INTRODUCTION

This paper explores the differences between managers and directors in healthcare organizations, what their specific roles are inside hospitals, and how they measure the impact of their decisions when changing work processes. In general, both managers and directors act as communication liaisons inside and outside of the organization; they collect information, evaluate the hospital’s market position, disseminate strategies to staff, assess the results and communicate them to decision makers. Primarily, strategies revolve around resource management—the lowering of costs—and change management—the improvement of care quality.

The environment in which the hospitals exist is complex, and always changing; managers and directors allow our healthcare system to adapt to these changes; the quicker the adaptation, the greater the impact on population health outcomes and organizational efficiency, (Figueroa, Harrison, Chauhan, & Meyer, 2019). Epidemiologic, demographic, and technological factors are significant change agents for hospitals—currently, in 2023, they struggle to keep up with disease outbreaks, aging populations, and artificial intelligence. Healthcare policy tends to respond to the national changes in the healthcare environment by emphasizing funding for prevalent health concerns, reducing funding for others, and encouraging the adoption of modern medical practices and technologies. Amidst this swirl of change are competitors; hospitals must maintain relevance against other organizations that compete for funding, private healthcare, and a budding market of international medical providers. C-suite chiefs (CEOs, CFOs, CIOs, etc.), weigh the information brought to them by directors against stakeholder objectives to formulate strategies. They use Patient Reported Outcome Measures (PROMs) along with internal financial reports to establish distribution plans of their allocated funding, (Black, 2013). Directors then bring the latest organization goals back to their respective departments.

Within their departments, hospital directors enact the vision of their superiors by strategizing with managers; they collaborate across departments, calculate budgets, and research trends in policy, epidemiology, technology, and medical practice. Though specific roles and proficiencies vary between organizations, some positions include; Healthcare Administrator, Program Director, Healthcare Department Manager, Population Health Manager, Physician Practice Manager, Quality and Improvement Manager, and Patient Finance Manager, (Figueroa, Harrison, Chauhan, & Meyer, 2019). They oversee their department’s budget, technological investments, and performance metrics by making sure that managers uphold the organization’s mission and values with staff.

Managers enact the compliance of the organization’s vision with both medical and administrative staff, and serve as change agents—though they are limited in their strategic decision making. They communicate standards of care, collect reports, and introduce new technologies into the workflow, (Boyce, Browne, & Greenhalgh, 2014). Additionally, they hire, lead, supervise, and oversee the training of new staff. Some positional roles include; Medical secretary, Health Insurance Manager, Patient service Representative, Healthcare Manager, and Managed Care Representative, (Figueroa, Harrison, Chauhan, & Meyer, 2019). Overseeing smooth operations between medical and administrative staff is not without its challenges, however, since both sides often have opposing ambitions and create tension between lowering costs and improving quality of care—it is not uncommon for managers to have conflicting, hybrid roles. Yet, when a successful balance is struck, managers are able to adapt departments fluidly to the vision of their superiors, relay positive PROMs, expense reports, and maintain staff morale.

In summary, managers and directors help hospitals adapt to changes in the global healthcare environment; they do so through efficient reporting, delicate change management, and effective communication both inside and outside of the organization. Rarely does a hospital have all it requires to satisfy every stakeholder objective, so it is up to directors and managers to efficiently distribute limited resources and fulfill the needs of patients, superiors, and staff.

CONCLUSION

SOURCES

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4080-7>

(Boyce, Browne, & Greenhalgh, 2014)

<https://www.bmj.com/content/346/bmj.f167.long>

<https://qualitysafety.bmj.com/content/23/6/508.short>

Increasing quality of PROMs by managers (Boyce, Browne, & Greenhalgh, 2014)

INTRODUCTION

What roles do managers and directors have in healthcare organizations? **How to measure impact?**

* Resource management (lower costs)
* Change management / adaptability
* <https://www.bmj.com/content/346/bmj.f167.long>

BODY

What is the overall impact of managers and directors on our healthcare system?

* Complex changing environment
  + Epidemiology, tech, demographics
* Policy changes
* Tech changes
* Resource management
  + Funding
  + Staff shortages

What are the roles of directors in healthcare organizations?

* Inerorg communication / collaboration
  + Fragmentation due to specialization, medical boards, stakeholders
  + Changes in policy / Translate policy into organization
* Stay up to date on market trends / compete against other health orgs
* budget & cost reduction / resource allocation / performance measures
* Strategy, org goals
  + Tech / Weigh new tech against utility, cost, and demand
* Collaborate with other directors and executives
* Leadership role
  + Healthcare Administrator
  + Program Director
  + Healthcare Department Manager
  + Population Health Manager
  + Physician Practice Manager
  + Quality and Improvement Manager
  + Patient Finance Manager
* Collaborate with other directors and executives
* Oversee departments, programs, facilities
  + Plan and oversee health services for facility
* make sure medical staff uphold org mission and values
  + Budget management
  + Org goals / longterm planning

What are the roles of managers in healthcare organizations?

* Limited strategic decision making
* Communicate standards of care
  + Between clinical and managerial director staff
* make sure medical staff uphold org mission and values
  + Integrate new tech
* Supervisory role
  + Hybrid management: clinical and managerial
  + Oversee specific units / front-line staff
  + Coordinate between primary and secondary care
    - Referral of care
    - Limit operational inefficiencies
  + Influence culture
  + Staffing / manage resources / funding
* Human resources
  + Performance measures
* Leadership role
  + Medical secretary
  + Health Insurance Manager
  + Patient service Representative
  + Healthcare Manager
  + Managed Care Representative

CONCLUSION

What roles do managers and directors have in healthcare organizations? How to measure impact?

* HC systems are complex and always changing because they adapt to
  + Epidemiology, tech, and demographics
  + Shortage of human resources, increasing population chronic disease health trends
  + Workforce shortages—burnout
* Adaptability
* HCM addresses this shortage and facilitates change by distributing HC resources
* Roles are not well understood globally because the priorities are always shifting
  + Some things stay constant

INTRODUCTION

What roles do managers and directors have in healthcare organizations? How to measure impact?

* Increase efficiency, lower costs
  + Human resources
  + Tech resources
* Change management
* Human Resource Management

BODY

What are the roles of directors in healthcare organizations?

* Contain costs, integrate new tech
  + Performance measures
  + Resource allocation / funding allocation
* Oversee departments, programs, facilities
* Org strategy and administrative focus
* Budget management
* Org goals / longterm planning
* Staying up to date on changes in policy
  + Implementing org policy
  + Usually restrains resources / cost reduction
  + Focus on social determinants
  + Translate policy into organization
* Stay up to date on market trends / compete against other health orgs
* make sure medical staff uphold org mission and values
  + Transition org to patient-centered & value-based
* Collaborate with other directors and executives
* Change management
  + Tech
    - Weigh new tech against utility, cost, and demand
  + Policy
* Plan and oversee health services for facility
* Leadership role
  + Healthcare Administrator
  + Program Director
  + Healthcare Department Manager
  + Population Health Manager
  + Physician Practice Manager
  + Quality and Improvement Manager
  + Patient Finance Manager
* Interprofessional collaboration / communication
  + Fragmented due to specialization (adapting to epedemiologic trends)
  + Medical boards
  + stakeholders

What are the roles of managers in healthcare organizations?

* Integrate new tech
* Limited strategic decision making
* Supervisory role
  + Oversee specific units / front-line staff
  + Coordinate between primary and secondary care
    - Referral of care
    - Limit operational inefficiencies
  + Influence culture
  + Staffing / manage resources / funding
* Operational focus
* Human resources
  + Performance measures
* Hybrid management: clinical and managerial
* Communicate standards of care
  + Between clinical and managerial director staff
* Leadership role
  + Medical secretary
  + Health Insurance Manager
  + Patient service Representative
  + Healthcare Manager
  + Managed Care Representative

What is the overall impact of managers and directors on our healthcare system?

* HC systems are complex and always changing because they adapt to
  + Epidemiology, tech, and demographics
  + Shortage of human resources, increasing population chronic disease health trends
  + Workforce shortages—burnout
* Adaptability
* HCM addresses this shortage and facilitates change by distributing HC resources
* HCM priorities are not well understood globally because the priorities are always shifting
* Undefined HCM expectations at org level lead to stress, reduced productivity & quality
  + Poorly defined roles & inadequate training / emergency internal hires
  + Due to shortages due to cost-saving
    - *Do your job well, get less resources next time — confirm*
* Engage with diverse cultures and social background
* Professionalize HCM role

CONCLUSION

INTRODUCTION

What roles do managers and directors have in healthcare organizations? How to measure impact?

BODY

What are the roles of managers in healthcare organizations?

What are the roles of directors in healthcare organizations?

What is the overall impact of managers and directors on our healthcare system?

CONCLUSION

What roles do managers and directors have in healthcare organizations? How to measure impact?

SOURCES

<https://www.herzing.edu/blog/why-healthcare-managers-are-leading-industry-change>

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4080-7>

* 450-500 words
* 4+ sources
* Assignment is easy to read, clearly states the objective, has logical flow from one idea to the next, and more detail than average to complete all the necessary requirements successfully.

NOTES

<https://www.herzing.edu/blog/why-healthcare-managers-are-leading-industry-change>

* HC orgs focus on containing costs, and integrate new tech for efficient care
  + Rely on managers to drive this change
* Managers plan or direct health services for departments or groups of physicians
* Managers must help orgs adapt to changes in policy and tech
  + Reinvent the patient experience
    - HCMs must communicate standards for patient care and make sure medical staff uphold mission and values
  + Fixing the revenue cycle
    - HCMs move orgs to patient-centered system changing revenue cycle to value-based
  + Technology and innovation
    - HCMs must consider new technologies
    - HCMs need to weigh tech costs with future market demands
* What do HCMs do?
  + Responsible for planning and overseeing health services for a medical facility
  + Roles: leadership, or managed care (the business side of healthcare
* A career in HCM: what you can do with a degree: (roles)
  + Medical Secretary
  + Patient Service Representative
  + Health Insurance Manager
  + Healthcare Administrator
  + Healthcare Manager
  + Program Director
* How much do HCMs make?
  + $113,730 / year, $54.68 / hour

What do HCMs do?

<https://www.herzing.edu/become/healthcare-manager>

* Planning, directing, and overseeing HC services
* Roles:
  + Physician Practice Manager
  + Quality and Improvement Manager
  + Patient Finance Manager
  + Managed Care Representative
  + Healthcare Department Manager
  + Population Health Manager

What jobs can you get with a HCM degree?

<https://www.herzing.edu/degree/healthcare-management>

Communicate with medical personell to facilitate operations of institution, staffing,

patient relations, and inventory control and scheduling

* Healthcare Department Manager
  + Oversees specific department or team
    - Nursing, surgery, or physical therapy
* Healthcare Finance Manager
  + Day to day financial management of HC orgs
  + Cash flow, designing budgets, evaluating compensation
  + Track and report on financial health of department
* Quality and Improvement Manager
  + Ensure compliance with current care standards
  + Evaluation of current processes and determine areas for improvement
  + Lead workshops and training seminars to keep staff up to speed with best practices
* Healthcare Administrator
  + Manage one hospital or oversee an entire HC system
  + Ensuring smooth operations, and long-term planning
  + Bachelor’s degree and a masters in HCM
* Physician Practice manager
  + Lead HC org business strategy
  + Grow the business
  + Oversee day to day operations
* Administrative Support Specialist
* Administrative Coordinator
* Medical Secretary
* Patient Service Representative
* Operations Assistant
* Healthcare Consultant
* HCM
* Chief Compliance Officer (CCO)
* Development Director
* Program Director
* CEO
* COO

Priorities and challenges for health leadership and workforce management globally: a rapid review

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4080-7>

* Priorities and challenges for health leadership and workfoce management globally: a rapid review: literature review
  + Abstract
    - HC systems are complex and always changing
    - We’re not sure how HCMs should respond
      * We only have country specific studies
    - This paper is a review, and examines challenges for HCMs at three structural levels:
      * macro (international, national)
      * Meso (organizations)
      * Micro (individual HCMs)
  + Results
    - 63 articles included
    - Challenges were represented at the three levels; macro, meso, and micro
      * At macro level
        + Societal, demographic, historical, and cultural factors
      * At meso level
        + Human resource management, changing structures, performance measures, intensified management
      * At micro level
        + Shifting roles and expectations
  + Conclusion
    - Challenges orient around efficiency-saving, change and human resource management.
  + Background
    - Healthcare systems adapt to epidemiological, demographic, and societal shifts
      * *They need a better monitoring system to detect and predict changes in these environments (relevant to their organization, stakeholders, and decision makers)—can you predict macro changes from within their own organization (meso)? No! Crawl through research papers lol*
    - There is a seeking of Universal Health Coverage (UHC) *by whom?*
      * In low- and middle- income countries
        + Seeking improvements in efficiency, equity of access, and quality
    - There is a profound shortage of human resources for health to address emerging population needs *particularly elders— how can ChatGPT and AI help with this? Investigate elderly care*
      * Workforce shortages, and skill maldistribution
      * Interprofessional collaboration
      * Inefficient use of resources,
      * and burnout *what are the main sources / causes of burnout? Can an AI chatbot help?*
    - **Effective HCM is critical for addressing this shortage and facilitate change by efficiently distributing health workforce and other resources**
      * *Why is there a shortage?*
    - Health leadership is the ability to identify priorities, give strategic direction, and create commitment to improve health services
    - **Despite the pivotal role of HCM, HCM priorities are not well understood in a global health context**
  + Methodology
    - **Rapid Evidence Assessment (REA) methodology using Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) checklist**
      * <https://www.acpjournals.org/doi/full/10.7326/0003-4819-151-4-200908180-00135>
    - <http://scholar.google.com/scholar_lookup?&title=A%20typology%20of%20reviews%3A%20an%20analysis%20of%2014%20review%20types%20and%20associated%20methodologies&journal=Health%20Inf%20Libr%20J&doi=10.1111%2Fj.1471-1842.2009.00848.x&volume=26&issue=2&pages=91-108&publication_year=2009&author=Grant%2CMJ&author=Booth%2CA>
    - <http://scholar.google.com/scholar_lookup?&title=Rapid%20evidence%20assessment%3A%20increasing%20the%20transparency%20of%20an%20emerging%20methodology&journal=J%20Eval%20Clin%20Pract&doi=10.1111%2Fjep.12405&volume=21&issue=6&pages=1199-1204&publication_year=2015&author=Varker%2CT&author=Forbes%2CD&author=Dell%2CL&author=Weston%2CA&author=Merlin%2CT&author=Hodson%2CS>
    - <http://scholar.google.com/scholar_lookup?&title=Rapid%20reviews%20to%20strengthen%20health%20policy%20and%20systems%3A%20a%20practical%20guide&publication_year=2017&author=Tricco%2CAC&author=Langlois%2CEV&author=Straus%2CSE>
  + Total of 63 articles, 19 undertaken in Europe, 16 in North America, and one in Australia
* KEY CHALLENGES AND EMERGING TRENDS
  + Macro
    - Population growth
    - Aging populations
    - Increased disease burdens
      * People are living longer with increasing prevalence of chronic diseases
      * Priorities are long-term care beyond acute care
      * Building capacity and funding are big problems
      * Hospitals are lacking capacity to meet demand (*What specifically is the demand?)*
      * Must improve communication and collaboration between health professionals for high-quality care
        + But health systems are fragmented due to specialization
      * Changes in policies constrain how HCMs align organizations to new agendas *need to adapt processes quickly to new policy*
        + Policies are usually based on cost savings

Restraints lead to poor resource allocation

To reduce spending on acute care, there is a push for health services in the community to focus on social determinants of health; brings more complications with more stakeholders

* + - * There is more competition in the marketplace now due corporatisation due to increased demand and cost constraints
        + **The evolving international health workforce vs insufficient numbers of trained health personnel**
        + **Maintaining and improving appropriate skill mixes is a major challenge for managers**
  + Meso
    - Human Resource Management issues are a central concern
      * **Evolving to strengthen coordination between primary and secondary care**
      * Population based perspectives in disease prevention
      * Interdisciplinary collaboration
      * Clinical governance
      * **Challenged by bureaucratic and hierarchical cultures**
        + Emphasis on targets over care quality
        + Intensification of front-line and middle-management work that is limiting capacity
      * Operational inefficiencies in providing primary care and referral of services which results in waste of resources
      * Need to keep org flexible and deliver higher quality care at lower cost
        + Many adopt the lean model
        + Challenges with enduring stability of lean model:

Adjusting organizational hierarchies

Improving knowledge of lean model (developing countries)

* + - * Strong dominant hierarchical culture and lack of collaboration can limit performance of HC orgs
      * High turnover rates of executive leadership
        + Often rely on external talent for succession management (reducing efficiency)
      * Lack of allocative efficiency and transparency
      * Poor hospital processes that hamper development of effective systems for prevention and control of Hospital Acquired Infections (HAIs)
      * Payment policy reforms (value-based funding and fee-for-service that encourages volume)
      * HCM work distribution is not clearly defined, leading to overloading of middle and front-line managers
      * **Undefined expectations at org level leads to stress, reduced productivity, and unpredictable work hours, org efficiency and delivery of quality care.**
      * **Frontline clinicians are frequently required to take leadership role in absence of managers without proper training**
      * Lack of support from org to include managers in strategic decision making
        + Misalignment of individual and organizational goals
  + Micro
    - Conflicting responsibilities
    - Poorly defined roles and responsibilities
      * Reduced accountability, transparency, autonomy, and understanding of responsibilities
      * Inadequate training opportunities
      * The increasing number of hybrid managers (clinical & managerial), but does not necessarily **improve manager-clinical relationships**
  + Discussion
    - Current global climate in HCM
      * HC is complex and evolving
        + Changing HC goals and delivery approaches
      * Continual HC reform
        + Controlling costs
        + Consolidating hospitals
        + Reconfiguring primary HC
        + Changing business models
      * Increasing HC expenditure
      * Training GPs to be managers
        + **Central to HCM role: ability to adapt to new practices in HC delivery**
      * Change management:
        + Integrating advances in medical knowledge and tech into existing HCM practices
        + **Need to rapidly and continually asses changes required upon them, the implications, and to transform their analysis into a workable plan to realise change**
    - Key priority areas
      * Efficiency savings
        + Poor human and technical resource allocation
      * Change management
        + Mediating between front-line and C-suite (Chiefs) management
        + **C-suite managers translate regional / national decisions into their organizations: your next user-base**
        + Focus on community and social determinants of health

**Connecting disparate services to meet efficiency goals is a core feature of HCMs**

* + - * Human resource management
        + High levels of stress, low morale, and unsustainable working patterns due to emphasis on cost-saving
    - Current HCM approaches to address these
      * Health reforms
      * Tech innovation worldwide
        + Translational competence among HCMs
        + Engaging with diverse cultures and social backgrounds
      * Seeking to “professionalize” the HCM role
        + Looking into requirements and competencies
        + Scale of role is increasing
        + Solidify the identity of “health manager”
        + Education and training of HCMs
  + Conclusions
    - HCMs face challenges with human resource shortages and policy/technology change management
    - More challenges: demographic and epidemiological change, efficiency-saving, human resource management, changing structures, intensified management, and shifting roles / expectations
      * To address, Policy makers can HCM priorities and training