

SECOND EDITION

MANAGEMENT IN PHYSICAL THERAPY PRACTICES

Catherine G. Page



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F.A. Davis Company • Philadelphia

F. A. Davis Company
1915 Arch Street
Philadelphia, PA 19103
www.fadavis.com

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Printed in the United States of America

Last digit indicates print number: 10 9 8 7 6 5 4 3 2 1

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To all physical therapists who as the voices of the profession in healthcare organizations take on managerial responsibility for quality patient care.

PREFACE

The content of most textbooks is perishable, but the tools of self-directness serve one well over time.

Albert Bandura

Like the authors of many texts, I was driven by my professional experiences to write the first edition of this book. Particularly challenging in my broad range of clinical experiences as a physical therapist and department head, mixed with academic experiences as teacher and program director, were my managerial responsibilities. Equally challenging has been teaching management courses to physical therapy students. The management course is rarely considered the highlight of one's professional education. Sparking students' interest in the course is often an important first step.

I used the first edition of this text to teach a newly created management course and as a new text in a well-developed course. As expected, there were things that I thought should be improved in the format and organization of the text, and there were things that already needed to be updated because of the rapid changes in the healthcare policies and organizations in the United States. The need for a second edition was evident so that the content could be presented more effectively and clearly. A second edition is also an opportunity to bring the content up to date, and to provide new resources for accurate and relevant information for current managers and students of physical therapy management.

Since the first edition, some things have *not* changed. Many physical therapists continue to transition easily and successfully from clinical to managerial positions. More often than not, however, other physical therapists (and many students) seem to be willing to go to any means to avoid management because of their commitment and interest in direct patient care, or perhaps a fear of the unknown. The second edition continues to recognize that management responsibilities are complex, not for everyone, and remain important for clinicians

to understand their work beyond the direct patient care they provide.

The second edition continues to provide an introduction to the physical therapist as manager for those whose career plans are to intentionally seek management positions in any healthcare setting. It also provides the reluctant manager or student an opportunity to view the broad range of possibilities for physical therapists as managers that they might not consider otherwise. As clinicians they will be better prepared to see work-related issues from the perspective of the boss or corporate demands.

This text is intended to serve as a springboard for the discussion of the physical therapist as manager across all healthcare settings rather than a "how-to" on management. Ideally, the text will provoke conflicting opinions and opposing views so that readers practice making important management decisions with no clear, black-and-white guidelines. The management activities are based on my real-life experiences in a wide variety of healthcare settings—either direct work experiences or discussions with other managers who have shared their experiences. Some of the actual decisions made in these situations had positive outcomes; others did not. Through discussions with others while working on these activities, readers have the opportunity to reflect on the decisions they would make in these situations from different perspectives. There are no hard and fast correct answers. The objective is to develop the ability to weigh the pros and cons of important decisions that impact the care of patients through the management of the work in physical therapy practices.

In addition to the management activities, in this edition, Web resources have been organized into lists at the ends of the chapters. These resources present the opportunities to add depth and breadth to topics during learning activities. They are also the tools for self-directed investigation and up-to-date information for learners after the course is completed so that their practices may remain current.

Although reorganized, the chapters in Section 1 of the second edition continue to lay the foundation for understanding the complexity of healthcare organizations, the culture and business of healthcare, the role of managers and leaders in these organizations, and managerial challenges for the physical therapy profession. Selected contemporary healthcare issues are presented, which include workforce diversity, the culture of physical therapy, the leadership-management continuum, the Affordable Care Act, and reimbursement for payment for physical therapy services. Readers are asked to examine their current views on management as a career goal. Appendix 1 was added to present a brief history of theories of management, leadership, and organizations.

Each chapter in Section 2 addresses one of the core areas of responsibility of healthcare managers, which include vision, mission, goals; policies and procedures; marketing; staffing; patient care; fiscal; legal, ethical, and risk management; and communication. A simplified model for strategic planning is presented and employed throughout the text to develop managerial decision-making skills. For example, in one of the activities, students are asked: *What should the team do? Consider: Where are they now? Where do they want to be? What do they have to work with? How will they get there?* The activities in these chapters provide opportunities to explore each area of managerial responsibility in more depth. These chapters may stand alone with activities to apply concepts. The “*Time-Out for . . .*” activities in Section 2 chapters serve as the tools needed for the potential development of a business

plan, feasibility study, or program proposal. To assist learners, new outlines for the preparation of these documents are found in Appendix 2.

Each chapter in Section 3 addresses management of physical therapy in a different setting—long-term care, outpatient centers, special education units in schools, home health agencies, and hospitals. The importance of the management of multidisciplinary rehabilitation units is addressed. Each chapter in Section 3 is divided into two parts. Part 1 addresses contemporary issues found in a particular setting. Part 2 identifies issues in each of the eight areas of managerial responsibility presented. At the end of each chapter are numerous activities that provide the opportunity to develop managerial decisions using a strategic planning tool to guide readers in their decision-making.

The style of the text is to present complex management concepts in a user-friendly, interactive format that reflects the real world of contemporary physical therapy practice through interesting activities. I would be pleased if these learning experiences lead to physical therapists who seek for themselves the latest and most important information about healthcare organizations, policies, and the responsibilities of managers. My hidden agenda is that the number of physical therapists who are eager to seek out management positions increases. It is important to their careers and it is important to our profession that we expand this aspect of professional practice. I hope that readers have the same wonderful career that I have had because I have been a manager.

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CONTENTS

SECTION 1

CONTEMPORARY ISSUES IN HEALTHCARE MANAGEMENT 1



Becoming a Healthcare Manager 2

Management Opportunities	2
Novice Physical Therapists as Managers	3
Health Leadership Competency Model (HLCM)	3
Transitioning From Patient Care to Management	5
Formal Graduate Management Education	6
Mentoring	7
Managers in Large Healthcare Organizations	7
Management in Other Healthcare Settings	8
People Management Skills	8
Keeping People Happy	9
Integrity and Trust	9
A Manager's Sense of Perspective	10
A Manager's Industriousness	10
A Manager's Horizontal Communication	11
A Manager's Vertical Communication	12
Other Contemporary People Management Issues	14
The Nature of Work	14
Workforce Diversity	14
Financial Issues for Mid-Level Managers	15
Managers and Patients	16
Executive Managers in Healthcare	16
The Future of Physical Therapists as Managers	18
Conclusions	20



Managers and Leaders in Contemporary Healthcare Organizations 21

Introduction	21
An Organizational Continuum	22

Leaders and Managers	23
Leader-Manager Continuum	23
Followers	24
What Do Leaders Do?	25
Lateral Leaders	25
Who Are Leaders?	26
Female Leaders	26
Who Is a Manager?	27
What Do Managers Do?	29
Competing-Values Framework	29
Span of Control	31
Organizational Culture	32
Research on Organizational Culture	32
Intercultural Communication in Organizations	33
In-Groups and Out-Groups	34
Organizational Socialization	35
Formal and Informal Socialization	35
Importance of Socialization in Organizations	36
Conclusions	37



Healthcare Organizations 39

Introduction	39
The Healthcare Challenge	39
Meeting the Challenge	40
Accountable Care Organizations	41
Patient-Centered Medical Homes	41
U.S. Healthcare Complexity: The Players	42
More Complexity: Public and Private Healthcare Organizations	43
Even More Complexity: Executives, Physicians, and Boards	44
Boards of Directors	45
Healthcare Organizational Ethics	46
Access, Quality, and Costs	46
The National Coalition on Healthcare (NCHC)	47
Institutes of Medicine (IOM)	47
The Joint Commission	48
The Commonwealth Fund	48
Conclusions	49

4 Introduction to Healthcare as a Unique Insurance-Based Business 51

Introduction	51
Patients' Perspective	51
Employers' and Employees' Perspective	53
Workers' Compensation	53
Providers' Perspective	54
Insurers' Perspective	55
Government-Supported Healthcare Insurance	55
Federal Entitlement Programs	56
Medicare	56
Other Medicare Beneficiary Expenses	57
Medical Necessity	57
Medicaid—A Federal/State Entitlement Program	57
Other Medicaid Beneficiaries	58
Children's Health Insurance Program (CHIP)	58
Individuals With Disabilities Education Act (IDEA) and Individuals With Disabilities Education Improvement Act (IDEIA)	58
The Uninsured and Underinsured	58
The Future	60
Title I. Quality, Affordable Healthcare for All Americans	60
Title II. The Role of Public Programs	60
Title III. Improving the Quality and Efficiency of Healthcare	60
Title IV. Prevention of Chronic Disease and Improving Public Health	60
Title V. Healthcare Workforce	61
Title VI. Transparency and Program Integrity	61
Title VII. Improving Access to Innovative Medical Therapies	61
Title VIII. Community Living Assistance Services and Supports Act (CLASS Act)	61
Title IX. Revenue Provisions	61
Title X. Strengthening Quality, Affordable Care	61
Essential Health Benefits	61
Conclusions	63

SECTION 2

RESPONSIBILITIES OF THE HEALTHCARE MANAGER 65

5 Responsibilities for Vision, Mission, and Goal Setting 68

Overview	68
Visions	70
Mission Statements	71
Broader Healthcare Mission Statements	72
Value Statements	73
Goal Setting	74
A Manager's Responsibility	75

6 Responsibilities for Policies and Procedures 78

Overview	78
Usefulness of Policies and Procedures	78
Basic Principles of Policies and Procedures	79
Preparing Policies and Procedures	79
Policies	79
Procedures	80
Other Organizational Documents	81
A Manager's Responsibility	81

7 Marketing Responsibilities 84

Overview	84
One View of Marketing	85
Inbound Marketing	85
Target Markets	85
Product Demand and Clarification	86
Competition	87
Benchmarking	87
The SWOT Strategy	88

- Outbound Marketing 88
 - Branding 88
 - Selecting Outbound Marketing Tools 88
 - Marketing Physicians and Others 89
- Social Marketing 90
- A Manager's Responsibility 90

8

Staffing Responsibilities 92

- Overview 92
- Staff Mix 93
 - Job Analysis 93
 - Types of Employees 93
- Job Descriptions 95
 - Preparation of Job Descriptions 95
- Compensation and Benefits Costs 96
- Staff Recruitment 96
- Hiring 97
 - The Interview 98
 - The Hire 99
 - Orientation 99
 - Employee Retention 99
- Productivity 100
- Evaluation of Staff Performance 101
 - Ongoing Feedback 101
- Staff Development 102
- Employment Law and Related Issues 103
 - Grievances 103
 - Background Checks and Other Credentials 103
- Managerial Responsibilities 103

9

Responsibilities for Patient Care 106

- Overview 106
- Managing Professionals 106
 - Needs of Professionals 106
 - Work Stress 107
 - The Big Picture 107
- Utilization Management and Case Management 107
 - Utilization Management 107
 - Case Management 109
- Quality Care in Healthcare Organizations 109
- Patient Satisfaction 111
 - Guest Relations and Patient Satisfaction 112
- Patients' Rights and Responsibilities 113
 - State Laws 113
 - Federal Laws 113

- Patient Portability and Affordable Care Act (ACA) of 2010 114
- A Manager's Responsibility 114

10

Fiscal Responsibilities 116

- Overview 116
- Assets, Liabilities, and Net Worth 117
 - Real Property Assets 117
 - Location 118
 - Equipment Assets 118
 - Depreciation 118
 - Equipment Choices 119
- Costs 119
 - Kinds of Costs 119
 - Direct Labor Costs 120
 - Scheduling 120
 - Indirect Costs 121
 - Other Cost Determinations 121
- Revenue (Income) 122
 - Payer Mix 122
 - Co-Payments and Deductibles 123
 - Contract Negotiation 124
 - Additional Revenue 124
- Reimbursement Challenges 125
 - Coding and Billing 125
 - CPT Codes 126
 - Values of CPT Codes 126
- Other Financial Considerations 127
- Budgets 127
- Other Financial Tools 128
 - Break-Even Point 128
 - Determining Total Start-Up and Initial Operational Costs 130
 - Cash Flow 131
 - Expected Balance Sheet When in Full Operation 131
- A Manager's Responsibility 131

11

Risk Management, Legal, and Ethical Responsibilities 133

- Special Note 134
- Overview 134
- Hazard Risks 134
 - Hazardous Materials 135
- Market Risks 135
 - Cash Flow 136

Reputation Risks 136

Operations Risks 136

- Clinical Equipment and Other Furnishings 137
- Using Equipment 137
- Ergonomics 137
- Environmental Safety 137
- Security and Personal Safety 137
- Patient Care Safety 138
- Documentation 138
- Other Important Documents 140

Human Capital Risks 140

- Workforce Shortages 140
- Recruitment 140
- Hiring 141
- Employment 141
- Direction and Supervision 141
- Patient Rapport 142
- Professional Development 143
- Termination of Employment 143

Identifying Risks 143

- Incidents, Occurrences, and Sentinel Events 144

Analyzing Risks 145

Legal Responsibilities of Managers 146

- Contracts 147
- Torts 147
- Professional Malpractice 147
- Managers and Harm to Patients 148

Duties of Organizations 149

- Respondeat Superior* 149

Ethical Responsibilities of Managers 149

- Conflicts of Interest 150

A Manager's Responsibility 150

 **12**
Communication Responsibilities 157

Overview 157

Oral Communications 158

- Individual Meetings 158
- Informal Conversations 159
- Telephone Communications 159
- Conducting Business Meetings 160
- Group Presentations 161

Written Communication 161

- Memoranda and Letters 162
- E-communication (e-mail, text messages, tweets, and the like) 162
- Posted Announcements 163
- Reports 163

Overcoming Communication Hurdles 163


- Touchy Subjects 163
- Lack of Clarity 164
- Getting the Message Across 164
- Teamwork 164
- Listening 164
- Grapevines and Rumor Mills 165

Communication and Health Literacy 165

A Manager's Responsibility 166

SECTION 3

**MANAGEMENT IN SPECIFIC
 HEALTHCARE SETTINGS** 167

 **13**
**Management Issues in Long-Term
 Care** 169

Overview of Long-Term Care 170

Skilled Nursing Facilities (SNFs) 171

**Nursing Home Regulations and Quality
 Management** 173

- Omnibus Budget Reconciliation Act (OBRA) 173
- Regulatory Surveys 173
- Accreditation of Long-Term Care 174

**Unique Features of Physical Therapy Practice in
 Skilled Nursing Facilities** 174

The Care Team in Skilled Nursing Facilities 174

**Physical Therapists and Certified Nursing Assistants
 (CNAs)** 176

Physical Therapists and Family Education 176

Overview of Management in Long-Term Care 177

Management Responsibilities 178

- Mission, Vision, and Goals 178
- Policies and Procedures 179
- Marketing 179
- Staffing 179
- Supportive Personnel 180
- Patient Care 181
- Prospective Payment in Skilled Nursing
 Facilities 181
- Nursing Rehabilitation 182
- Fiscal 182
- Legal, Ethical, and Risk 184
- Communication 184

Conclusions 185

 **14**
Management Issues in Outpatient Centers 192

Overview of Outpatient Physical Therapy Licensure, Certification, Regulation, and Accreditation	193
Contemporary Outpatient Issues	194
Direct Access	194
Practice Without Referral	194
Self-Referral	195
Kickbacks	196
Use of the Term <i>Physical Therapy</i>	196
Reimbursement Limitations	197
Authorizations	197
Insurance Coverage for Rehabilitation Services	197
Alternative Income Sources	197
Unique Features of Physical Therapy Practice in Outpatient Settings	198
Types of Practices	198
Patient Outpatient Choices	198
Quality of Care	199
Patient Satisfaction	200
Overview of Management in Outpatient Centers	200
Hospital-Based Outpatient Services	201
Managerial Responsibilities	202
Mission, Vision, and Goals	202
Policies and Procedures	203
Professional Courtesies	203
Pro Bono Services	203
Marketing	204
Provider Networks	204
Staffing	204
Support Staff	205
Supervision of Students	205
Patient Care	205
Documentation	206
Fiscal	206
Legal, Ethical, and Risk	207
Communication	208
Verbal Orders	208
Peer Support	208
Caseload Models	209
Direction	209
Conclusions	209

 **15**
Management Issues in School-Based Services 216

Overview of School-Based Rehabilitation Services	217
The Individuals With Disabilities Education Act (IDEA) and the Individuals With Disabilities Education Improvement Act (IDEIA)	217
Least Restrictive Environment	217
The Individualized Education Plan	218
Other Parts of the Individuals With Disabilities Education Improvement Act (IDEIA)	218
Assistive Technology	219
Other Legislation Affecting Special Education	219
Unique Features of School-Based Physical Therapy Practice	220
Funding Sources	220
Salaries	221
Concurrent Community Services	221
Management of School-Based Physical Therapy	222
Management Responsibilities	223
Mission, Vision, and Goals	223
Policies and Procedures	223
Marketing	223
Staffing	224
Recruitment	224
Physical Therapist Assistants	225
Patient Care	225
Classroom Integration	226
Performance Evaluation	226
Fiscal	226
Legal, Ethical, and Risk	227
Role Release	227
Confidentiality	227
Communication	227
Informal Communication	228
Conclusions	228

16

Management Issues in Homecare Organizations 234

PART 1 THE CONTEMPORARY SETTING 235

- Overview of Home Care 235
- Types of Home Care 236
- The Family and Home Care 237
- Home Care and Public Policy 237
- Licensure, Certification, Regulation, and Accreditation 238
- Hospice and Rehabilitation 238
- Unique Features of Physical Therapy Practice in Home Care 239

PART 2 MANAGING IN HOME CARE 241

- Overview of Management in Home Care 241
- Management Responsibilities 242
 - Mission, Vision, and Goals 242
 - Policies and Procedures 242
 - Marketing 242
 - Staffing 243
 - Ride-Alongs 243
 - Physical Therapist Assistants 244
 - Patient Care 244
 - Durable Medical Equipment 245
 - Fiscal 245
 - Legal, Ethical, and Risk 246
 - Supervision 246
 - Safety 246
 - Fraud 246
 - Underuse 247
 - Admissions and Discharge 247
 - Communication 247
- Conclusions 248

17

Management Issues in Hospitals and Health Systems 254

PART 1 THE CONTEMPORARY SETTING 255

- Brief Overview of Hospitals and Health Systems 255
- Selected Issues in Inpatient Hospital Care 255
 - Growth of Hospitals 255
 - Healthcare Systems and Hospitalists 256
 - Academic Health Centers 256
 - Specialty Hospitals 257

- Rehabilitation Hospitals 258
- Post-acute Care 259
- Licensure, Certification, Regulation, and Accreditation 259
- Workforce Issues in Hospitals and Hospital Systems 260
 - Staffing Models 260
 - Program Management 260
 - Program Management and Physical Therapists 261
- Inpatient Acute Care and Physical Therapy 262
 - Physical Therapy in Other Types of Hospitals 262
 - Discharge Planning 264

PART 2 OVERVIEW OF MANAGEMENT IN HOSPITAL-BASED PRACTICES 264

- Contemporary Hospital Management and Physical Therapy 264
- Management Responsibilities 265
 - Mission, Vision, and Goals 265
 - Policies and Procedures 265
 - Evidence 265
 - Electronic Medical Records 266
 - Marketing 266
 - Community Interactions 266
 - Staffing 267
 - Job Satisfaction 267
 - Contingency Workers 267
 - Physical Therapist Assistants 267
 - Weekend and Holiday Staff 268
 - Patient Care 268
 - Fiscal 269
 - Legal, Ethical, and Risk 270
 - Treatment Cancellations 270
 - Communicable Diseases 271
 - Ethical Issues 271
 - Communication 271
- Conclusions 271

Appendix 1

A Brief History of Organizations, Leadership, and Management 281

Appendix 2

Outlines for Three Strategic Plans 284

Index 286

CONTEMPORARY ISSUES IN HEALTHCARE MANAGEMENT

The two ultimate responsibilities of mid-level healthcare managers are:

1. Identifying and implementing the means for professionals to provide quality care to each of their patients.
2. Contributing to the goals and protecting the interests of their organizations so that necessary resources for providing that care are available.

The balance and coordination of these responsibilities depend on the ability of managers and leaders to grasp the fundamentals of organizations, leadership, and management and to appreciate the unique business of healthcare.

The four chapters in this section of the text provide the context for the contemporary challenges facing physical therapists who are managers or who seek to become managers in any type of healthcare organization. First, the potential opportunities and career paths that can lead to mid-level and executive management positions in healthcare are defined. Questions about the roles of physical therapists as managers in healthcare organizations are raised for consideration by the physical therapy profession.

Next, with these possibilities and questions in mind, the management of the complex, changing nature of healthcare organizations in the United States is introduced. The cultures of different types of healthcare organizations and systems are explored in the context of their responsibilities to, and the expectations of, the communities they serve. Clarifying the differences between healthcare leaders and managers assists readers in understanding how the goals of healthcare organizations are achieved.

The third chapter introduces healthcare as a unique business that requires every manager to develop a comprehensive view of the interactions of the stakeholders in the U.S. healthcare system and their influence on the access, quality, and costs of patient care. The types of health insurance and the regulation of insurance are presented in Chapter 4.

For health professionals who are not managers, Section 1 provides information that may facilitate discussions between physical therapists and their managers as important questions are raised about work ethics and healthcare organizations.

LEARNING OBJECTIVES

MANAGEMENT OPPORTUNITIES

NOVICE PHYSICAL THERAPISTS AS MANAGERS

HEALTH LEADERSHIP COMPETENCY MODEL (HLCM)

TRANSITIONING FROM PATIENT CARE TO MANAGEMENT

Formal Graduate Management Education
Mentoring

MANAGERS IN LARGE HEALTHCARE ORGANIZATIONS

MANAGEMENT OF OTHER HEALTHCARE SETTINGS

PEOPLE MANAGEMENT SKILLS

Keeping People Happy
Integrity and Trust
A Manager's Sense of Perspective
A Manager's Industriousness
A Manager's Horizontal Communication
A Manager's Vertical Communication

OTHER CONTEMPORARY PEOPLE MANAGEMENT ISSUES

The Nature of Work
Workforce Diversity
Racial/Ethnic Diversity
Generation Gaps
Financial Issues for Mid-Level Managers
Managers and Patients

EXECUTIVE MANAGERS IN HEALTHCARE

THE FUTURE OF PHYSICAL THERAPISTS AS MANAGERS

CONCLUSIONS

REFERENCES

Becoming a Healthcare Manager

LEARNING OBJECTIVES

- Compare and contrast the qualifications of healthcare managers with prior clinical experience with those having academic degrees in some branch of management and no clinical experience.
- Discuss the pros and cons of career ladders that include formal managerial responsibilities.
- Determine the role of mentoring physical therapists (PTs) as they transition from clinical to managerial roles.
- Discuss the relationship of direct patient care skills and management skills of physical therapists, regardless of their job titles.
- Determine the typical responsibilities of mid-level and executive managers in healthcare settings.
- Determine the types of managerial opportunities across different types of healthcare organizations.
- Discuss the need for new managers to possess communication skills, a sense of perspective, and industriousness.
- Determine the need for and appropriateness of delegation.
- Distinguish between a manager's horizontal and vertical communication skills.
- Discuss contemporary issues presented to healthcare mid-level managers that affect patient care outcomes including the nature of work, a diverse workforce, planning, and financial reporting.
- Discuss the challenges to the physical therapy profession in defining and promoting the managerial role of physical therapists in healthcare organizations.

Management Opportunities

All healthcare organizations provide physical therapists with many opportunities to pursue a range of management roles. For example, physical therapists may:

- assume *all* managerial roles in businesses they own
- become frontline supervisors of a single practice within a large, national rehabilitation corporation

- manage several practices as area or regional managers in a large rehabilitation corporation
- manage units of large healthcare organizations
- manage rehabilitation field operations of staff who are not physically in the same locations in home-care organizations and school systems

As part of their professional development, physical therapists may rise through the levels of management in healthcare organizations. In all types of healthcare settings, even new graduates often take on the duties of a unit supervisor or a

team leader soon after graduation. Often, success in these positions quickly leads to promotions to mid-level management (positions that are typically defined as one level above the line workers and professionals and two levels below the CEO¹).

Physical therapists may move from their professional roles in patient care to their first managerial positions without much preparation for their new duties. It is certainly common for many organizations to identify “rising stars” from among their ranks for direct, front-line supervisory roles. These new supervisors are often expected to automatically transfer their strong patient care skills to practice management. They are typically successful because even novice physical therapists are prepared to solve unique problems, implement plans, and communicate effectively.

With this experience and additional managerial training or education, many supervisory physical therapists seek to move up to mid-level management. Healthcare organizations typically require that some mid-level managers, and their upper-level managers, have degrees in management rather than clinical experience. In fact, many of them offer in-house training or tuition deferment programs to encourage promotion from within their ranks of healthcare professionals.

Novice Physical Therapists as Managers

Recent research efforts have contributed new information about the healthcare managerial skills required for new physical therapist graduates. In one study, hospital-based, private practice, and academic physical therapists were asked to rank 75 managerial activities. All groups identified communication, financial control, resource allocation, entrepreneur, and leadership skills as the five most important categories for physical therapists in managerial positions. However, the groups differed significantly in their ranking of the activities.²

Another study was based on the finance, information management, networking, human resource management, operations, and planning and forecasting (FINHOP) model of administration and management. The model was derived from previous work called the leadership, administration, management, and professional (LAMP) model,³ and the six categories of administration

and management identified by Luedtke-Hoffman.⁴ The study, using the FINHOP model, determined the level of importance of 121 administration and management skills for new physical therapist graduates in 2010.⁵ Respondents were physical therapists in academic programs and in hospital-based and private clinical practices. There were no statistical differences among the responses of these subgroups.

Three expected levels of independence in the FINHOP management skills were identified. Expectations were that graduates would be most independent in those managerial skills that related most to direct patient care responsibilities, moderately independent in those skills related to organizational management, and least independent in skills related to the management of the organization within the larger environment.⁵

This study seemed to reflect the typical physical therapist career ladder of the past. New graduates have traditionally practiced managerial skills on a small scale within their zone of safety of direct patient care. Even with very little clinical experience, some PTs were then promoted to line supervisory positions with responsibility for small units in organizations or small freestanding practices within large corporations. As this group gained experience some PTs then moved into mid- and upper-level management positions with responsibilities reaching beyond physical therapy in healthcare organizations. Perhaps the only changes in this career path over the years have been the result of changes in healthcare organizations. For example, even line supervisory positions are more likely to include responsibility for interdisciplinary teams. Over the years, it also seems that more non-clinical managers have joined clinicians in mid-level and upper-level management positions in healthcare.

Health Leadership Competency Model (HLCM)

At the same time the FINHOP model was developing, the Healthcare Leadership Alliance (HLA) began an effort to define contemporary healthcare managers across clinical and non-clinical disciplines. The HLA is a consortium of six major professional membership organizations that offered certifications in management. A consensus process was used to agree on the following five competency

domains as common among all practicing health-care managers:⁶

1. Communication and relationship management
2. Professionalism
3. Leadership
4. Knowledge of the healthcare system
5. Business skills and knowledge

To take this effort a step further, an evidence-based, behavioral approach was taken to develop the Health Leadership Competency Model (HLCM).⁷ The HLCM begins with three major domains—transformation, execution, and people. The 26 competencies within the domains are listed in Sidebar 1.1. Like the FINHOP model, each HLCM competency has three to five levels for development and assessment of managers as they progress on their career ladders.

The individual physical therapist interacting with the individual patient remains the foundation of the profession, so it is reasonable that managerial expectations for new graduates also lie with direct patient care. Anecdotally, however, it appears that even within a year of graduation, new physical therapists face challenges that demand skills to address demands of a healthcare organization beyond patient interactions that are presented in the HLCM model.

Many health professionals ask themselves why anyone would want to be a healthcare manager. The complexity and challenges of the position can be daunting, but managers see the rewards in having a positive influence on the lives of many more patients and on the community at large. The work of managers is like multiplying the satisfaction of direct patient care a thousand-fold. Mid-level managers essentially influence a broader spectrum of patients and patient care as they accomplish the organization's goals through the work of others.

Adapting the work of others to anticipate or react to ongoing changes seems to be *the* standard operating procedure for healthcare. These ongoing work adaptations are often provoked by new market demands and technological advances, which challenge mid-level managers and make their work exciting and unpredictable.

An opportunity to demonstrate that there may be a better way to handle matters motivates many

SIDEBAR 1.1

HLCM Competencies⁷

Transformation—Visioning, energizing, and stimulating a change process that coalesces communities, patients, and professionals around new models of healthcare and wellness.

Achievement Orientation

Analytical Thinking

Community Orientation

Financial Skills

Information Seeking

Innovative Thinking

Strategic Orientation

Execution—Translating vision and strategy into optimal organizational performance.

Accountability

Change Leadership

Collaboration

Communication

Impact and Influence

Information Technology Management

Initiative

Organizational Awareness

Performance Measurement

Process Management and Organizational Design

Project Management

People—Creating an organizational climate that values employees from all backgrounds and provides an energizing environment for them. Also includes the leader's responsibility to understand his or her impact on others and to improve his or her capabilities as well as the capabilities of others.

Human Resources Management

Interpersonal Understanding

Professionalism

Relationship Building

Self-Confidence

Self-Development

Talent Development

Team Leadership

people who are often mystified by the decisions made by “upper-level management.” Other people may reach a point in their careers at which they are ready for new responsibilities and new skill sets. Rather than continuing to narrow their work within a clinical specialization, a transition to management responsibilities presents opportunities in a broader sphere of influence. See Activity 1.1.

Transitioning From Patient Care to Management

Some healthcare professionals find themselves formally and deliberately seeking management positions in healthcare organizations or through the development of independent (private) practices. Others find themselves in managerial roles that they often reluctantly accept because no

one else among the ranks of frontline workers is willing to assume other responsibilities. These successful professionals may remain in the dual role of clinical specialist and manager in their new supervisory positions or while they transition to management as a second profession.

In today’s healthcare organizations, the dual clinician-manager role may be less common than in the past. Healthcare systems now rely more on merging clinical and support services under fewer and fewer mid-level managers. The discipline-based leader exclusively managing others with the same clinical skills and responsibilities (i.e., a physical therapist who manages only other physical therapists) is no longer the standard operational model. Instead, healthcare managers from any discipline are expected to have generic managerial skills that can be applied across organizational units that include a mix of health professionals.

McConnell cautioned healthcare organizations to avoid assuming that people suddenly become managers because they received a promotion or assuming that a clinical specialty is critical to healthcare management. Rather, he emphasizes that the appointment of new managers should depend on the important management skills that are truly transportable across the traditional departments or units in healthcare organizations. Those skills include proper delegation, clear and open two-way communication, budgeting and cost control, scheduling, handling employee problems, and applying disciplinary action.⁸

Regardless of their clinical disciplines, people who are promoted from within face the same challenges in making career transitions to management roles. Several years ago, Lombardi identified these transitions that remain relevant in today’s healthcare system:⁹

- *Self-direction to selfless service.* Managerial work depends on highly variable and unpredictable factors rather than on the more specific professional needs and desires that drive professional performance.
- *Autonomous control to circumstantial control.* The work of managers depends on unpredictable circumstances and situations rather than on assigned caseloads and productivity expectations. Flexibility is much more critical.
- *Quantitative to qualitative outcomes.* The outcomes of a manager’s efforts are more dependent

ACTIVITY 1.1

WHAT WOULD YOU DO?

Tina Thompson is a recent physical therapy graduate who accepted her first position as a staff physical therapist in a large healthcare system. She was assigned to one of four outpatient rehabilitation centers that are staffed with a supervisor, another physical therapist, a physical therapist assistant, a rehabilitation technician, and a part-time occupational therapist. Several other physical and occupational therapists are available to work per diem (by the hour as needed) if there are spikes in the number of patients or to replace people on vacation or on sick leave.

After being on the job for only 2 months, Tina and the staff are told by their supervisor that he has been reassigned to open the system’s fifth center. Privately, he tells Tina that he would like to recommend that the Vice President of Rehabilitation Services promote her to take over his position. It means about a 20% salary increase and Tina will be expected to devote about 20% of her time to her new duties while maintaining a reduced patient load.

What questions should Tina ask? Whom should she meet with? What are the pros and cons of accepting the promotion?

on perceptions than on clearly defined measures. The immediate gratification that healthcare professionals receive through patient outcomes and the financial rewards for reaching productivity goals are diminished.

- *Definitive clinical criteria to overall comprehensive goals.* The performance criteria for managers are often gray and flexible as organizations change, and managers' responsibilities fluctuate with the needs of the organization. The clear job descriptions of clinicians are replaced with expectations that are more ambiguous.

Put another way, clinical professionals focus on making independent decisions about individual patients based on the continued development of their technical skills for quality direct patient care. As managers, they are one step removed from patients and individual outcomes. Instead, their focus is on facilitating others and building networks in the broader healthcare organization. The rewards of helping patients accomplish their goals are replaced with the less concrete managerial rewards of helping others achieve their work performance goals.¹⁰ They

find more variability and a need for more flexibility in their daily work in these new positions.

The transition to management certainly provides exciting opportunities for the acquisition of a new skill set for new duties. At the same time, there is that period of discomfort that comes from leaving behind the structure and familiarity with patient care to take on the uncertainties of management. Managerial opportunities and possibilities can be intimidating, but they enrich and challenge even those new managers who reluctantly assumed their new roles.

Formal Graduate Management Education

Whether managing by choice or by fiat, healthcare professionals may choose to explore graduate degrees to prepare for management positions, or they may learn the skills by immediate necessity of experience, self-study, or in-house training. Typically, it is some combination of all of these strategies. Determining the value of formal programs is an important decision. Activity 1.2 offers

ACTIVITY 1.2

MANAGEMENT EDUCATION/PREPARATION

1. What should someone look for in a formal management degree program?
2. What are all of the graduate degree possibilities? Is the master of business administration (MBA) or master of public administration (MPA) the degree of choice for healthcare managers? Are there other choices? Defend your preferences.
3. What do the following organizations say about healthcare management?
 - American College of Healthcare Administrators <http://www.achca.org/>
 - Occupational Outlook Handbook of the U.S. Department of Labor's Bureau of Labor and Statistics <http://www.bls.gov/oco/ocos014.htm>
 - American College of Healthcare Executives <http://www.ache.org/>
 - Commission on Accreditation of Healthcare Management <http://www.cahmeweb.org/>
 - Association of University Programs in Health Administration <http://www.aupha.org/i4a/pages/index.cfm?pageid=1>
4. Identify at least two graduate programs in management. Compare and contrast their curricula, costs, and graduate placement information. Are they accredited? By whom? Which one is most attractive? Why?
5. Identify a healthcare corporation or system that has an internal management development program. Find out about it. Talk with a physical therapist who has experience with one. What is good about the program? What is its downside? Determine whether the emphasis of the program is developing people management skills or developing financial management skills. Does it matter? Why?

Institute for Diversity in Health Management
<http://www.diversityconnection.org/>
 American Association of Healthcare
 Administrative Management <http://www.aaham.org/>

some ideas for exploring management degree programs.

Mentoring

Another important consideration in transitioning from clinical care to management responsibilities is the identification of mentors who can help in the process. Morton-Cooper and Palmer identified the importance of mentoring in healthcare careers and suggested that it should begin with the very first clinical position. In their model, the person who seeks mentoring must initiate it as a long-term intimate, personal, and enabling relationship. The mentor does not formally assess the person, but rather provides unstructured support for learning and for facilitating access to the important social and political networks needed for continued career socialization.¹¹

Mentoring, when a person is taking on new managerial responsibilities, may be even more critical than having a clinical mentor. The changing needs within healthcare organizations make the roles and expectations of managers much more volatile than the roles of clinicians. The support of a mentor or mentors as a new manager “thinks out loud” is very important in meeting day-to-day managerial challenges and for long-term career development.

A different model of mentoring places the responsibility for mentoring on the organization. In this model, assigned mentors are responsible for introducing new employees to the organization’s culture and the technical and functional aspects of their positions. Such a formalized program is believed to improve the retention of employees because they develop emotional ties to the organization through their mentors. Increased job satisfaction and productivity are the results.¹² This model does not preclude a person from personally initiating mentoring relationships from within or beyond his or her organization. See Sidebar 1.2 for more information on mentoring.

Transitioning to new roles and mentoring, like most management issues, are found in all types of businesses. Healthcare requires special manager skills because of the nature of the business—the provision of efficient and effective healthcare for people in the communities while controlling ever-increasing costs with ever-decreasing reimbursement. Larger and more complex healthcare

SIDEBAR 1.2

Roles of a Mentor

Novice managers should identify what they need in a mentor(s) to ensure smooth transitions from health professional to manager. Identifying which of the following types of mentors is most important is a critical first step:¹⁰

- Sponsor: to open doors for the new manager
- Coach: to show “the ropes” of the new position
- Protector: to buffer negative experiences
- Exposer: to create new opportunities
- Challenger: to stretch the manager’s new skills and scope of work
- Role model: to develop new behaviors by example
- Counselor: to accept and confirm efforts and to offer friendship

organizations require more levels of management to run their special businesses.

Managers in Large Healthcare Organizations

The day-to-day healthcare worker in a large healthcare organization or system has very little direct interaction with upper-level managers including the chief executive officer and a cadre of vice presidents who are responsible for organizational units such as finance, purchasing, human resources, marketing, facilities management, and medical services. The larger the organization becomes, the more divided the executive functions become. The division of labor enables organizations to keep current with the complex changes in healthcare reimbursement, rules and regulations, new technology, and other demands. It often appears that upper-level management is top-heavy because the number of mid-level management positions often decreases as healthcare organizations flatten their bureaucratic structures.

Mid-level managers today in healthcare have a direct influence on the coordination and delivery

of patient care through frequent interactions with the personnel they supervise and other managers. This level of management may be organized by departments such as rehabilitation, pharmacy, nursing, housekeeping, dietary, and business office; or they may be organized into multidisciplinary teams with a focus on the delivery of specialized patient care such as a heart institute or a stroke team. Many large healthcare organizations are a hybrid of the two models.

Management in Other Healthcare Settings

In smaller healthcare organizations, all levels of employees may interact with upper-level managers almost every day. For example, in a **long-term-care skilled nursing facility** the finance, purchasing, human resources, marketing, facilities management, and medical services requiring many vice presidents in hospital systems are typically all the direct responsibility of a single nursing home administrator. These administrators work in concert with their directors of nursing and rehabilitation who lead the direct patient care clinical services. They also rely on business office managers who typically handle human resources, payroll, reimbursement, and billing. Both the clinical and business managers report directly to the administrator. Some administrators may have “home office” corporate support if the nursing home is part of a larger chain of many buildings.

The **solo private practitioner** physical therapist is another kind of healthcare manager who performs *all* business roles as both the executive and mid-level manager of the business, while concurrently having *all* responsibility for direct patient care. These physical therapists may have other staff to supervise in the provision of physical therapy care to patients, and they may contract services such as billing, accounting, and reimbursement contract negotiations.

Examples of other healthcare organizations include **home health agencies**, **physician practice groups**, and **special education services** in school systems that may have a different range of managerial expectations. For instance, a physical therapist may be the countywide coordinator for all rehabilitation services in a school system or the supervisor of an interdisciplinary team that

provides rehab services in several schools in a district. The unique challenges for managers in different types of healthcare settings are presented in Section 3. However, regardless of the type of healthcare setting, efforts to meet an organization’s goals depend in a large part on the people management skills of supervisors and mid-level managers. Their personal career success is also driven by people management.

People Management Skills

The good news for physical therapists and other healthcare professionals is that unlike other businesses, mid-level healthcare managers spend a great deal of their time—about 65%—on people management, which is already a strength of successful practitioners. With only about 10% of their time spent on financial analysis, the rest of the time is spent dealing with special projects and “administrivia.”⁹ The emphasis on people management responsibilities may make a move to a management position more attractive, or less threatening, for many physical therapists. A shift of their already well-developed people skills to a different level of interaction with others often comes naturally.

The challenge, of course, is that most people are very resistant to being managed. The best employees know enough and care enough to manage themselves—especially healthcare professionals. We all prefer *not* to be told what to do. In reality, managers *cannot* force people to care about patients, or expect them to know all there is to know about patient care, or demand that they create new approaches to accomplish patient goals. What managers *can* do is to sustain the best interests and qualities of individuals in their work performance so that the organization can then sustain its collective purpose and interests. The more successful that mid-level managers are in developing these employee/employer bonds, the more likely it will be that everyone in an organization will share the same values.¹²

Several managerial perspectives have led to lists of knowledge and skills required of mid-level managers in contemporary healthcare as they do the important work of resolving the tension between the needs of the healthcare organization as a whole and the needs of the individuals who work within it.

Keeping People Happy

Anecdotally, physical therapy managers often describe their job as “keeping everyone happy.” *Everyone* means the staff they manage, the upper-level managers they report to, and the shareholders with their attention on outcome. Several authors have explored people management skills in healthcare. First, Kane-Urrabazo identified the importance of nursing managers having the following important characteristics and skills:¹²

- Integrity and trust
- Empowerment and delegation
- Consistency in decisions and mentorship

The actions of managers that result from these important qualities must be consistent with those broader values and beliefs of the organization. Their consistent decisions and mentoring that empower people in a trusting work environment are most likely effective when they are also embedded in the culture of the organization.

Integrity and Trust

The work of Garman, Fitz, and Fraser reinforces this perspective with a similar argument that demonstrating integrity and engendering trust are critical qualities of managers.¹⁴ They extend the generally accepted definition of *integrity*, which is the adherence to ethical standards. They believe the decisions and actions of managers with the highest levels of integrity are consistent, methodical, and backed by clear explanations for them. Input from others who are impacted by those decisions and actions increases the level of integrity.

The authors give equal weight to the importance of a manager’s ability to engender trust. Often, earning the trust of another person is easily done, but also easily diminished. Only one negative action or decision can destroy trust. Like integrity, trust in the workplace also depends on consistency, but the focus is on consistent follow-through on commitments made. To be trusted, managers must do what they say they are going to do. Employees expect managers to respect their needs or wants and to make a commitment to meet them. Managers also need to provide an explanation if they cannot keep a commitment or that trust will be diminished.

From a slightly different perspective, Magretta and Stone reinforce the need for integrity and trust. They suggest that managers who know what employees really want (“keep them happy”) are at an advantage. Their words of wisdom for managers listed here appear to embody the qualities of trust, empowerment, mentoring, and consistency. These hints also appear applicable to patient care interactions—simply another form of people management, after all:¹³

- Be kind and respectful.
- Be fair.
- Do as you say and mean what you say.
- Guide and give inspiration to people.
- People yearn to be loyal.
- People want to be trusted.
- Foster “know thyself” so people can self-manage.
- Ask this important question often: “Why do you work?”
- Focus on the results of work rather than on how hard someone is working.
- Hang together even if there is disagreement.
- Managing is about trade-offs, not compromise.
- Managers can’t be all things to all people.
- Stay the course of the organization.

Embertson bases her view of mid-level managers on five important roles they play. These roles reinforce the need for people management skills in the reaction to change and achievement of the goals in healthcare organizations.¹⁵

1. *Communicators* who customize the organizational message for the individual by often relying on informal networks.
2. *Entrepreneurs* who recognize the problems on the frontlines of operation and who are able to find solutions faster than managers higher up on the organizational ladder.
3. *Stabilizers* who juggle the organization’s goals and budgets while balancing work to please employees and senior managers. They also balance continuity and change in the organization.
4. *Therapists* as they help employees cope with stress about work, particularly during periods of change. Often on a daily basis, mid-level managers may support and encourage