1.0 Business of Health Care

1.1 Accounting principles, financial controls, P&L, and financial statements
1.2 Business plan development (e.g., adding new services, return on investment)
1.3 Capital budgeting and asset management (e.g., funding sources, long-term implications of capital planning, such as depreciation)
1.4 Contracts legal and financial implications
1.5 Financial decisions’ impact on operations, health care, human resources, and quality of care
1.6 Fundamental productivity measures (e.g., hours per patient day, cost per patient day, units of service per labor hour)
1.7 Funding sources (e.g., issuance of bonds, philanthropy, grants, and foundations)
1.8 GME reimbursement models and associated regulatory/compliance law (e.g., IME, DME)
1.9 Interpretation of marketing data (e.g., market analysis, market research, sales, advertising)
1.10 Methods for determining community gaps/need for health care services (community need)
1.11 Methods for determining the fair market value for services provided (clinical, academic affiliations, teaching, or research)
1.12 Negotiation strategies and techniques
1.13 Operating budget principles (e.g., fixed vs. flexible, zero-based, variance analysis, contribution margin)
1.14 Prioritization of capital resources and associated conflict resolution
1.15 Reimbursement methodologies (e.g., academic, managed care models, federal/state matching, value-based, fee-for-service, risk-based)
1.16 Centers for Medicare and Medicaid payer-based models
1.17 Revenue generation (e.g., billing, coding, new ways to generate revenue, pricing strategies, and transparency)
1.18 Stark, antitrust, and kickback laws related to physician services
1.19 Mergers and acquisitions
1.20 Vendors and payor relations
1.21 Contract and vendor sourcing
1.22 Business community relations
1.23 Advertising and marketing
1.24 Taxation law
1.25 Collaborating with competitors

2.0 Care Innovation, Health Equity, and Population Health*

2.1 Health disparities
2.2 Health care access, quality, cost, resource allocation, accountability, and the community
2.3 Health care trends and barriers across the continuum of care (e.g., extended care, acute hospital care, ambulatory care, home care)
2.4 Non-traditional settings and methods to improve access
   2.4.1 Hospital-at-Home
2.5 Patient-centered care
2.6 Social determinants of health
2.7 Community Social Services Relations
2.8 Telehealth impact and other emerging technologies
2.9 Value-based care models
   2.9.1 ACOs
2.9.2 Bundled payment models
2.9.3 Clinically integrated networks
2.9.4 Co-management agreements
2.9.5 MIPPS/MACRA
2.9.6 The transition from volume to value-based care implementation

3.0 Governance*
3.1 Health system governance structure (e.g., bylaws, articles of incorporation) and operations (e.g., board member selection, education, orientation, monitoring, and assessment)
  3.1.1 Board member conflicts of interest, dualities of interest
  3.1.2 Administrative staff conflicts of interest, dualities of interest
3.2 Health system governing board models, roles, and responsibilities, e.g.:
  3.2.1 Financial oversight (nonprofit vs. for-profit settings)
  3.2.2 Patient safety and assurance of the quality of care
  3.2.3 Preservation of assets, reputation, and risk management
  3.2.4 Statutory and regulatory compliance
  3.2.5 Strategic planning
3.3 Health system physician leader's role (e.g., CMO/VPMA) with board/institutional governance and medical staff
3.4 Medical staff structure and its relationship to governing bodies (e.g., board oversight of credentialing, privileging, employed vs. voluntary models, and disciplinary process)
3.5 Medical staff call obligations and compensation
3.6 Public policy, legislative, and advocacy processes
3.7 Philanthropic and investment processes
3.8 Organizational-level committee structure and participation
3.9 Management of single-entity versus federation of entities
3.10 Matrix management (e.g., medical group, health plan)
3.11 Coalition building
3.12 Managing competition (internal and external)
3.13 Interface to Medical Transport Systems
3.14 Foundational Model and Health System Direction

4.0 Health Care Policy, Law, and Advocacy*
4.1 Auditing
4.2 Clinician roles and qualifying criteria (e.g., administrative versus clinical)
4.3 CMS Conditions of Participation
4.4 Compliance and regulatory (e.g., antitrust, conflict of interest, EMTALA, Stark, billing, and coding)
4.5 Continual readiness for accrediting/regulatory organization inspection and compliance (e.g., TJC, ACGME, OSHA, FDA, NRC, CDC, state, federal/tribal accreditation/certification/licensure)
4.6 GME policies and accreditation requirements
4.7 Information security management (e.g., PHI, HIPAA, FOIA, the release of information)
4.8 Management of information security breaches
4.9 Medicare and Medicaid regulations
4.10 Other third-party payment regulations (e.g., PPO, HMO)
4.11 Patients' rights laws and regulations (e.g., informed consent, advance directives, involuntary commitments)
4.12 Regulatory reporting requirements
4.13 Research office leadership compliance and regulation (HIC, IRB, grants management)
4.14 Advocacy and engagement
  4.14.1 Lobbying entities
  4.14.2 Federal agencies (e.g., MedPac)
  4.14.3 Organized Health care (e.g., NQF, AHA, AMA, etc.)

5.0 Health Information Technology*
  5.1 Applications
  5.2 Clinical documentation auditing and improvement strategies (role of physician advisors)
  5.3 Compliance (e.g., HIPAA security requirements, HITECH Act meaningful use requirements)
  5.4 Data and equipment interoperability
  5.5 Data management
    5.5.1 Security breaches, malware, ransomware, etc.
    5.5.2 Ongoing innovation, maintenance
    5.5.3 Upgrading and conversions
  5.6 Decision support and alert fatigue
  5.7 Health care analytics
  5.8 Big data
  5.9 Augmented intelligence
  5.10 HIPAA
  5.11 HITECH Act meaningful use
  5.12 Information systems continuity and redundancy
  5.13 Physician and end-user engagement in IT strategies
  5.14 Technology lifecycles
  5.15 Technology policies and regulations
  5.16 Social media trends
  5.17 Workforce engagement and compliance with institutional systems

6.0 Human Resource Management and Workforce Development*
  6.1 Compensation and benefits practices
  6.2 Conflicts and dualities of interest (e.g., industry relationships)
  6.3 Conflict resolution and grievance procedures
  6.4 Diversity, inclusion, and equity strategies
  6.5 Employee safety, security, and health issues (e.g., OSHA, workplace violence)
  6.6 Employee satisfaction assessment, engagement, motivation, and career development tools
  6.7 Labor relations and laws (e.g., FMLA, FLSA, EEOC, ERISA, worker compensation)
  6.8 Performance management systems (e.g., performance-based evaluation, rewards systems, disciplinary policies, and procedures)
  6.9 Physician satisfaction assessment and engagement tools and techniques
  6.10 Recruitment and retention approaches and techniques
  6.11 Staffing models, productivity management, and the impact of changes on the quality of care
  6.12 Interprofessional care delivery teams
  6.13 Succession planning models
  6.14 Workforce cultural competency strategies
  6.15 Workforce wellness
  6.16 Burnout mitigation
  6.17 Impaired individuals
  6.18 Utilization and impact of external staffing agencies
7.0 Leadership in Patient Safety and Quality Improvement*

7.1 Benchmarking standards to define, monitor, and assure evidence-based, efficient, timely, appropriate, cost-effective, equitable, patient-centered care

7.2 High-reliability care organizational (HRO) principles, tools, and monitoring processes (e.g., error reduction, serious safety event and near-miss reporting, just culture, root cause analysis, regulatory safety event reporting requirements, corrective action plans, and error disclosure)

7.3 Performance standard-setting, documentation, measurement, and monitoring (e.g., evidence-based clinical pathways, value-based care, population health, pay-for-performance, patient satisfaction)

7.4 Principles of patient safety, methods, and legal aspects of medical staff credentialing and peer review, including OPPE and FPPE

7.5 Process and quality improvement principles, measurement tools, and techniques (e.g., plan-do-study-act, lean daily management, Six Sigma)

7.6 Quality program leadership, strategic planning, operations, and financing

7.7 Risk management principles and programs (e.g., insurance, education, workplace safety, injury management, patient complaints, patient and staff safety, and security)

7.8 Utilization review and leadership of case management teams

7.9 Education in identifiable gaps in system-based practice

7.10 Longitudinal understanding of the system-wide organizational structure

7.11 Community initiatives (e.g., violence prevention)

7.12 External agency engagement (e.g., NAHQ, AHRQ, NAM, etc.)

8.0 Organizational Leadership and Communication Skills*

8.1 Clinical operational leadership for interprofessional teams across the continuum (e.g., planning, direction, execution, evaluation) for:

8.1.1 Ancillary services (e.g., lab, radiology, pharmacy)

8.1.2 Providers (e.g., nonprofit, for-profit, federal, public health)

8.1.3 Support services (e.g., the environment of care, plant operations, materials management, supply chain management, hospitality services)

8.2 Collaborative techniques for engaging and working with physicians

8.3 Contingency planning (e.g., emergency preparedness, disaster management, National Incident Management System)

8.4 Organizational systems (e.g., span of control, chain of command, interrelationships of organizational units)

8.5 Principles of media relations, advertising, social media, and community relations

8.6 Resource allocation methods and related conflict management

8.7 Team Leadership

8.7.1 Change management

8.7.2 Conflict resolution

8.7.3 Diversity, equity, and inclusion

8.7.4 Emotional intelligence

8.7.5 Group dynamics

8.7.6 Interpersonal communication

8.7.7 Organizational culture development and resources

8.7.8 Public relations and media

8.7.9 Risk communication

8.7.10 Situational leadership skills

8.7.11 Team building

8.7.11.1 Assembly
8.7.11.2 Development

9.0 Professionalism and Ethics*

9.1 Conflict of interest issues and solutions as defined by organizational bylaws, policies, and procedures (futile care)
9.2 Consequences of unethical actions
9.3 Cultural and spiritual diversity of patients and staff as relates to health care needs
9.4 Patient-centered care and shared decision making
9.5 Ethical implications of human- or animal-subject research
  9.5.1 Research enterprise initiatives
9.6 Ethics committees' roles, structure, and functions
9.7 Patients' rights and responsibilities (e.g., informed consent, withdrawal of care, advance directives)
9.8 Professional standards, licensure, board certification, code of conduct
9.9 Educational program integration and continuing education
  9.9.1 Staff
  9.9.2 Medical Professionals
9.10 Role modeling professionalism in the learning environment
9.11 Strategies for management of the disruptive physician
9.12 Organizational policies on misinformation
9.13 Medical marijuana