

## Recommended Curriculum Guidelines for Family Practice Residents

# Practice Management

*This document has been endorsed by the American Academy of Family Physicians and was developed in cooperation with the Association of Departments of Family Medicine, the Association of Family Practice Residency Directors and the Society of Teachers of Family Medicine*

Practice management training is a vital part of the residency curriculum, no matter which mode of practice or setting the resident chooses. Residency graduates are faced with an increasingly complex spectrum of opportunities for medical practice, and their understanding of the choices involved is crucial for their future careers as family physicians. Furthermore, most new physicians will experience practice changes as the health care environment evolves, and a broad knowledge of practice management issues in a variety of settings will be needed for the duration of their medical careers.

Practice management may be defined as the body of knowledge, attitudes and skills necessary to efficiently lead and continuously improve the multiple elements of care delivery within a medical practice, including compliance with external regulatory agencies and accreditation requirements. These practice elements include organization, administration, communication, marketing and patient care.

Although the future family physician may delegate many aspects of practice management to other staff and consultants, and may in fact be a salaried employee of a large organization, an understanding of practice management is still critical for them to make appropriate personal choices and to fulfill their ethical responsibility to advocate for the highest standards in delivery of patient care. Furthermore, legal liability for many aspects of patient outcomes continues to remain with physicians even if they are part of a larger organization.

### Attitudes

The resident should develop attitudes that encompass:

- A. A professional approach to job interviewing and contract negotiation.
- B. Flexibility in responding to interviewing and contract negotiation.
- C. An understanding of external quality review mandates an effective participation in outcomes research.
- D. Continual advocacy for the patient's welfare while balancing the business realities of practice management.
- E. Respectful participation in multidisciplinary teams with other health professionals.

### Knowledge

The resident should demonstrate knowledge of:

- A. Practice opportunities
  1. Location
    - a. Part of the country
    - b. Size and type of community
  2. Mode of practice
    - a. Traditional solo or group practice
    - b. Urgent care or emergency department
    - c. Staff and group model health maintenance organization (HMO)
    - d. Managed care contracting
    - e. Administrative
      1. Private industry
      2. Government
      3. Education
    - f. Public Health Service and Indian Health Service
  3. Configuration
    - a. Solo
    - b. Partnership
    - c. Group
    - d. Salaried employee
    - e. Corporate management
    - f. Educator
  4. Employment agreements/contracts
    - a. Compensation and benefits
    - b. Workload and performance expectations
    - c. Professional liability coverage
    - e. Legal provisions
    - f. Ethical issues
- B. Practice facilities
  1. Location and market analysis
  2. Design and regulations
  3. Financing
  4. Equipment and services
  5. Inventories and supplies
  6. Rent, lease or own
  7. Laboratories and government regulations
  8. Radiology and ultrasonography
  9. Special office-based procedures
- C. Office organization
  1. Chain of command
  2. Schedules
  3. Number and type of support staff
  4. Computer systems and other technologies
  5. Supply and inventory management
- D. Practice operations
  1. Patient flow and scheduling
  2. Vendors
  3. Medical records and chart organization
  4. Written office policies and procedures
  5. Front desk duties
  6. Insurance and other third-party billing
  7. Management of pharmaceutical representatives and samples
  8. Management of phone calls
  9. Telephone and paging systems
  10. Advanced planning and timetable for entering practice
  11. Chart and filing options, retention of records
  12. Consultation referrals
  13. Management of patient education
  14. Clinical tracking systems and preventative services
- E. Office and business management
  1. Systems-based learning and analysis
  2. Taxes and insurance
    - a. Estate planning and investment
    - b. Pension plan and/or profit sharing
    - c. Tax considerations and social security payments
    - d. Payroll systems
    - e. Insurance needs
  1. Personal (e.g., life, disability, health)
  2. Practice (e.g., employee benefits, premises liability, overhead, fire)
  3. Monitoring the business
    - a. Reading financial reports
    - b. Cash flow and lines of credit
    - c. Accounting systems
    - d. Billing and collection principles and policies
    - e. Accounts receivable management
    - f. Financing and capital
    - g. Overhead management
  4. Personal financial planning
    - a. Budgeting, debt consolidation
    - b. Retirement
  5. Billing
    - a. Coding and documentation (e.g., how to and importance of)
    - b. Fee for service
    - c. Third-party payors
  6. Contracting
    - a. Medicare

- b. Medicaid
- c. Capitated contracts
- F. Medical records
  1. Storage and filing systems
  2. Indexing and coding
  3. Release of information
  4. Confidentiality
  5. Audits and tracking
  6. Types of records (including electronic medical records)
  7. Structure of records
  8. Legal issues, including HIPPA
- G. Staff and personnel policies
  1. Employee relations
    - a. Mutual respect
    - b. Salaries and benefits
    - c. Motivation
    - d. Recruitment and retention
    - e. Terminations
    - f. Evaluation
    - g. Accountability
    - h. Job descriptions
  2. Labor laws
  3. Personnel records
- H. Legal issues  
Refer to curriculum guideline on *Risk Management and Medical Liability*.
- I. Computer utilization  
Refer to curriculum guideline on *Medical Informatics and Computer Applications*
- J. Hospital issues
  1. Selection of hospital
  2. Staff appointments and privileges
  3. Medical staff and departmental responsibilities
- K. Marketing
  1. Marketing strategy, ethical marketing goals
  2. Patient-retention techniques (such as patient satisfaction survey)
- L. Resources
  1. Practice management consultants
  2. Accountants
  3. Lawyers
  4. Financial planning consultants
  5. Bankers
  6. Marketing consultants
- M. Professional relations
  1. Medical and specialty society involvement
  2. Community and government
  3. Interdisciplinary
- N. Health-care risk contracting

## Skills

- The resident should develop skills in:
- A. Balancing personal and professional goals
    1. Effective leadership skills
    2. Professionalism
    3. Determining personal and professional goals.
  - B. Selection of practice type (involves decisions about lifestyle, residence location and professional inter-

relationships)

1. Position Application
  - a. Career goal setting
  - b. CV development
  - c. Identifying available position, recruiters
  - d. Interviewing skills
  - e. Culture and politics of the practice
2. Practice configuration
  - a. Single vs. multispecialty
  - b. Associations
- C. Negotiating Contracts
  1. Employment agreements
    - a. Sexual harassment
    - b. Confidentiality
    - c. Requirements as an employee
    - d. Productivity/bonuses
    - e. Teaching opportunities
- D. Prudent selection and utilization of advisors and vendors
- E. Personnel management and delegation of responsibilities
- F. Computer competency, including information technologies
- G. Time management
- H. Personal and public (oral and written) communication, including advocacy
  - I. Resources management
  - J. Leadership of health care teams
  - K. Adapting to changes in the health care environment (teambuilding and teamwork)

## Implementation

The implementation of these curriculum guidelines should be longitudinal throughout the residents' experience, with increasing emphasis in the latter half of the residency. The curriculum guidelines should be integrated into the schedule of conferences and other teaching modalities, such as monographs, group discussions and case examples. The resident should be given hands-on experience by being involved in on-site practice management in a family practice center or similar environment. Residencies whose clinical activities are limited to only one model of practice should make special efforts to expose the residents to other practice types. Evaluation of the effectiveness of the program is desirable. Physicians and others who have demonstrated expertise in the skills of practice management should be available to the residents. Appropriate clinical and business systems, coordinated by a family physician, are a useful structure for providing experience in this area. Each family practice resident should be able to demonstrate the ability to work with various individuals involved in practice management. This ability will include an understanding of their relationships to practice needs, office personnel, practice management systems, consultants and various other resources available in the community. ■

## Resources

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