1. Business of Health Care

2023 HALM Core Content

* 1. Accounting principles, financial controls, P&L, and financial statements
	2. Business plan development (e.g., adding new services, return on investment)
	3. Capital budgeting and asset management (e.g., funding sources, long-term implications of capital planning, such as depreciation)
	4. Contracts legal and financial implications
	5. Financial decisions' impact on operations, health care, human resources, and quality of care
	6. Fundamental productivity measures (e.g., hours per patient day, cost per patient day, units of service per labor hour)
	7. Funding sources (e.g., issuance of bonds, philanthropy, grants, and foundations)
	8. GME reimbursement models and associated regulatory/compliance law (e.g., IME, DME)
	9. Interpretation of marketing data (e.g., market analysis, market research, sales, advertising)
	10. Methods for determining community gaps/need for health care services (community need)
	11. Methods for determining the fair market value for services provided (clinical, academic affiliations, teaching, or research)
	12. Negotiation strategies and techniques
	13. Operating budget principles (e.g., fixed vs. flexible, zero-based, variance analysis, contribution margin)
	14. Prioritization of capital resources and associated conflict resolution
	15. Reimbursement methodologies (e.g., academic, managed care models, federal/state matching, value-based, fee-for-service, risk-based)
	16. Centers for Medicare and Medicaid payer-based models
	17. Revenue generation (e.g., billing, coding, new ways to generate revenue, pricing strategies, and transparency)
	18. Stark, antitrust, and kickback laws related to physician services
	19. Mergers and acquisitions
	20. Vendors and payor relations
	21. Contract and vendor sourcing
	22. Business community relations
	23. Advertising and marketing
	24. Taxation law
	25. Collaborating with competitors
1. Care Innovation, Health Equity, and Population Health\*
	1. Health disparities
	2. Health care access, quality, cost, resource allocation, accountability, and the community
	3. Health care trends and barriers across the continuum of care (e.g., extended care, acute hospital care, ambulatory care, home care)
	4. Non-traditional settings and methods to improve access
		1. Hospital-at-Home
	5. Patient-centered care
	6. Social determinants of health
	7. Community Social Services Relations
	8. Telehealth impact and other emerging technologies
	9. Value-based care models
		1. ACOs
		2. Bundled payment models
		3. Clinically integrated networks
		4. Co-management agreements
		5. MIPPS/MACRA
		6. The transition from volume to value-based care implementation
2. Governance\*
	1. Health system governance structure (e.g., bylaws, articles of incorporation) and operations (e.g., board member selection, education, orientation, monitoring, and assessment)
		1. Board member conflicts of interest, dualities of interest
		2. Administrative staff conflicts of interest, dualities of interest
	2. Health system governing board models, roles, and responsibilities, e.g.:
		1. Financial oversight (nonprofit vs. for-profit settings)
		2. Patient safety and assurance of the quality of care
		3. Preservation of assets, reputation, and risk management
		4. Statutory and regulatory compliance
		5. Strategic planning
	3. Health system physician leader's role (e.g., CMO/VPMA) with board/institutional governance and medical staff
	4. Medical staff structure and its relationship to governing bodies (e.g., board oversight of credentialing, privileging, employed vs. voluntary models, and disciplinary process)
	5. Medical staff call obligations and compensation
	6. Public policy, legislative, and advocacy processes
	7. Philanthropic and investment processes
	8. Organizational-level committee structure and participation
	9. Management of single-entity versus federation of entities
	10. Matrix management (e.g., medical group, health plan)
	11. Coalition building
	12. Managing competition (internal and external)
	13. Interface to Medical Transport Systems
	14. Foundational Model and Health System Direction
3. Health Care Policy, Law, and Advocacy\*
	1. Auditing
	2. Clinician roles and qualifying criteria (e.g., administrative versus clinical)
	3. CMS Conditions of Participation
	4. Compliance and regulatory (e.g., antitrust, conflict of interest, EMTALA, Stark, billing, and coding)
	5. Continual readiness for accrediting/regulatory organization inspection and compliance (e.g., TJC, ACGME, OSHA, FDA, NRC, CDC, state, federal/tribal accreditation/certification/licensure)
	6. GME policies and accreditation requirements
	7. Information security management (e.g., PHI, HIPAA, FOIA, the release of information)
	8. Management of information security breaches
	9. Medicare and Medicaid regulations
	10. Other third-party payment regulations (e.g., PPO, HMO)
	11. Patients' rights laws and regulations (e.g., informed consent, advance directives, involuntary commitments)
	12. Regulatory reporting requirements
	13. Research office leadership compliance and regulation (HIC, IRB, grants management)
	14. Advocacy and engagement
		1. Lobbying entities
		2. Federal agencies (e.g., MedPac)
		3. Organized Health care (e.g., NQF, AHA, AMA, etc.)
4. Health Information Technology\*
	1. Applications
	2. Clinical documentation auditing and improvement strategies (role of physician advisors)
	3. Compliance (e.g., HIPAA security requirements, HITECH Act meaningful use requirements)
	4. Data and equipment interoperability
	5. Data management
		1. Security breaches, malware, ransomware, etc.
		2. Ongoing innovation, maintenance
		3. Upgrading and conversions
	6. Decision support and alert fatigue
	7. Health care analytics
	8. Big data
	9. Augmented intelligence
	10. HIPAA
	11. HITECH Act meaningful use
	12. Information systems continuity and redundancy
	13. Physician and end-user engagement in IT strategies
	14. Technology lifecycles
	15. Technology policies and regulations
	16. Social media trends
	17. Workforce engagement and compliance with institutional systems
5. Human Resource Management and Workforce Development\*
	1. Compensation and benefits practices
	2. Conflicts and dualities of interest (e.g., industry relationships)
	3. Conflict resolution and grievance procedures
	4. Diversity, inclusion, and equity strategies
	5. Employee safety, security, and health issues (e.g., OSHA, workplace violence)
	6. Employee satisfaction assessment, engagement, motivation, and career development tools
	7. Labor relations and laws (e.g., FMLA, FLSA, EEOC, ERISA, worker compensation)
	8. Performance management systems (e.g., performance-based evaluation, rewards systems, disciplinary policies, and procedures)
	9. Physician satisfaction assessment and engagement tools and techniques
	10. Recruitment and retention approaches and techniques
	11. Staffing models, productivity management, and the impact of changes on the quality of care
	12. Interprofessional care delivery teams
	13. Succession planning models
	14. Workforce cultural competency strategies
	15. Workforce wellness
	16. Burnout mitigation
	17. Impaired individuals
	18. Utilization and impact of external staffing agencies
6. Leadership in Patient Safety and Quality Improvement\*
	1. Benchmarking standards to define, monitor, and assure evidence-based, efficient, timely, appropriate, cost-effective, equitable, patient-centered care
	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)
	3. Performance standard-setting, documentation, measurement, and monitoring (e.g., evidence-based clinical pathways, value-based care, population health, pay-for-performance, patient satisfaction)
	4. Principles of patient safety, methods, and legal aspects of medical staff credentialing and peer review, including OPPE and FPPE
	5. Process and quality improvement principles, measurement tools, and techniques (e.g., plan-do-study-act, lean daily management, Six Sigma)
	6. Quality program leadership, strategic planning, operations, and financing
	7. Risk management principles and programs (e.g., insurance, education, workplace safety, injury management, patient complaints, patient and staff safety, and security)
	8. Utilization review and leadership of case management teams
	9. Education in identifiable gaps in system-based practice
	10. Longitudinal understanding of the system-wide organizational structure
	11. Community initiatives (e.g., violence prevention)
	12. External agency engagement (e.g., NAHQ, AHRQ, NAM, etc.)
7. Organizational Leadership and Communication Skills\*
	1. Clinical operational leadership for interprofessional teams across the continuum (e.g., planning, direction, execution, evaluation) for:
		1. Ancillary services (e.g., lab, radiology, pharmacy)
		2. Providers (e.g., nonprofit, for-profit, federal, public health)
		3. Support services (e.g., the environment of care, plant operations, materials management, supply chain management, hospitality services)
	2. Collaborative techniques for engaging and working with physicians
	3. Contingency planning (e.g., emergency preparedness, disaster management, National Incident Management System)
	4. Organizational systems (e.g., span of control, chain of command, interrelationships of organizational units)
	5. Principles of media relations, advertising, social media, and community relations
	6. Resource allocation methods and related conflict management
	7. Team Leadership
		1. Change management
		2. Conflict resolution
		3. Diversity, equity, and inclusion
		4. Emotional intelligence
		5. Group dynamics
		6. Interpersonal communication
		7. Organizational culture development and resources
		8. Public relations and media
		9. Risk communication
		10. Situational leadership skills
		11. Team building
			1. Assembly
			2. Development
8. Professionalism and Ethics\*
	1. Conflict of interest issues and solutions as defined by organizational bylaws, policies, and procedures (futile care)
	2. Consequences of unethical actions
	3. Cultural and spiritual diversity of patients and staff as relates to health care needs
	4. Patient-centered care and shared decision making
	5. Ethical implications of human- or animal-subject research
		1. Research enterprise initiatives
	6. Ethics committees' roles, structure, and functions
	7. Patients' rights and responsibilities (e.g., informed consent, withdrawal of care, advance directives)
	8. Professional standards, licensure, board certification, code of conduct
	9. Educational program integration and continuing education
		1. Staff
		2. Medical Professionals
	10. Role modeling professionalism in the learning environment
	11. Strategies for management of the disruptive physician
	12. Organizational policies on misinformation
	13. Medical marijuana