| Practice Management | | |
|---|--|---|
| Review of practice administration role and responsibilities Facility, operational, and time | Employee handbook and business policies Administration of medical records | Terminating the patient-provider relationship Risk management and quality |
| Employee relations, laws, and guidelines | and patient relationsLabor regulations and reporting requirements | Sexual harassment, discrimination, and substance abuse |
| Personnel Management | | |
| Creating effective job descriptions, interviewing, and hiring tips | Proper maintenance of employee personnel files (eg, Form I-9) | Physician and staff retention and motivation |
| Team building and managing conflicts | Goal setting and conducting effective staff meetings | Coping strategies for difficult employees |
| Handling staff grievances, evaluations, and performance issues | • Termination procedures and the exit interview | Leadership vs management |
| • Compensation and benefits packages that attract talent and minimize turnover | | |
| Financial Management | | |
| • Financial planning, calculations, and controls | Accounts receivable, status, and activity reporting | Maximizing cash flow and controllin overhead |
| Examining contracts and fee schedule Patient education, verification, and | Developing and maintaining a budget Revenue and cost accounting | Cost analysis, forecasting, and new revenue streams |
| collections procedures | | |
| Compliance Requirements | | |
| MACRA and the Quality Payment Program | Implementing the OIG's recommended compliance program | Identifying and controlling the risk for medical identity theft |
| HIPAA and OSHA compliance | Policies and procedures that inhibit fraud/abuse | Legal protections, risk managemen and compliance checklists |
| Managed Care Delivery System | | |
| Physician credentialing and privileging Payer contract evaluation, negotiation, and termination Calculating the right patient-payer mix for your office Physician Utilization Committee review process | Utilization control techniques HMO, IPA, MSO, and PPO definition, purpose, and analysis Assigning an internal managed care coordinator Health insurance exchanges | Value-based care and quality metric Coordination of benefits ACOs and Patient-Centered Medica Homes |

Maintenance Organization; IPA, Independent Practice Association; MACRA, Medicare Access and CHIP Reauthorization Act; MSO, Management Services Organization; OIG, Office of Inspector General; OSHA, Occupational Safety and Health Administration; PPO, Preferred Provider Organization.

| Table 2 | Overview of Bu | isiness of Oncology Cour | Se | |
|---|----------------|--|--|--|
| Business of Oncology | | | | |
| Population h Provider con Precision m Telehealth | 0 | GPOs and pharmaceutical contracting Clinical trials Provider-based billing 340B Drug Pricing Program Revenue cycle management Overcoming reimbursement challenges | Nurse navigators Palliative care in the oncology setting Survivorship clinics and palliative care USP requirements Advocacy and the patient experience | |

GPOs indicates Group Purchasing Organizations; USP, US Pharmacopeial Convention.