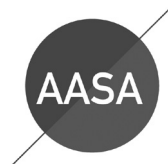


MANAGEMENT IN HEALTHCARE

A PEER-REVIEWED JOURNAL

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Aims and Scope

Management in Healthcare is the major professional journal publishing in-depth, peer-reviewed articles and case studies on leadership, administration and management in healthcare.

Each quarterly 100-page issue features detailed, practical articles which cut through the deluge of information facing healthcare management professionals to showcase the latest thought leadership in how to deliver more with less resources while at the same time improving healthcare quality, along with actionable advice and 'lessons learned' from fellow healthcare managers to put that strategy into practice. It does not publish advertising but rather detailed analysis of new thinking and practice at a wide range of healthcare providers worldwide for readers to benchmark their organisation against, with every article being peer-reviewed by an expert Editorial Board to ensure that it focuses on the healthcare manager's perspective, the challenges they face and how they can tackle them.

Articles address key topics including:

- Administration and operations
- Healthcare finance and financial management
- Governance, risk and compliance
- Healthcare regulation
- Healthcare marketing, communications and media relations
- Procurement and supplier relationships
- Digital healthcare
- Human resources and training
- Information technology and records management
- Healthcare insurance
- Revenue management and collection

Management in Healthcare provides a peer-reviewed forum for the publication of articles, case studies, applied research, expert comment and analysis on the key management issues impacting healthcare providers. In so doing it seeks to:

- Expand and disseminate the body of knowledge in healthcare management, leadership and administration
- Encourage the exchange of ideas, information and experiences between healthcare management professionals

- Identify emerging trends and new or innovative thinking and practice
- Publish new and original ideas on research, policy and management relevant to healthcare providers
- Facilitate cooperation and exchange of ideas between professionals and researchers in the field
- Inform and promote the debate between healthcare providers and government and regulators, as well as other stakeholders in the industry
- Promote professional excellence in healthcare management that supports employability and career development.

SUBMISSIONS

The Editorial Board welcomes the submission of articles, papers, case studies, reviews and other contributions which develop understanding of the practice, systems and theory of management in healthcare. All contributions will be peer-reviewed and should be submitted by email in Microsoft Word format. Details of the author's affiliation should be given.

Enquiries concerning submissions should be sent to: Simon Beckett, Publisher, at simon@hspublications.co.uk. Full guidance notes for authors are regularly published at the back of each issue of the Journal as well as being available on the Journal's website: <http://www.henrystewartpublications.com/mih/>.

SUBSCRIPTIONS

The annual subscription for Volume 4 (consisting of four issues) is US\$340 for subscribers in North America, £225 in Europe and £240 in the rest of the world. Prices include postage and packaging. Rates and discounts for multiple subscriptions and multi-user licences are available on request.

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Editorial

This issue's case study section begins with a paper by Natalie McCall, Accountable Care Organization Program Director for Blue Cross Blue Shield of Louisiana and Shunn Phillips, Chief Financial Officer, Chief Operating Officer and Compliance Officer at The Baton Rouge Clinic. Natalie and Shunn who provide an inside view of their organisations' collaboration in a new type of relationship, moving away from fee-for-service to value-based reimbursement. The detailed lessons they draw from this relationship can be applied to health plans, providers and relationships of all shapes and sizes in their pursuit of improving quality and lowering cost.

Carla D'Angelo, Vice President, Anush Gevorgyan, Director of COPE Health Solutions and Adam Goldstein, Director at Montefiore Health System then provide a great paper for healthcare professionals seeking to understand programmes in the US like the Delivery System Reform Incentive Payment (DSRIP) Program which are intended to help drive the cost management paradigm towards value-based purchasing. They consider how new healthcare organisations are creating long-term sustainable models to carry forth the programme's goals.

Alistair Steel, Consultant Anaesthetist and Shrestha Sinha, Specialty Doctor at Queen Elizabeth Hospital NHS Foundation Trust give us an excellent case study on how the implementation of an electronic booking system for emergency surgery versus a paper one can improve quality and patient safety. Readers will be pleased to see that Alistair and Shrestha review not only the business case for the purchase and implementation of the system, but also the practical challenges that were encountered as a result of the change and the areas that could not be improved with the new system. Our

Editorial Board felt that this initiative would be valuable for others to replicate.

Dave Lingerfelt and James Dockins of the Healthcare Leadership programme at Rockhurst University show how geographic information systems, spatial data visualisations and operational metric visualisations can be used at the local level to facilitate improved decision making when assessing key operating metrics and current and future medical clinic locations. Drawing on a data set from a specialty medical care provider with multiple clinical locations across a major metropolitan area, they demonstrate the value of incorporating a systematic approach to embedding spatial data visualisation tools into the strategic planning process so that medical clinic operators can make more informed decisions about optimal locations for clinics.

The excellent paper by the team of authors led by Jodi L. Grimm, Unit Manager, Department of Management Engineering & Internal Consulting at Mayo Clinic explores the application, effectiveness, and challenges of creating a shared service organisation in a fast-paced, dynamic environment, which will be of particular value to health systems and other types of organisations that are growing horizontally and vertically, especially as the industry in the US continues with consolidation, mergers and acquisitions. Their guidance on creating a shared services organisation for a professional support team will be of particular interest.

Our practice paper section starts with a valuable review of innovative programmes to help patients successfully engage in the financial process from pre-service to final billing. Shannon Dauchot, CEO of the Revenue Cycle Point Solutions Division at Parallon, Kevin Adams, Director of Revenue Cycle at Anderson Regional Health System, Angela Taylor, Regional Vice President

of HCA Healthcare and Kevin Fleming, CEO at Loyale Healthcare assess how both national and regional organisations are applying automation, optimised workflows and dedicated patient teams to improve transparency and communicate more personally with patients as they make important financial decisions. They explore how to leverage processes, technology and automation to give patients the full financial picture, access to affordability tools and the ability to self-serve.

In a timely and informative paper, Susan C. Bleasdale, MD of the Section of Infectious Diseases at University of Illinois at Chicago evaluates why, in the current environment of value-based care, an alternative financial model is needed. Susan shows how much of this can be done through positioning the right physician leaders (i.e. infectious disease trained) in patient safety and risk mitigation for a cost avoidance model to sustain revenue stability.

Readers will find the paper by Jose R. Masip, Doctor of Health Administration and Louise Underdahl, Doctoral Instructor, College of Doctoral Studies, University of Phoenix especially useful, notably for physician led organisations that are trying to reduce readmissions. They scrutinise international experiences for reducing hospital readmissions and seek to fill this gap by proposing a transitions-of-care-coordination framework which promotes the

consolidation and standardisation of a series of organisational, financial, and managerial initiatives and becomes the first step towards the development, implementation, and evaluation of transitions-of-care programmes in multi-player health systems. They summarise key general strategies for the design of a transitional health programme, the necessary tools, metrics, processes, and procedures to operationalise the concept, and the likely challenges to its implementation.

Finally, Jay Sutton, consulting principal and Ron Wolf, consulting senior manager at Crowe identify what healthcare organisations should be focusing on to drive reimbursement, as well as how to understand different reimbursement methodologies to make sure they do not miss Medicare and Medicaid reimbursement opportunities. They provide telling insight into audits and offer valuable strategies in this important field.

We hope you enjoy reading this issue and would, as always, value any feedback you might have. If you are interested in submitting a paper or case study to a future issue please don't hesitate to contact me at the address below. We look forward to hearing from you.

Simon Beckett

Publisher

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