic profession are a requirement for passing this course, as is compliance with the professional standards of the hospital and other training sites. Students are expected to maintain exemplary professional standards of behavior. Students are to exhibit such personal characteristics as honesty and integrity, as well as to maintain patient confidentiality at all times. Students are expected to adhere to legal provisions regarding the use and disclosure of Protected Health Information (PHI). Unprofessional behavior may result in a failing grade for this clinical course, regardless of other academic performance while completing this clerkship, and could subject the student to dismissal from the hospital at which they are based. Professional conduct shall be evaluated by the CORE assistant dean through observation of and interaction with the student as well as feedback from facilitators, CORE faculty and hospital administration/staff.

12. Tips for Successfully Completing the Clerkship

Being successful on this clerkship requires students to be proactive learners and come prepared to take advantage of the opportunities this clerkship has to offer. Students are to: 1) review the syllabus to ensure comprehension of the course requirements when participating in experiential activities and completing assignments; 2) read the required text, journal articles, and reports in advance of the experience/activity as specified; and 3) keep up with daily reflective journaling instead of waiting until the end of each week to do the write up for each day.

Taking an interest in the content and becoming an active team member is critical to getting the most out of this clerkship. To capitalize on “the learning moment,” students are expected to seek out opportunities to ask questions and speak up appropriately.

The course content is appropriate regardless of personal learning issues and the medical specialty in which a student plans to continue his/her postdoctoral training. There are pregnant women (OB/GYN), working mothers and teens (Pediatrics/Adolescent Medicine), professional athletes (Sports Medicine), aging workforce (Geriatrics), etc. who may become an injured worker and file a workers’ compensation claim. All patients regardless of age and medical condition deal with access, cost, and quality issues as consumers of health care services.

OHIO UNIVERSITY
College of Osteopathic Medicine

Ohio University College of Osteopathic Medicine (OU-COM)
OCOM 895 Health Care Management Clerkship (HCMC)
2009-2010 Weekly Schedule – Appendix A
Sample

<table>
<tr><th></th><th>Monday</th><th>Tuesday</th><th>Wednesday</th><th>Thursday</th><th>Friday</th></tr>
<tr><td colspan="6">Week 1 (exact dates, times, and locations TBA)</td></tr>
<tr><td rowspan="2">A.M.</td><td>8:00 – 9:00: Orientation @ Site* (CORE Administrator)</td><td rowspan="2">Half Day: Employer Visit (CA to arrange schedule)</td><td rowspan="2">Hospital Administration Experience: Quality Controller, Chief Executive/ Operating Officer, Managed Care Contrator, etc. (CA to arrange/ schedule)</td><td rowspan="2">Half Day: Office Manager/Physician Practice (CA to arrange/schedule)</td><td>Flexible Day***: Access, Cost, and Quality Experience (CA to arrange/ schedule)</td></tr>
<tr><td>9:00 – 11:30: Clerkship Pre-Test/Preparation Time/Reading Assignments</td><td>90 Minute Videoconferenced Roundtable Discussions**** (9:00-10:30, 10:30-12:00)</td></tr>
<tr><td>P.M.</td><td>Half Day: Bureau of Workers' Compensation (BWC) Service Office (CA to arrange/schedule)</td><td>Half Day: Hospice Visit (CA to arrange schedule)</td><td>Education Day at Base Hospital Preferably Inclusion of Managed Care Topics (CA to arrange/ schedule)</td><td>Half Day: Occupational Medicine Physician/Clinic (CA to arrange/ schedule)</td><td>90 Minute Videoconferenced Roundtable Discussions**** (1:30-3:00, 3:00-4:30)</td></tr>
<tr><td colspan="6">Week 2 (exact dates, times, and locations TBA)</td></tr>
<tr><td rowspan="2">A.M.</td><td rowspan="2">Half Day: Veterans Affairs (VA) Experience (e.g., Electronic Medical Records, Telemed, etc.) (CA to arrange/schedule)</td><td rowspan="4">Full Day: Group Health Insurance MCO (e.g., Anthem, etc.) (Managed Care Liaison to arrange/ schedule)</td><td rowspan="2">Students' Managed Care Case Presentations/ Discussions (CA to arrange/schedule)</td><td rowspan="2">Half Day: Discharge Planner (CA to arrange/schedule)</td><td>Flexible Day***: Access, Cost, and Quality Experience (CA to arrange/ schedule)</td></tr>
<tr><td>90 Minute Videoconferenced Roundtable Discussions**** (9:00-10:30, 10:30-12:00)</td></tr>
<tr><td rowspan="2">P.M.</td><td rowspan="2">Half Day: Community Health Center (CHC) Experience (CA to arrange/ schedule)</td><td rowspan="2">Education Day at Base Hospital Preferably Inclusion of Managed Care Topics (CA to arrange/ schedule)</td><td rowspan="2">Hospital Administration Experience: Quality Controller, Chief Executive/ Operating Officer, Managed Care Contractor, etc. (CA to arrange/ schedule)</td><td>90 Minute Videoconferenced Roundtable Discussions**** (1:30-3:00, 3:00-4:30)</td></tr>
<tr><td>4:30 – 5:30: Clerkship Post-Test**</td></tr>
</table>

Note: *Orientation can be held the morning of the first day of the clerkship or another day prior to the start of the clerkship.
**Post-Clerkship Exam can be scheduled on the final day of the clerkship or up to one week after completion of OCOM 895.
***Examples of Flexible Day activities include Social Worker, Pharmacist, Coder, etc., based on available CORE Site Resources
****Students are scheduled for a 90-minute session both the first and last Friday of the Clerkship (see full Roundtable Discussion Schedule)
*Non-shaded Areas: CORE Site Office responsible for making **individualized** arrangements and scheduling **required** experiences/components/activities.*
*Shaded Areas: Central Academic Affairs Office responsible for scheduling **only** required MCO experiences and Roundtable Discussions.*

OHIO UNIVERSITY
College of Osteopathic Medicine

Student Training Outline – Bureau of Workers' Compensation (BWC)
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix B - Academic Year 2009/2010

I. Purpose

Current Ohio workers' compensation law states that injured workers are entitled to medical care for a work-related injury or illness. The primary intent of the Bureau of Workers' Compensation (BWC) Service Office experience is to provide the student with vital information regarding policies and procedures with which the Managed Care Organizations (MCO) must be in compliance while being committed to improving access and providing the highest quality, cost effective, and comprehensive treatment to injured workers. In addition to gaining an understanding that treating patients having a workers' compensation claim involves unique payer requirements in various areas including diagnosis, procedures, treatment protocols, and billing, it is important for physicians to be able to effectively communicate with the patient, the employer, the BWC, the MCOs, attorneys, and third party administrators regarding these cases.

II. Suggested Learning Issues (to be supplemented by BWC Service Office staff)

A. ***Recommended topics to be covered by the BWC Service Office staff include:***

1. History of Workers' Compensation in Ohio
2. Relationship of BWC with MCO
3. BWC forms that physicians are required to complete; Medical Repository
4. Provider Certification/Provider Relations
5. Drug Free Work Place Program
6. Transitional Work Program
7. Role of the Claims Service Specialist, Employer Service Specialist, Disability Management Coordinator, Industrial Rehab Nurse, Re-Employment Advisor, Customer Care Representative, the Third Party Administrator, etc.
8. Assignment of Claims/Payment of Compensation
9. Hearing Process/Alternative Dispute Resolution
10. Disability Evaluation Panel

III. Suggested Questions for Students to Ask/Initiate during this Experience

A. What are BWC's established guidelines for claims, claim filing, and resolution of medical disputes for an injured worker (IW)? What is an allowed claim?
B. What is a return to work program and date?
C. What do the MCOs do for the BWCs?
D. What is the Alternative Dispute Resolution process?
E. What is the function of the Industrial Commission?
F. What is the Employee Retirement Income Security Act?
G. Which BWC forms does the physician need to complete and why?
H. How are providers paid and workers compensated?
I. How does the BWC impact the quality of care provided to injured workers (IW)?
J. How does the BWC impact overall cost to the employer relative to IW?

OHIO UNIVERSITY
College of Osteopathic Medicine

Student Training Outline - Employer Visit
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix C – Academic Year 2009/2010

I. Purpose

The high cost of health insurance coverage has forced many employers to decrease health benefits (or not offer them at all), increase employee contributions for insurance premiums, and/or reduce the percentage of raises in wages for its employees. The primary intent of the employer experience from a Group Health and Workers' Compensation perspective is to have the students explore issues and challenges that employers and their employees face in today's health care market. Students need to recognize: 1) the impact that job tasks have on the health and safety of the workforce; 2) reasons why increased health care costs are affecting health insurance benefits for the average worker who can't afford to miss work and pay out-of-pocket expenses for access to health care; 3) how important it is for the physician to take into consideration an employee's job task(s) when determining a "return-to work" plan for injured workers; and 4) how employers attempt to be profitable while facing annual increases in health and prescription drug costs.

II. Suggested Learning Issues (to be supplemented by employer representative)

A. Recommended Topics to be covered by the employer representative include:

1. Rules and Regulations that Govern the Work Site
2. Employee Health Care Benefits (Review Benefit Package)
3. Mandatory and Voluntary Safety Measures

III. Suggested Questions for Students to Ask/Initiate during this Experience

A. Rules and Regulations:

1. What is the function of Occupational Safety and Health Administration?
2. What is the function of National Institute Occupational Safety and Health?
3. What is the function of Equal Employment Opportunities Commission?
4. What are indemnity benefits; their affect on employer's daily operations?

B. Employee Health Care Benefits:

1. What health care benefits does the employer provide to its employees? Is there a co-pay amount on the part of the employee for physician office visits? Is there a deductible, and if so how much? Are wellness services covered; if not, why not? Are there any other items of interest in the company's benefit design? How much change has the benefit package undergone over the past 5 years?
2. What annual increases in health care costs is the employer experiencing?
3. How is the employer managing the issue of rising health care costs?
4. What ideas does the employer have to continue providing employee health benefits in the future while controlling costs and promoting quality care?

C. Safety Measures

1. What safety rules and regulations are mandated for employees?
2. What safety programs are in place? Are there incentives for employees who have excellent safety records?

OHIO UNIVERSITY
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Student Training Outline – Hospice Administration and Finance
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix D - Academic Year 2009/2010

I. Purpose

The primary intent of the Hospice Administration and Finance experience is for students to achieve a better understanding of the comprehensive services provided to patients facing a life-limiting illness and their families, how to access these services, and how hospice care is financed. Students are to focus on: 1) the funding sources for hospice care which include Medicare, Medicaid, Commercial Medical Insurance, Managed Care Organizations, and the Veterans Affairs; 2) the types of benefits offered for hospice home care and hospice inpatient care; 3) when out-of-pocket expenses are needed to cover the cost of hospice care; and 4) the role of the physician in maintaining quality palliative care in the hospice setting.

II. Suggested Learning Issues (to be supplemented by Hospice Administrator)

A. Hospice as a philosophy of care – Quality of Life vs. Cure for a Disease
B. The business of hospice care in the health care industry
C. The financing of quality hospice care in the United States
D. Medicare hospice benefits and expenditures
E. ***The Hospice Administrative and Financial representative is asked to:***

   1. Discuss how to improve access to quality hospice care through public education and professional training of health care providers.
   2. Identify what measures are implemented to maintain quality hospice care.
   3. Explain the various elements (i.e., medical, psychological, spiritual) of hospice care and whether all services are covered by commercial insurance, Medicare, Medicaid, etc.
   4. Review costs associated with hospice care that are typically not covered by insurance or may have specific limitations relative to coverage.
   5. Compare the cost difference between conventional hospital care and hospice care.
   6. Compare the cost difference between home and inpatient hospice care.

III. Possible Questions for Students to Ask/Initiate during this Experience

A. When is the right time for persons facing a life-limiting illness to access hospice services?
B. How does a person or a person's family access hospice services?
C. Are medical costs associated with hospice care tax deductible when not covered by medical insurance?
D. Does hospice care instead of hospital/nursing home care raise or lower Medicare costs?
E. Is hospice home care less expensive than inpatient hospital care?
F. Is hospice home care less expensive than inpatient hospice care?
G. What percentage of hospice patients in the U.S. is covered by Medicare?
H. How much does Medicare spend annually on hospice care?
I. What national organizations offer services to people having a life-limiting illness?

OHIO UNIVERSITY

College of Osteopathic Medicine

Student Training Outline – Occupational Medicine Physician/Clinic
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix E - Academic Year 2009/2010

I. Purpose

The primary intent of the occupational medicine clinical observation experience is to have students understand the process of how job-related injured or ill workers gain access to the Occupational Medicine physician as well as the "company" physician's role in providing quality and cost effective treatment for individual workers. Students will gain insight into: 1) the system of government agencies associated with occupational medicine; 2) whether pre-placement and other types of employee evaluations are cost effective; 3) how American College of Occupational and Environmental Medicine (ACOEM) recommended clinical practice/treatment guidelines promote quality of care for injured/ill workers; and 4) what affect laws and regulations have on the workplace and the safety of workers.

II. Suggested Learning Issues (to be supplemented by the Occupational Medicine Physician)

A. *The Occupational Medicine physician is asked to:*

1. Describe how different agencies, laws, and regulations (e.g., Occupational Safety and Health Administration, Equal Employment Opportunities Commission, Americans with Disabilities Act, Food and Drug Administration, Environmental Protection Agency, Department of Labor, etc.) impact the employer and applicant/employee relationship.
2. Review ACOEM and other appropriate "Treatment Guidelines" and discuss how these guidelines affect quality of care for employees with work-related injuries and illnesses.
3. Review most common work-related hazards/injuries/diseases and the process for First Report of Injury (FROI), and Chronic or Unresolved injury.
4. Compare and discuss differences between a personal physician's and a "company" physician's practice and the physician/patient relationship.

III. Possible Questions for Students to Ask/Initiate during this Experience

A. What is the purpose/cost effectiveness of a pre-placement exam?
B. What is the purpose/cost effectiveness of a return to work exam?
C. What is the purpose/cost effectiveness of a medical surveillance exam?
D. What is the purpose/cost effectiveness of an independent medical exam (IME)?
E. What is the purpose/cost effectiveness of a Department of Transportation (DOT) exam?
F. What must the physician do as part of various individual evaluations of workers?
G. How does IME differ from a second opinion examination?
H. What is the purpose and cost effectiveness of drug testing?
I. What is the purpose and cost effectiveness of alcohol testing?
D. What medical findings are able to be shared with the employer?
E. What is a Functional Performance Assessment/Functional Capacity Evaluation?

F. What are the limitations of a Functional Performance Assessment/Functional Capacity Evaluation?
G. When is a Functional Performance Assessment/Functional Capacity Evaluation indicated or used?
H. What are the federal and state regulations regarding physical requirements to be hired for and/or to hold certain types of jobs (e.g., DOT, Firefighters, Law Enforcement, etc.)
I. Is there easier access, increased cost, better quality of care, or a conflict of interest if individual medical evaluations are performed by a worker's personal physician?
J. What is considered an OSHA recordable injury/illness?
K. What is the difference between impairment and disability?
L. How does a physician become a patient's physician of record (POR)?
M. What are the physician's responsibilities as the POR?
N. What are the goals of Workers' Compensation? Are they in conflict with return to work and improved health of the injured/ill worker?

OHIO UNIVERSITY

College of Osteopathic Medicine

Student Training Outline – Hospital Administration
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix F - Academic Year 2009/2010

I. Purpose

A physician' hospital practice affects the financial viability of the hospital to which he/she admits patients. This interface requires that all parties understand each other in order to maximize quality of care for every patient –insured, underinsured, and non-insured – and obtain maximum reimbursement for services provided by the hospital. The primary intent of the hospital experience is to provide students with the opportunity to meet with key people in hospital administration to discuss access to care, cost of care, and quality of care issues facing hospitals in the current health care delivery system. Students will benefit from the perspectives and insight of various administrators (e.g., Chief Executive/Operating Officer, Managed Care Contract Negotiator, Director/VP for Nursing Service, Compliance Officer, Coder, etc.) regarding managed care issues and the real world of medicine.

II. Suggested Learning Issues (to be supplemented by respective hospital administrators)

A. ***Recommended topics to be covered by hospital administrators include:***

1. Forces Driving Health Care Legislation, Decisions and Costs
2. Hospital Contracting with Managed Care Organizations
3. Hospital Survival in Managed Care Environment
4. Plans for Future Development
5. Compliance Issues and Government Enforcement
6. Quality Initiatives of the Hospital
7. Community Outreach Efforts
8. Financial Impact on Hospital of Providing Services to Uninsured Patients
9. Taxation of Hospitals

III. Possible Questions for Students to Ask/Initiate during this/these Experience(s)

A. Managed Care Contract Negotiator:

1. How do you decide which contracts to sign?
2. What are the different types of reimbursement models/methods?
3. What cost containment methods are utilized?
4. Is the physician on staff affected by the managed care contracting?
5. What can physicians do to support the process and help the hospital?

B. Compliance Officer, Director/VP for Nursing Service:

1. Is compliance still a major issue in hospitals?
2. How does the government enforce compliance?

C. Coder:

1. What are some of the dos and don'ts in coding?
2. What can physicians do to facilitate the coding process?

D. Hospital CEO, COO, CFO, etc.:

1. What are the hospital's short and long-term financial issues and concerns?
2. What is the managed care percentage of market share in region?
3. What direction is health care going both locally and nationally?
4. What can physicians do to increase their knowledge of hospital issues and to get more involved in its survival, growth, and future?
5. What quality initiatives are already being implemented by the Hospital?
6. What role do physicians have and how do they impact the success of these quality initiatives?
7. What impact do uninsured patients seeking health care services have on hospital finances?
8. What services does the hospital provide or perform that have a positive impact on the community?
9. What activities/events conducted by the hospital have a positive impact on the community?

OHIO UNIVERSITY
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Student Training Outline – Group Health Managed Care Organization
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix G – Academic Year 2009/2010

I. Purpose

The overall intent of this experience is to have students gain insight into: 1) the operations of a Managed Care Organization (MCO) that directly and indirectly affect access to care and the quality of care that physicians provide; 2) how MCOs control health care costs by covering needed and appropriate medical care; and 3) the impact that health care reform might have on health insurance coverage. Students will benefit from the managed care perspectives of those individuals, many of whom are professionals from the medical field (e.g. doctors, nurses, pharmacists, etc.), who are employed by MCOs and may be active in the political arena.

II. Suggested Learning Issues (to be supplemented by MCO personnel)

A. Physician Perspective of Managed Care

Most MCO experiences allow time with the Medical Director. The Medical Director is either a full or part-time position held by a physician who usually has significant experience seeing patients in an office setting.

1. ***Possible questions for students to ask/initiate during this experience include:***
   a. What is the role of the Medical Director at the MCO.
   b. Who makes the decisions at the MCO concerning reimbursement denials for physician/hospital/ancillary services? If it is physician services, do the claims get reviewed by someone in the attending physician's same medical specialty? What if there isn't a physician of the same specialty? What about D.O.s versus M.D.s reviewing osteopathic manipulative medicine services provided by Doctors of Osteopathic Medicine?
   c. What data is used to deny reimbursement? What is the appeals process?
   d. Why can't a physician just provide services that in his/her judgment are appropriate and then be fairly reimbursed? Why does a third-party (MCO) have to get involved? What value does the MCO provide?
   e. What can a physician do to minimize the perceived/real adversarial role between MCOs and physicians?

B. Physician Contracting, Reimbursement, and Credentialing

These areas directly impact the physician from a financial perspective. It is important to understand how the MCO calculates its fee schedule, since MCO revenue could impact as much as 50% of a physician's annual revenue. Also, if a physician is in the MCO's network of physicians (e.g. PPO, HMO, etc.), patients would have an incentive to visit him/her (lower co pays, etc.) vs. a physician that was not in the network (higher co pays, etc.).

1. ***Possible questions for students to ask/initiate during this experience include:***
    a. How is the physician fee schedule developed?
    b. How often is the fee schedule updated?
    c. Does the MCO have multiple fee schedules? If yes, why?
    d. What type of physician networks does the MCO have (HMO/PPO, etc.)? What is the difference in networks from a physician/patient perspective?
    e. What constitutes a physician contract? Can a physician negotiate a contract?
    f. What is the credentialing process? What criteria are reviewed?
    g. Why is credentialing needed?
    h. Does a physician get input into the credentialing process?

C. Case Management/Disease Management

These are critical areas of an MCO. Most MCOs believe that these activities are the future of care management. Since 1% of utilizers from any given population result in 30% of the health claims dollars, and 10% of the utilizers result in 50 to75% of claims, there are significant incentives from a number of perspectives to address this population.

1. ***Possible questions for students to ask/initiate during this experience include:***
    a. How are cases identified for case management?
    b. What does case management entail?
    c. What disease management programs are in place?
    d. How was the decision made to go with a disease management program?
    e. Does the MCO track outcomes of its case/disease management activities?
    f. Does the MCO have patient questionnaires to identify potential high risk individuals as early as possible?
    g. What is the attending physician's role relative to case or disease management programs that impact his/her patients?
    h. What can a physician do to ensure the best care for his/her patient?
    i. What communication does the physician receive from MCO regarding case/disease management activities initiated by MCO with their patients?
    j. What is the concept of Patient Centered Medical Home (PCMH)?
    k. What are the joint principles/characteristics of the PCMH?

D. Care management which includes pre-certification, concurrent review, retrospective review, and medical policy.

This area, usually staffed by nurses, is the first line of communication with the physician and hospital staff. Inpatient and outpatient information from the providers is assembled to determine appropriateness for reimbursement. The MCO will usually use third-party guidelines to conduct this review process. Medical Policy (MCOs may have different names for it), is used to specifically evaluate physician services usually against some hybrid to Medicare guidelines, to determine if physician services should be bundled, denied, or paid as submitted.

1. ***Possible questions for students to ask/initiate during this experience include:***
    a. What criteria are used to make decisions?
    b. What are their percentages of denial?
    c. What value do their services add?
    d. What can a physician do to decrease reimbursement and service denials?

E. Pharmacy Management

This area impacts the physician mostly through the formularies that are involved. Pharmacy is important not just from a cost perspective, but also in its ability to integrate pharmacy and medical services at the optimum level for the patient.

1. ***Possible questions for students to ask/initiate during this experience include:***
    a. What is the role of the pharmacy within the MCO?
    b. Why and how is a formulary developed?
    c. How does an MCO link the medical and the drug side of care?
    d. What interaction is there between the pharmacy and the physician?
    e. What can a physician do to better serve his/her patients from a pharmaceutical perspective?

F. Data Analysis, Physician (Provider) Profiling, and Quality Outcomes

An MCO analyzes data, conducts physician or provider profiling, and reviews quality outcomes that will directly and indirectly impact a physician's medical practice.

1. ***Possible questions for students to ask/initiate during this experience include:***
    a. How do the areas of data analysis, provider profiling, and quality outcomes review impact the physician and his/her medical practice?
    b. Can a physician get access to data about his/her practice?
    c. Can a physician get access to comparative data about his/her practice vs. his/her peers' practice?

OHIO UNIVERSITY
College of Osteopathic Medicine

Student Training Outline – Medical Office Manager
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix H - Academic Year 2009/2010

I. Purpose

The office manager plays a key role in the financial success of a physician's office practice and is typically responsible for patient scheduling, coding and billing services, office staffing, supply inventory, etc. The primary intent of the Medical Office Manager experience is for students to achieve a better understanding of how physicians balance health care access, cost, and quality of treatment in the best interest of their patients with the financial limitations of their patients' insurance coverage. Emphasis will be on the role of physicians in controlling health care costs while dealing with reimbursement issues in the current managed care environment.

II. Suggested Learning Issues (to be supplemented by medical office manager)

A. The medical office manager is asked to:

1. Cover commonly encountered day-to-day office challenges precipitated by managed care rules and regulations and patients' health care insurance benefits.
2. Explain the physician's level of involvement in dealing with office and business issues.

III. Possible Questions for Students to Ask/Initiate during this Experience

A. Why is patient registration so valuable?
B. What is the coding process and what are the applicable regulations?
C. What are the frequent problems relative to coding?
D. How are overhead and supply costs controlled?
E. How does patient flow, phone calls, etc. get managed to ensure that patients have easier access to the physician?
F. What strategies occur to enhance revenue?
G. What can a physician do to make a medical practice more successful (increasing revenue, decreasing expenses, increasing patient flow)?
H. Managed Care Contracting:
   i. Who does it? What does a physician contract look like?
   ii. Who decides which contracts to sign and what factors are considered?
   iii. Who determines the potential revenue from a contract and how?
I. How has the physician's role in the office setting changed since managed care?
J. What is the physician's role in health care management today?
K. What are the business issues that physicians frequently deal with in the office?
L. What are the business issues that affect patient care?
M. How are physicians compensated in the practice?
N. What are the pros and cons of different types of practices (small vs. large, single specialty vs. multiple specialties)?
O. How does the physician practice ensure quality care is being provided to patients?
P. How does the physician practice help patients who have financial issues that hinder their ability to pay for health care services?

OHIO UNIVERSITY

College of Osteopathic Medicine

Student Training Outline –Veterans Affairs (VA) Medical Center/Clinic
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix I - Academic Year 2009/2010

I. Purpose

The primary intent of the VA Medical Center experience is for students to achieve a better understanding of the nationwide health system for veterans that is run and financed by the federal government. Students are to focus on: 1) how the VA's extensive electronic medical records (EMR) system known as the Veterans Health Information Systems and Technology Architecture (VistA) improves patient safety and lowers cost; 2) the role of VAMC physicians in improving the quality of care by practicing evidence-based medicine (EBM) and using telemedicine; and 3) use of the Computerized Patient Record System (CPRS) by health care providers to record every office visit, prescription, lab test, x-ray, and medical procedure as well as review and update a patient's EMR and place orders from any of the VA's over 1,000 health care facilities. Students may want to compare VistA to the EMR system being used by other health care systems and/or at their base CORE hospital.

II. Suggested Learning Issues (to be supplemented by VAMC/Clinic representative)

A. How veterans initially access the VA system for their health care needs.
B. Advantages of computerized records relative to documentation, accurate data access and sharing, cost efficiency, error reduction, preventive measure prompts, automatic displays of latest studies/best practices for patient's condition, and patient satisfaction.
C. Evidenced-based treatment and use of technology to promote a culture of quality and improve patient care.
D. ***The VAMC/Clinic representative is asked to:***
   1. Discuss how the VA's integrated, organized, national health-care system overhauled in the mid-1990s works for the patient and health care provider.
   2. Orient the students to the national electronic networks of VistA and CPRS that has been up and running in all of the VA facilities since 2000.
   3. Cover VA's investment in preventive and primary care to lower long-term costs.
   4. Review the process that the VA uses to implement system-wide changes.
   5. Identify accountability and quality measurements the VA uses for benchmarking.

III. Possible Questions for Students to Ask/Initiate during this Experience

A. What is the annual federal budget allocation for free and/or low-cost care for eligible veterans and their beneficiaries?
B. What does the VA spend on average per patient vs. the national average?
C. As the largest health-care network in the U.S., how many patients are served by the VA?
D. How does EMR increase patient safety and cost savings?
E. How does EMR improve communication and promote continuity of care?
F. How does Telemedicine increase patient safety and cost savings?
G. How does Telemedicine improve communication and promote continuity of care?
H. Is the VA permitted to negotiate prices with drug companies and other suppliers?

OHIO UNIVERSITY
College of Osteopathic Medicine

Student Training Outline –Community Health Center (CHC)
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix J - Academic Year 2009/2010

I. Purpose

The primary intent of the Community Health Center (CHC) experience is for students to achieve a better understanding of Ohio's Federally Qualified Health Centers (FQHC) that are administered locally in health provider shortage areas (HPSA). CHCs serve as a safety net by providing accessible, high quality, cost effective primary/preventive care services to all residents of Ohio regardless of an individual's insurance status or ability to pay. Some students may want to arrange to do a follow-up elective rotation at assigned or other CHC.

II. Suggested Learning Issues (to be supplemented by CHC representative)

A. the process by which Ohio residents initially access the CHC system for their health care needs
B. demographics of patient populations who utilize CHCs
C. documented impact of CHC services on infant mortality rates,
D. documented impact of CHC services emergency department visits
E. utilization, number of hospital admissions, and length of hospital stays
F. characteristics of the CHC Program that have led to its being ranked as one of the top 10 federal programs
G. ***The CHC representative is expected to:***
   1. discuss how CHC's are organized around a primary care model of health care delivery
   2. review the study conducted by the National Association of Community Health Centers to boost physician numbers at CHCs by 2015 to enable provision of services to more Ohioans.
   3. cover applications for federal funding to be used to serve the uninsured population in Ohio.
   4. identify the percentage of Ohioans who are uninsured, underinsured, on Medicaid, have private insurance, etc.
   5. show how CHC services have resulted in fewer unmet needs of the uninsured.
   6. describe the function of the Ohio Association of Community Health Centers.

III. Possible Questions for Students to Ask/Initiate during this Experience

A. What is the annual budget allocation for this CHC for free and/or low-cost care?
B. How does the average expenditure per patient of this CHC compare to the national average?
C. How many patients are served by the 34 CHCs in Ohio?
D. What counties in Ohio have a CHC?
E. Why was Section 340B of the Public Health Service Act enacted?

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Student Training Outline – Discharge Planner
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix K - Academic Year 2009/2010

I. Purpose

The primary intent of the discharge planner experience is for students to gain an appreciation for the role this health care professional plays in working with attending physicians and other members of the health care team to contain cost and improve quality of care for the hospitalized patient. Discharge Planners have a direct impact on the length of stay of hospitalized patients as well as their ongoing plan of care in other health care settings upon release from the hospital. Also, the discharge planner interfaces with family members of patients on behalf of the hospital and the attending physician. In order for the discharge planner to maximize the benefit provided by services rendered, they need assistance and support from each patient's attending physician.

II. Suggested Learning Issues (to be supplemented by Discharge Planner)

A. The discharge planner is asked to:

1. Review the various roles of the discharge planner in the hospital setting.
2. Explain Continuous Quality Improvement (CQI) and the use of Patient Satisfaction Surveys as one method of assessing a patient's satisfaction with his/her health care.
3. Discuss the importance of documenting a patient's condition and plan of treatment.
4. Discuss the concept of Patient Centered Medical Home (PCMH).

III. Possible Questions for Students to Ask/Initiate during this Experience include:

A. How does the discharge planner interface with patient/patient's family?

B. Are there financial incentives/disincentives in place relative to the optimal discharge of a patient?

C. How are decisions made concerning alternative settings for care after hospitalization (e.g., nursing homes, assisted living facilities, hospice, etc.)?

D. What can a physician do to expedite the discharge process for a patient?

E. What is the function of the Utilization Review Committee?

F. What is the purpose of Advanced Directives?

G. What services and resources are needed and used to improve a patient's satisfaction with his/her care in the hospital setting?

H. How does the hospital conduct quality of care assessment?

I. What areas are addressed when assessing quality of care (e.g., access, professional skills, departments and services, etc.)?

J. Why is patient satisfaction important when determining the overall quality of health care?

K. What is the function of the Quality Assurance Committee?

L. What standards are used to ensure quality of care (e.g., clinical practice guidelines, evidence based medicine, prevention guidelines, measurable outcomes, etc.)?

M. How does the concept of PCMH improve access to, reduce cost, and improve quality of patient care?

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Student Training Outline – Daily Electronic Reflective Journal
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix L – Academic Year 2009/2010

I. Purpose

The purpose of journaling is more than keeping track of the daily clerkship activities in which students are required to participate. **It is to promote reflection and synthesis of various discussions and experiences that are focused on the health care issues of access, cost, and quality.** Students are to note daily what they learned from each experiential activity regarding access, cost, and quality of healthcare. Students are to incorporate information from assigned readings to substantiate their impressions, opinions, comments, suggestions, recommendations, etc. about these managed care concepts. Your submitted journals will be used by your assigned facilitator to stimulate participation during the required Weekly Roundtable Discussions as scheduled (check with your CORE Administrator for schedule).

II. Guidelines for Completion

The daily electronic reflective journal is not to be just an itinerary or itemized list of things students accomplish each day of the clerkship. Using Microsoft Word students are to keep a daily journal that summarizes, synthesizes, and reflects upon those experiential activities outlined in the course syllabus that deal with the health care issues of access, cost and quality. Journal entries are to be typed and double-spaced following the template provided ***(Refer to Addendum 1 to Appendix L).*** A sample journal written by a student last year for OCOM 895 is being provided ***(Refer to Addendum 2 to Appendix L).*** Please back up journal entries on a CD or flash drive and print a hard copy in case a problem ensues with sending or opening the electronic version of your submitted journal.

III. Instructions for Submission

By 6:00 P.M. on Thursday of each week of the clerkship, use your university Oak e-mail account to **send your journal as an attachment electronically to:** 1) the assistant dean for CORE and academic affairs operations (riley@ohio.edu); 2) the CORE assistant dean and CORE administrator at your base site (obtain e-mail addresses from CORE site office); and 3) your **assigned** small group facilitator as scheduled ***(See e-mail addresses listed below)***.

Small Group Facilitators for OCOM 895 are:

- Peter Dane, D.O. dane@ohio.edu
- Peter Bell, D.O. bellp@ohio.edu
- Tom Campanella, J.D. tcamp@bw.edu
- Judith Edinger, M.S.Ed. edinger@ohio.edu
- Jackie Wolf, Ph.D. wolfj@ohio.edu

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DAILY ELECTRONIC REFLECTIVE JOURNAL TEMPLATE
(Addendum 1 to Appendix L)
YEAR 4 HEALTH CARE MANAGEMENT CLERKSHIP (OCOM 895)
Academic Year 2009-2010

To the Student: ***Refer to this template to format your daily electronic reflective journal entries using Microsoft Word. Be sure to adhere to recommended format and include name, base CORE site, inclusive dates of clerkship, etc. Please address aspects of access, cost and quality that are pertinent to required experiential activities outlined in the course syllabus as assigned. Please specify each clerkship component when writing journal entries.***

Student Name:__________________________ Base CORE Site: _______________________ Clerkship Start Date:_____________________	Student Name:__________________________ Base CORE Site: _______________________ Clerkship End Date:_____________________

Monday/Week One/Date
Clerkship Component/Experiential Activity:
Journal Entry:

Tuesday/Week One/Date
Clerkship Component/Experiential Activity:
Journal Entry:

Wednesday/Week One/Date
Clerkship Component/Experiential Activity:
Journal Entry:

Thursday/Week One/Date*

Clerkship Component/Experiential Activity:
Journal Entry:

Important Note
Submit journals electronically to your assigned facilitator by **6:00 P.M. on Thursday of each week.*

Friday/Week One/Date
Clerkship Component/Experiential Activity:
Journal Entry:

Monday/Week Two/Date
Clerkship Component/Experiential Activity:
Journal Entry:

Tuesday/Week Two/Date
Clerkship Component/Experiential Activity:
Journal Entry:

Wednesday/Week Two/Date

Clerkship Component/Experiential Activity:
Journal Entry:

Thursday/Week Two*
Clerkship Component/Experiential Activity:
Journal Entry:

For each daily entry ***(Refer to Experiential Activities Outlined in Section 4.2 in Syllabus):***

1. Identify and address specific issues of access, cost, and quality that you learned during each of your daily experiential activities.

2. Include what the BWC staff, employer, hospice administration, occupational medicine physician, hospital administrators, managed care organization representatives, medical office manager, discharge planner, VA administration, Community Health Center staff, health care consultants, and other preceptors (flexible daily activities) do in their role to:

   - increase access and improve client services
   - manage care in light of rising health care costs
   - assure quality patient care and safety
   - promote effective communication with patients and health care professionals

SAMPLE Daily Electronic Reflective Journal – Addendum 2 to Appendix L
Year 4 Health Care Management Clerkship (OCOM 895)

[NAME], OMS4
[CORE SITE]
[DATES COVERED]

Monday/Week 1

Hospital Administration

Thus far in my training, I have certainly been focused about the quality of care patients receive. I have been consumed by the vast array of information to learn in order to practice evidenced based medicine. So consumed, perhaps, that I neglected to ponder the notion of cost in medical care. In an ideal world, cost would be the first issue to be abandoned. However, reality unfortunately tells a different story. A story of individuals not seeking care due to fear of cost, or even receiving less than the best of care due to the same matter. To me, that is ultimately what the issue of cost is, a return to the reality of medicine, which is by in large, extremely expensive.

In talking with the hospital administration, it quickly became apparent to me the disagreement on how to begin to address the issue of cost. The topic is complex and is of great concern. The obvious problem is the "self-pay regulars" that arrive in the emergency department most of whom does not end up paying the hospital bill for one reason or another. However, getting paid by those who are insured does not appear to be an easy task. Speaking with one of the accountants, battling denial claims and reimbursement issues is an ongoing job. One of the most promising ideas shared with us during our discussion to address the matters of access to care as well as cost involved both the family medicine resident clinic as well as the emergency department. Apparently, the most expensive place to receive care is the emergency department, and many individuals are unfortunately relying on the E.D. for primary care. Similar to the system [DELETED] is utilizing, a more extensive triage of the patient could be done, and individuals with non-life threatening medical problems could be set up with appointments at the clinic. This builds much needed volume at the clinic where they would receive appropriate and less costly care, thus saving the hospital from eating the cost of treatment in the E.D., leaving the E.D. rooms open for life-threatening injuries, and perhaps promoting individuals to go to the clinic rather than the E.D. the next time they have a primary care associated medical problem.

Of the 3 topics, it is my opinion that quality is of least concern at the present time, conceivably due to the more dominant problems of cost and access, but also due to great advances in medical treatment. However, they did discuss with us the constant drive for improvement in quality by initiating more protocols based on the latest evidence for doctors and nurses to follow to insure top level quality in accordance with hospitals around the country.

Occupational Medicine Overview

This lecture by the occupational medicine physician was very helpful in learning an overview of what the job entails. Occupational medicine seems to function chiefly to increase health care access to the workers. With pre-placement evaluations, medical surveillance and periodic evaluation of the workplace health programs and health exams of employees, prevention of occupational injuries and medical problems is a central element of the job. One interesting element of the occupational medicine physician is the necessity to remain objective in determining what a person may or may not be able to perform, and then allowing the company to decide whether they are able to provide a job to that individual. For instance, the physician may determine that a person can not lift over 50 pounds of weight due to back limitations; however, the company will then decide whether they can offer the person a job with those restrictions. The quality of care with regards to the health of the worker is regulated in large part by government agencies such as OSHA, EPA, and DOT. Focus is placed on protection of workers through one of three methods: elimination of the hazard, engineering controls, or personal protective equipment.

Tuesday/Week 1

Employer Visit

This particular employer, [DELETED], seems to put many resources into the health and safety of its workers. I would not be surprised to find out that many companies do not go to the same extent in this regard as [DELETED]. This company invests many resources into its own fire department and EMT staff including full service fire trucks and ambulances available at any time. They also ensure that their EMT and fire department staff are well trained by having mock fires along with supporting the staff in trips to a special training site in Texas. A full time nurse is also available to the workers. This allows for workers to have access to emergency care almost immediately if needed. Access to care is certainly increased through these services.

The company's philosophy regarding managing health care costs seems to be in the prevention of work related injuries and health problems. Mandatory testing is done for respiratory wearers, mobile equipment operators, fire and rescue workers, and all workers for asbestos audiometric evaluation. In addition, many workers take advantage of the voluntary testing offered which consists of blood testing (CBC, TSH, Lipid panel, PSA, UA, Hemoccult), blood pressure checks, health history questionnaires, and body fat analysis. Td immunizations are also given at no charge. Putting significant effort into the prevention of health problems among the employees will most certainly save money in that treatment of acute disease more costly.

In speaking with the company manager, the economy has certainly affected their budget, as with most others. Interestingly, they have saved money elsewhere and continued to spend resources on health and safety. This includes investing into things like fall protection mechanisms.

One of the battles we discussed was the dilemma of reporting injuries. With the ability of saving company money by meeting criteria of having lower than a certain number of reported injuries for any given year, there is a conflict of interest to report them. In talking with workers, there does seem to be an open door policy to report injuries when they happen at this particular company, but I can certainly imagine that other employers may not be as such.

Thursday/Week 1

Corporate Health Department

I worked with the physician assistant at the corporate health department at [DELETED] Hospital, in [DELETED], OH. During this 2 hour visit, I was able to perform a pre-employment physical, and participate in a couple follow up visits involving previous injuries. The pre-employment physical was very quick and not very thorough in my opinion. It seemed this was just some red tape to get through in order to go to work. Perhaps some company's guidelines are helpful such as meeting a certain blood pressure requirement, or ensuring the immunization status of its workers.

The follow up visits were due to work related injuries involving lacerations. It was a simple suture removal and the patient's were on their way. The visits were focused which is a difference between the occupational medicine physician and a family physician. The occupational medicine physician is concerned about the specific injury related to getting the individual back to work. One thing I did not know was that legally an occupational medicine physician may see patients, but not have an actual physician-patient relationship since he is not diagnosing and treating. During a pre-employment physical, he may notice a problem, but then suggest the individual see their family physician to correct it.

Friday/Week 1

Access, cost, and quality experience

This was a discussion of a few classes of drugs with one of the clinical pharmacists at [DELETED] Hospital. We reviewed the various aspects of the drug classes and attempted to use the latest literature to make distinctions of drugs within the same class. This included topics such as indications, contraindications, adverse effects, efficacy, cost, etc. At the end of the discussion he allowed us to pick which drugs might be most useful to have on-hand in a hospital, and we debated the various aspects involved. He then compared our suggestions to what the hospital actually had. And lastly, he stated that a panel of physicians, chief residents, and pharmacists sit down once a month to do exactly what we had just participated in to decide what should be on the hospital formulary. It was educational for me to see a glimpse of how a hospital formulary is developed – which was something I didn't know prior. It was also an exciting way to learn the drugs.

Monday/Week 2

Bureau of Workers Comp

We spoke with the supervisor of the BWC in [DELETED]. It was a very open presentation with our group members asking questions which stimulated discussion throughout the presentation. The BWC was a system set up to prevent previous problems concerned with injured workers who had no compensation after being injured on the job. The hope is that this compensation aids the worker in paying his bills and putting food on the table during the time in which he cannot work due to his injury. The idea is simple and was created to prevent dollars being wasted in courts by employers and employees attempting to prove negligence on behalf of the other.

One of its aspects is that it is a no fault system. Previously before WC, employers had the advantage due to more money and access to attorneys, however, they certainly due not have the advantage now. Under this no fault system, for example, an employer can go beyond reasonable time in training the employee a protocol that might have an inherent safety risk if not followed appropriately. Yet, if the employee neglects the protocol and injures himself, it is still a claim that may be paid by BWC. Also, that will be a reported injury against the employer which may see a rise in the premium. Access does not seem to be an issue for the worker.

One issue that needs addressed in my opinion is the choice of POR by the injured worker. The worker has the ability to choose freely which medical professional he desires to evaluate and treat his injury. For example, a worker may completely tear his rotator cuff, yet he may seek his treatment from a doctor of chiropractic rather than an orthopedist. The supervisor admitted to certain medical professionals also including some physicians who will keep workers off work for seemingly however long the patient desires.

One thing I found interesting was the supervisor's response to the question regarding what happens to businesses that refuse to pay premiums. Apparently, the BWC does have the ability to ultimately shut down the business legally, although he said in his time he has never seen that happen. Thus, there really is no other repercussion to not paying the premiums other than it raises the premiums of the businesses that do pay.

Lastly, I was impressed with the BWC ability to help desperate Americans in a time of need after an unfortunate injury. Like most governmental aid programs, it only seems to work when, at the individual level, people do not abuse the system. With an upcoming culture of people who would rather stay at home and receive government money (i.e. in this case – employer premiums), I do not see how this system will continue long term. Nobody would dispute aiding a man who has worked hard to provide for his family and due to an unfortunate injury, needs some time to get healthy enough to work again. However, the individual who gets hurt off the job, and then claims it was work related or fakes a neck or back injury which can not easily be disputed will continue to make this system inefficient and costly for employers.

Veterans Administration Hosp

This experience included a review of the electronic medical record system that the VA utilizes as well as a tour of the hospital. What I didn't realize about the VA was the fact that they have been utilizing electronic medical records since the late 90's, and have been one of the pioneers for the change from paper records to electronic records. In fact, they explained that they do get requests from other hospital systems to aid them in their process of changing to electronic records since the VA has been already been through many of the challenges. Most interesting was their story surrounding hurricane Katrina. While all paper patient records were lost by hospital systems due to flooding, patients of the VA went on to be treated at other VA facilities with all their medical records unscathed. Certainly, quality was improved in this instance.

Because the VA is under a capitation system, it was interesting to notice a different mentality in that they don't need to generate revenue. In fact, keeping their patients out of the hospital through health prevention measures is how they save costs. The obvious question that comes to my mind would be whether patients are given less medications, fewer procedures, and less in-hospital time per admission to the financial benefit of the hospital. Rumors of older veterans who have had problems getting admitted to VA facilities come to mind. And perhaps this isn't always a bad thing with so many iatrogenic medical problems. Thus, cost is looked at entirely different in this system. Access appears to be an integral part of this system as well. The administrative person who gave us the tour was quick to praise how the VA was really about access to care which is a huge plus about a capitated system. Veterans do not have to necessarily worry about the costs involved of seeking care, thus, individuals who might not otherwise seek medical care will have access under this system. However, I can't help but wonder whether timely access is achieved, and I can easily picture a long list of names waiting to be called so to schedule their appointment.

Tuesday/Week 2

This day was spent at [DELETED] in downtown [DELETED]. We had a variety of speakers give presentations to us throughout the day. Overall, by the end of the day, I was somewhat depressed as I was reminded once again that medicine is a business. Quality of care is assessed primarily through their selection process of their providers. They contract with providers who they trust will provide high quality care to their members. Things like board certification and issues with the state medical board are reviewed by medical mutual before contracting with the provider. Also, they will terminate contracts with any providers whose license is revoked for any reason by the state medical board. I often wondered what the ramifications were for a physician whose actions prompted his license to be revoked by the medical board for a short period of time. Losing their contract with a company like [DELETED] would certainly decrease the patient load after coming back from even a short period of probation.

They contain costs through several mechanisms. One, they monitor their members medical decisions. For instance, one of their nurses might review their member's hospital admission to ensure that it is medically necessary. I was amazed that a nurse can sit on the other end of a telephone line with a big book containing quick and dirty criteria and decide the company's obligation to pay. It was reassuring to me that their nurses do not have the ability to deny payment – if they suspect there is a problem, the case will go before a board of physicians employed by [DELETED] which then make the ultimate decision. It was my impression that some companies hire individuals without a medical background to sit on the other end of the telephone listening for "buzzwords" in their book to determine obligation to pay. It was reassuring to see that [DELETED] hired nurses for this initial process. Cost is also contained by ensuring payment of only those services rendered by the company to be medically necessary. This is determined by the company's medical policy. For instance, the company may pay for a member who to have a blepharoplasty if the eye lids are some how obstructing vision, however, deny the same procedure for cosmetic reasons. Also, a significant amount of money is put into prevention of medical illness. This may be paying for all of a diabetic member's supplies as long as the member agrees to allow the [DELETED] to monitor sugar and A1c levels so many times per year. They also send letters to members encouraging them to see their PCP's for wellness exams if they have not done so. It is interesting to me that insurance companies are finally seeing the benefit of paying for wellness and preventive exams which saves money from being spent on acute hospital care.

I think access to care is probably pretty good for the members of [DELETED]. They have become a fairly large company, and have many physicians and hospitals within their network, which gives members a good variety of provider personalities to choose from. They are beginning to employ many benefits in terms of prevention and wellness which is access to care at an important level. And from what we were presented, claims were not denied until viewed by a group of physicians, which seems reasonable.

TO BE CONTINUED…

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Student Training Outline – Facilitated Roundtable Discussion
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix M - Academic Year 2009/2010

I. Purpose

The primary intent of having roundtable discussions is for students to have a forum to address their daily journals ***(Refer to Appendix L)*** and real-world, managed care issues. Beyond the immediate day-to-day challenges of diagnosis and treatment that confront physicians and other health care providers are the health policy concerns of access, cost, and quality of health care.

II. Guidelines for Completion

A. Preparation

All students are required to meet via videoconference as scheduled to discuss health policy issues and concerns. Students are expected to identify areas they wish to address from news stories in the media pertaining to health issues, legislative actions regarding health policy and reform, experiential visits during the health care management clerkship, assigned readings, and other related experiences. Students should be prepared to share thoughts and ideas with peers, answer questions from assigned readings, and contribute substantially to the discussion. **To prepare for this assignment, students are required to read the following chapters in the text entitled *Understanding Health Policy (Bodenheimer and Grumbach, 2009):***

Chapter 13 (pages 147-162) "Medical Ethics and Rationing of Health Care"
Chapter 14 (pages 163-180) "Health Care in Four Nations"
Chapter 17 (pages 205-207) "Conclusion: Tensions and Challenges"

Other helpful resources are the required report(s) and recommended Web sites listed under "Required Resources" in the course syllabus.

B. Discussion Format

The format is approximately a ninety minute small group discussion facilitated by an OU-COM/CORE faculty member and is scheduled on the first and last Friday of the two-week clerkship. In addition to facilitator's questions and journal entries, students are to: 1) self-identify the health care issues they want to discuss regarding access, cost, and quality; and 2) self-select questions and provide them to their assigned facilitator in advance to have addressed to enhance their learning experience.

C. Evaluation

The facilitator will evaluate students on their preparation, participation, and professionalism. The facilitator's assessment of each student will be reported to the respective CORE assistant dean and associate dean for predoctoral education to take into consideration when determining a student's final grade and credit issued for OCOM 895.

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Student Training Outline – Case Presentation/Discussion
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix N – Academic Year 2009/2010

I. Purpose

Medical education and managed care entities must work together to assure that physicians are competent to practice in the future's managed care-dominated practice environment. The case presentation/discussion gives the students an opportunity to do a case study from a managed care perspective. This exercise will further engage students in the skill of self-selected case presentation and discussion in a group setting while incorporating the key curricular themes of the clerkship: access to health care, quality of health care, and cost of health care. The case study serves as a culmination of the experiential learning components of the clerkship. This activity lends itself to interactive sessions in which the learners have the opportunity to review and discuss cases that address the issues of managed care versus managed cost.

II. Guidelines for Completion

A. Preparation

All students at one CORE site scheduled to take the clerkship during a particular two-week block will be assigned by their CORE administrator (preferably in no fewer and more than groups of three) to collaborate the first week on 1) identifying an appropriate case from their own clinical experiences; 2) selecting a case topic from the suggested list, or 3) developing a fictional case scenario. Students are to use the accompanying checklist to plan for their group's managed care case presentation and discussion. To avoid repetition of cases for discussion, **the "Case Study Planning Checklist" (S-CS) is to be submitted to your CORE assistant dean for approval no later than five (5) days prior to the group's presentation.** ***(Refer to Addendum 1 to Appendix N).*** **Presentations are scheduled by your CORE administrator during the second week of the clerkship.**

To prepare for this assignment, students are to conduct a literature search and read the following chapters in the text entitled *Understanding Health Policy: A Clinical Approach (Bodenheimer and Grumbach, 2009):*

Chapter 3 (pages 17-30) "Access to Health Care"
Chapter 10 (pages 111-128) "Quality of Health Care"

In addition to these required readings, other resources that might be helpful to you when reviewing the literature are the web sites listed under "Required Resources" in the course syllabus. For example: Agency for Healthcare Research and Quality at http://www.ahrq.gov/ or The Kaiser Family Foundation at http://www.kff.org/

B. Case Study

The case study is to focus on the health care issues of access, cost, and quality. An example of a case that has been worked up ***(Refer to Addendum 2 to Appendix N)*** is available online for reference. Case/Topic suggestions in each area include:

- **Access to Health Care –** Health care access for women living with HIV; contraceptive access at school-based health centers; rural health care access.

- **Quality of Health Care –** Examples of how the use of evidence-based guidelines can cut down on errors within your hospital/ health care system and/or result in better health outcomes for patients with a given chronic illness (i.e. coronary by-pass surgery). Investigate what clinical best practices, critical pathways, or protocols are in place to systematically track chronically ill patients to avoid costly flare-ups and complications; i.e., how the system of care influences the outcome of care.

- **Cost of Health Care –** Investigate cases of local strategies for achieving better health outcomes for Medicaid patients as budget dollars decrease; example of reducing health care delivery costs using clinical pathways as a case for improving hospital profitability.

C. Presentation/Discussion of Case Study

The **format** is to be a **panel presentation/discussion** with peers in a group setting. The case discussion will be **facilitated by a CORE faculty member**. The group's **presentation/discussion should be approximately 30-45 minutes in duration** and include the following elements:

- Introduction to Case Study, including critical appraisal of information resources, key measures, protocols, pathways, as appropriate
- Summary of the Case
- Identification of the Problems Relating to Access, Cost, and Quality
- Case Study Specific Questions
- Recommendations to Address Access, Cost, and Quality Issues
- Results
- Lessons Learned
- Summary
- Comments/Discussion

D. Feedback and Evaluation

Before completing this activity, refer to the "Case Study Presentation/Discussion Feedback" form (F-CS) for criteria that will be used by CORE faculty to provide student feedback and grade your performance. ***(Refer to Addendum 3 to Appendix N).*** Peers will also be using this form to provide additional feedback to presenters.

III. Questions for Consideration during Managed Care Case Panel Presentation/Discussion

Students as a panel are to collaboratively address and answer recommended questions relative to the issues of access, cost, and quality as outlined below when presenting/discussing the case .

A. With regard to the issue of access:

1. Clearly and specifically identify the problem(s) in this case study related to access.
2. Historically, what attempts have been made (locally or nationally) to address this kind of access issue?
3. What attempts were made to address the access issue in this case? What were the results?
4. What hospital and/or community resources are available to address the problem(s) of access related to this case?
5. What can a physician do to address the problem(s) of access related to this case?
6. What do you recommend?

B. With regard to the issue of cost:

7. Clearly and specifically identify the problem(s) in this case study related to cost.
8. Historically, what attempts have been made (locally or nationally) to address this kind of cost issue?
9. What attempts were made to address the cost issue in this case? What were the results?
10. What hospital and/or community resources are available to address the problem(s) of cost related to this case?
11. What can a physician do to address the problem(s) of cost related to this case?
12. What do you recommend?

C. With regard to the issue of quality:

13. Clearly and specifically identify the problem(s) in this case study related to quality.
14. Historically, what attempts have been made (locally or nationally) to address this kind of quality issue?
15. What attempts were made to address the quality issue in this case? What were the results?
16. What hospital and/or community resources are available to address the problem(s) of cost related to this case?
17. What can a physician do to address the problem(s) of cost related to this case?
18. What do you recommend?

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Case Study Planning Checklist – Addendum 1 to Appendix N
Year 4 Health Care Management Clerkship (OCOM 895)
Academic Year 2009-2010

To the Students: ***Please submit this planning checklist to your CORE Administrator for your CORE Assistant Dean's approval approximately 5 days prior to your scheduled panel case presentation/discussion as assigned during the second week of the clerkship.***

Date of Presentation (refer to weekly HCMC schedule): ________________________

Case Description/Topic:____

Panelists/Student Presenters (minimum of three if possible):
1)____
2)____
3)____
4)____

Indicate which student will be responsible for covering each theme and in what order:

Theme	Student Presenting	Presentation Order
Health Care Access		
Quality of Care/Improvement		
Improving Health Outcomes While Reducing Cost		

Describe project status as of checklist submission date; i.e., resources utilized, obstacles, problems, etc.
____
____
____

Approval ☐ Yes ☐ No

_____________________________________ ___________
CORE Assistant Dean's Signature Date (S-CS)

OHIO UNIVERSITY

College of Osteopathic Medicine

Example Case Study – Addendum 2 to Appendix N
Year 4 Health Care Management Clerkship (OCOM 895)
Academic Year 2009-2010

I. Summary of the Case

A. 30 year old male (John Smith) with Type 2 diabetes.
B. John Smith is also obese.
C. John has a history of diabetic attacks that result in him needing to go to the local hospital Emergency Room (which is usually at capacity).
D. John Smith is employed by Ajax Manufacturing and has healthcare benefits that cover 80% of the hospital costs and 100% of the emergency room costs of a hospital.
E. John Smith's healthcare benefits cover all physician services, but require a $15 fixed co-pay for each visit to the physician office.
F. John Smith's healthcare benefit does not include coverage for wellness benefits.
G. Ajax Manufacturing is self-insured for healthcare benefits and it pays a managed care company to administer the health claims. As a self-insured employer Ajax has the ability to dictate the type of healthcare benefit coverage for its employees. Ajax has very little turnover and employees like John Smith usually work for Ajax for 25 to 30 years.
H. Ajax Manufacturing is experiencing double digit healthcare cost increases on an annual basis. A large percentage of the healthcare costs can be directly and indirectly attributed to the high percentage of diabetics that are employed by Ajax. Many of these diabetics, similar to John Smith, are obese.
I. Ajax is located in a semi-rural area of the state (Sparse County), which has one hospital in the town. All of the primary care physician specialties are located within a reasonable drive time but there is limited access to some of the physician specialties. The closest big city with major hospitals and access to all physician specialties is approximately 1 ½ hrs.' drive. Some of the employees that work for Ajax live in bordering counties that have very limited access to healthcare providers.
J. Physicians in Sparse County are reimbursed by the Managed Care Organization employed by Ajax based on a fee schedule that equates to Medicare. Physicians complain that this fee schedule is not adequate and requires them to spend less time with their patients. Physicians in Sparse County do not believe in physician extenders and, except for minimal nursing support and receptionists, there is no additional staff.
K. Sparse County has a high percentage of residents with Type 2 diabetes which in many cases is a result of the large percentage of obese people living in the county.
L. Ajax Manufacturing is the largest employer in Sparse County.

M. There are a number of health organizations located in Sparse County including a home health company, hospice, and nursing homes.

II. Case Study Specific Questions

A. You are a physician consultant hired by Ajax Manufacturing to provide recommendations to the owner concerning its healthcare costs. The owner is not only concerned about the direct healthcare costs, but he is also concerned about the high absenteeism and disability costs that are health related. Finally, the employer is very receptive to any of your recommendations that could potentially address both his short and long-term healthcare cost issues.

B. Given the above case study scenario, what would be your overall recommendations to Ajax Manufacturing in regards to its healthcare costs?

<u>Potential answer:</u>

1. ***Ajax manufacturing needs to recognize that the majority of its workers will be employed by Ajax for many years; consequently Ajax needs to develop both short and long-term strategies to addresses its healthcare costs.***
2. ***Ajax needs to make sure that its managed care administrator provides all of the appropriate services to help address the short and long-term care needs of the employees (egg., services such as case management, disease management, etc.)***
3. ***Ajax, in conjunction with its managed care administrator, needs to develop a strategy the specifically focused on employees with diabetes.***
4. ***Ajax should work with its managed care administrator to make sure there are diabetes management programs in place. In evaluating these programs, they will also need to determine overall level of compliance as well as reasons for non-compliance.***
5. ***Employee education should be a key component of the healthcare strategy, specifically as it relates to diabetes.***
6. ***Wellness healthcare benefits should be reviewed to determine if they are adequate for the needs of its employee population.***
7. ***In developing and implementing these strategies, Ajax needs to be sensitive to HIPAA laws as it relates to patient identifiable information, as well as the American Disability Act when designing any incentives, etc. relating to wellness and disease management programs.***
8. ***Finally, Ajax should look at ways that it could effectively partner with local physicians and the hospital.)***

C. Would you recommend any changes in Ajax's employee healthcare benefits, and if, so what? Would you recommend any additional proactive programs to address the healthcare issues of Ajax employees?

Potential answer:

1. ***Ajax needs to address the wellness benefits for its employees. These benefits are especially important since historically employees stay with Ajax for many years. Ajax should consider paying for 100% of the costs relating to wellness services (including no co-pays, etc.) to encourage employees to take advantage of this benefit.***
2. ***Wellness benefits should be focused on the entire employee population of Ajax since prevention and early detection will positively impact future healthcare costs.***
3. ***Ajax should also consider implementing proactive wellness programs, such as exercise classes, smoking cessation, weight loss sessions, nutrition education, etc. Ajax may also want to consider providing incentives for employees who take advantage of these programs (movie tickets, days off, etc.)***
4. ***Ajax should also work with its managed care administrator to find ways to more effectively use disease management programs (egg., diabetes management) to address the needs of employees with chronic health problems. Examples of such efforts would include focused employee communication relating to diabetes care management and implementation of programs specifically focused on diabetes care management.)***

D. If Ajax Manufacturing was in the position to influence the type of reimbursement for physicians what changes would you recommend?

Potential answer:

1. ***Currently physicians receive fixed fee reimbursement from the managed care administrator of Ajax. Ajax should work with its managed care administrator and the applicable local physicians to determine if there could be a more appropriate payment methodology for reimbursing physicians. Specifically, it should consider implementing a "pay for performance" program with the local physicians, especially those physicians that would primarily focus on diabetes care. Performance targets would then be identified and, if achieved, would result in additional compensation for the physician.***
2. ***Based on the managed care administrator's data, Ajax should be able to identify the key physicians that would impact employees' diabetes care.)***

E. As a physician consultant to Ajax Manufacturing you are in the position to conduct outreach efforts with the local physicians and the local hospital. If you were in the position to develop a model to address the diabetes issue of Ajax but also provide the appropriate incentives to the local physicians and/or hospital, what would your recommendations be? Would you recommend any staffing changes for the physicians? Be as specific as possible? What role, if any, would the Managed Care Organization have in this model since it is hired by Ajax Manufacturing?

<u>Potential answer:</u>

1. ***Ajax should work with its managed care administrator and the applicable local physicians to determine if there is any understanding relating to the appropriate care methodology for a diabetes patient.***
2. ***As part of this "care review" there should also be an identification of the appropriate roles of all of the stakeholders (egg., Ajax, managed care administrator, physicians, hospital, the "John Smiths" that work for Ajax, etc.). Examples of some roles would include: review of most recent literature relating to diabetes care management, including nutrition guidelines, especially those focused on obese patients (role of managed care administrator?); identification of the universe of employees with diabetes that work for Ajax (role of managed care administrator with special sensitivity to HIPAA); creation of employee education material relating to diabetes (role of managed care administrator); distribution of employee education material relating to diabetes (literature targeted to diabetes population should be distributed by a third party (egg., managed care administrator), literature distributed to entire employee population could be distributed by Ajax; identification of appropriate incentives that would encourage employees to enroll in a comprehensive diabetes management program (role of managed care administrator in conjunction with Ajax and applicable physicians) (examples of such incentives could be free diabetes management care (egg., no copays, etc.) in addition to free medication, etc. needed to manage diabetes; identification of specific criteria and targets that would be linked to the "pay for performance" diabetes management program for local physicians (role of managed care administrator, local physicians and Ajax); if legal, consideration should also be given to the implementation of additional rewards for patients that achieve targeted goals (role of managed care administrator, local physicians and Ajax); should there be telephonic follow-up with the diabetes patients to ensure they are compliant with "program" (role of managed care administrator and/or physician office); a***

review of local community services should take place to determine if they could provide value to the diabetes patient (egg., exercise facilities, home health organizations, etc.) (role of managed care organization, local physicians, Ajax); finally, discussion should focus on Ajax employees in outlying counties in order to address their access to appropriate diabetes care management services (possible use of home healthcare services, etc.)

3. ***The local physicians should evaluate their staffing to determine if it is the most effective in providing cost effective, quality diabetes care management. Some areas that should be addressed relate to patient education. Should a diabetes educator be employed by the practice (would Ajax financially assist in this investment?). Does the physician spend adequate time "lecturing the patient" on the importance of diabetes care management? Are the physicians adequately compensated for this additional time commitment?)***

III. Cost, Access and Quality

A. Identify the problems in this case relating to cost, access and quality from the various perspectives of the healthcare stakeholders (Ajax Manufacturing, John Smith/Ajax employees, local physicians, local hospital, etc.)

<u>Potential answer:</u>

1. ***Ajax healthcare costs are negatively impacted by employees that have diabetes. Specifically costs relating to emergency room use and health complications related to diabetes have very negative short and long-term costs implications for Ajax. Ajax is also experiencing greater disability costs and absenteeism, which also negatively impacts their profitability.***
2. ***Ajax costs are impacted if quality diabetes care is not provided to its employees. Quality of care (and in turn Ajax's healthcare costs) is also impacted if access to appropriate diabetes care management services are not available to their employees.***
3. ***Ajax employees', such as John Smith's, quality of life are impacted by poor diabetes care management. Ajax employees' out-of-pocket healthcare costs increase as a result of poor diabetes care management (egg., additional hospitalizations, 20% of which is paid by the employee). Ajax employees that live in outlying counties may be negatively impacted by the lack of local and convenient diabetes care services.***
4. ***The local physicians' revenue is negatively impacted by the low levels of fixed fee reimbursement provided by Ajax's managed care administrator. The local physicians do not effectively utilize physician "extenders", which has a negative impact on their costs***

and also negatively impacts the quality of care being provided to their diabetes patients.

5. ***The local hospital's emergency room, which is already overly crowded, is negatively impacted by the number of diabetes patients needing care as a result of poor care management.)***

B. How does your recommendation address the cost, quality and access issues of each of the above stakeholders?
Potential answer:

1. ***A coordinated diabetes care management program will positively impact Ajax's short and long-term healthcare costs, as well as positively impact employee disability expenses and absenteeism.***
2. ***Employee healthcare out-of-pocket healthcare costs would decrease (fewer hospitalizations) and their quality of life would increase. Access to effective diabetes management care for Ajax employees in outlying counties would be addressed by a number of coordinated activities (egg., home healthcare, services provided at the Ajax work site, etc.)***
3. ***Physicians' financial status would increase (as a result of the implementation of "pay for performance") and the quality outcomes of their patients from the use of effective diabetes management would improve.***
4. ***The local hospital would be able to more effectively address the care needs of their emergency room population rather than address the needs of the non-compliant diabetes patient.)***

C. What lessons, if any, did you learn from this case study in regards to broader issues of cost, access and quality that impact the U.S. on a national basis?
Potential answer:

1. ***Cost, access and quality are linked both on a local level and on a national level.***
2. ***There needs to be increase coordination and communication between all of the healthcare stakeholders (egg., employers, managed care administrators, consumers, physicians, hospitals, community providers, etc.) to more effectively impact cost, quality and access issues both on a local and national basis.***
3. ***We need to address healthcare issues on both a short and long-term basis. There needs to be focus on all aspects of care management (egg., wellness, disease management, case management, etc.)***
4. ***There needs to be further experimentation with different types of physician and hospital payment methodologies that reward and incent good outcomes and the use of evidence based medicine.***

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CASE STUDY PRESENTATION/DISCUSSION FEEDBACK (GRADING CRITERIA)
YEAR 4 HEALTH CARE MANAGEMENT CLERKSHIP (OCOM 895)
Addendum 3 to Appendix N - ACADEMIC YEAR 2009-2010

Student/Presenter Name:____

Presentation/Discussion Date:____

Base CORE Site:____

Please evaluate the case presentation/discussion relative to the following components for the individual student and indicate degree to which you agree with each statement (circle choice).

Scale: 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree NA=Not Applicable

<u>CONTENT</u> **(Circle One)**

With regard to the issues of cost, quality, and access, the presenter:

1. clearly and specifically identified the problem(s) in this case study	**1 2 3 4 5 NA**
2. identified what attempts have been made historically (locally or nationally) to address this problem	**1 2 3 4 5 NA**
3. explained what attempts were made to address the issue(s) in this case as well as the results	**1 2 3 4 5 NA**
4. identified what hospital and/or community resources are available to address the problem(s) related to this case	**1 2 3 4 5 NA**
5. discussed what a physician would do to address the problem(s) of access related to this case	**1 2 3 4 5 NA**
6. discussed what a physician would do to address the problem(s) of cost related to this case	**1 2 3 4 5 NA**
7. discussed what a physician would do to address the problem(s) of quality related to this case	**1 2 3 4 5 NA**
8. discussed recommendations	**1 2 3 4 5 NA**

Comments:

PRESENTATION/DISCUSSION

1. The content information was logically sequenced.	**1 2 3 4 5 NA**
2. The presenter communicated effectively (e.g., volume, eye contact).	**1 2 3 4 5 NA**
3. The presenter/panelist used visuals which enhanced the presentation.	**1 2 3 4 5 NA**
4. The presenter/panelist involved the audience by asking questions	**1 2 3 4 5 NA**
5. The presenter/panelist ended by summarizing important points	**1 2 3 4 5 NA**
6. Handouts (if applicable) were valuable learning aids.	**1 2 3 4 5 NA**
7. The presentation/discussion was well organized.	**1 2 3 4 5 NA**
8. I learned valuable new information from this session.	**1 2 3 4 5 NA**
9. Panel Discussion was effective format for conveying content.	**1 2 3 4 5 NA**

Comments:

Overall Impression:

Evaluator's Signature ______________________ Date ____________

Form F-CS