Business Health Administration Association
Division of MBAA International
2024 Hybrid Meeting
Chicago, Illinois

ABSTRACT PROCEEDINGS

ABSTRACT
PROCEEDINGS
of the
BUSINESS AND HEALTH ADMINISTRATION ASSOCIATION

HYBRID MEETING
CHICAGO, IL
April 10th-April 12th, 2024

2024 PROCEEDINGS EDITOR
Crystal Marchant, Clayton State University

2024 ASSISTANT PROCEEDINGS EDITOR
Aurora Tafili, The University of Alabama at Birmingham

Sample Footnote: Please use the following style when referring articles from the Proceedings: Zakari, Nazik M.A. (2009), "The Influence of Academic Organizational Climate on Nursing Faculties Commitment in Saudi Arabia," in *Business & Health Administration Proceedings*, Avinandan Mukherjee, Editor, p. 244.

Letter from the BHAA 2024 Conference President

Elicia S. Collins
Clayton State University

Dear BHAA Colleagues,

Greetings and welcome to the 2024 Business and Health Administration (BHAA) Conference.

This conference is a collaborative that embraces the work of scholars, administrators, educators, and students from all over the world. Some of the industries that are represented here include healthcare administration, healthcare management, nursing, medicine, pharmaceutics, health economics, health policy, public health, health informatics, and global health.

As the president for the conference, it is my pleasure to present to you the peer reviewed, conference proceedings in the form of abstracts, articles, and podium presentations. My hope is that you will find the information in the articles, posters, and podium presentations thought provoking as well as informative, thus enhancing your respective areas of practice.

I am confident that you will enjoy your time in Chicago if attending in person, and/or your online experience if attending virtually. We are grateful for your attendance and membership in this great organization. Our goal is to enrich your academic and professional experiences while sharing and engaging in the research process.

Sincerely,
Elicia S. Colins, PhD, RN
President, BHAA 2024

Letter from the BHAA 2024 Conference Chairperson

David K. Wyant
Belmont University

Dear BHAA Colleagues,

Welcome to the 2024 Business and Health Administration (BHAA) Conference. One strength of the BHAA conference and of these proceedings is the interaction of a diverse set of participants, including educators, scholars, health care providers, managers and students. Our participants attend both from throughout the United States, and from other countries. I believe that you will find these proceedings provide a wide range of in-depth information concerning a variety of health care related issues. The topics we address include healthcare management, nursing, medicine, health policy, health economics and many others. The contents also demonstrate that we strongly encourage student participation. I greatly appreciate the contributions made by many individuals that make this conference possible every year. Your membership and attendance are the essential ingredients in the success of BHAA. Our goal is to provide to you an informative experience while we join in the development of high quality research. I look forward to our future BHAA meetings.

Sincerely,
David K. Wyant, PhD, MBA, MA
Program Chair, BHAA 2024

Letter from the BHAA 2024 Proceedings Editor

Crystal Marchant
Clayton State University

Dear BHAA Colleagues,

As the proceedings editor, I am excited to share with you the peer reviewed Proceedings of the 2024 Business and Health Administration (BHAA) Conference. One strength of the BHAA conference and of these proceedings is the interaction of a diverse set of participants, including educators, scholars, health care providers, managers and students. Our participants attend globally. These proceedings provide a wide range of in-depth information concerning a variety of health care related issues. The topics we address include healthcare management, nursing, medicine, health policy, health economics and many others. The scholarly work also demonstrates that we strongly encourage student participation. We greatly appreciate the contributions made by many individuals that make this conference possible every year. Your membership and attendance are the essential ingredients in the success of BHAA. Our goal is to provide to you an informative experience while we join in the development of high quality research. We look forward to our future BHAA meetings.

Sincerely,
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BUSINESS AND HEALTH ADMINISTRATION ASSOCIATION

MBAA INTERNATIONAL BEST PAPER AWARDS

BEST OVERALL PAPER

The Global Spread of COVID-19 Misinformation: A Comprehensive Analysis of its Sources, Effects, and Public Health Response

Sezer Kisa and Adnan Kisa

BUSINESS AND HEALTH ADMINISTRATION ASSOCIATION

ABSTRACT AND PAPER PROCEEDINGS

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ENHANCING PROFESSIONALS' WELL BEING

ENRICHING UNDERGRADUATE NURSING STUDENTS' EXPERIENCES THROUGH COMMUNITY HEALTH ENGAGEMENT

Comfort Obi, Clayton State University

ABSTRACT

Impacting a community's health is best accomplished through community engagement and collaboration. As a result, nursing students should be acquainted with these skills before graduation. Senior BSN students partnered with city officials to design and implement health fairs for a Clayton County, Georgia community with faculty oversight. Pre-post-focus group discussions using scripted open-ended questions measured students' perceived competence and confidence levels with community engagement. Responses indicated increased confidence and skills to engage locals and work collaboratively to address health needs. Student-led community events enable students to develop hands-on skills, confidence to lead, and collaboration with the community for healthy outcomes.

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TRACK:

MANAGEMENT ISSUES

EXAMINATION OF THE NURSING SHORTAGE THROUGH A SUPPLY CHAIN PERSPECTIVE

Dennis Emmett, Marshall University

ABSTRACT

There is a nursing shortage in this country. The demand for nurses will increase in the coming years. One approach to finding a solution is to employ a supply chain perspective. The supply chain looks at how future demand can be facilitated through a supply chain perspective. One needs to examine the flow of input (possible nurses), along with production (education) of nurses, to provide the supply required.

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INTEGRATING ARTIFICIAL INTELLIGENCE (AI) IN HEALTH PROFESSIONS: AN EXPLORATION OF IMPLEMENTATION

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Michelle Boyce, Georgia State University
Heather Eddy, Clayton State University
Victoria Foster, Clayton State University
Mélanie Poudevigne, Clayton State University
Kendolyn Smith, Clayton State University

ABSTRACT

The revolution of Artificial Intelligence (AI) and its commonplace in many professions necessitates a closer look into its relevance and practicality in healthcare professions. The integration of AI in professions of health has shown to positively improve not only the day-to-day operations of business but so also the success of the foundational education and training of future healthcare professionals. The implementation of AI provides positive outcomes for (1) student success; specifically in the transition from college to successful employment with contemporary skills and abilities and (2) improved societal health outcomes. Both outcomes contribute significantly to the overall mission and vision of providing excellence in healthcare. Amidst the increasing popularity and use of AI, it is integral for faculty scholars at any institution to partner with engineering schools and employ collaborative teaching techniques to advance clinical practice and overall healthcare.

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MAXIMIZING REVENUE POTENTIAL: EXPLORING THE INTERSECTION OF ARTIFICIAL INTELLIGENCE AND HEALTHCARE REVENUE CYCLE MANAGEMENT

Rachel Pennington, Marshall University
Brian Cox, Marshall University
Eric Pulice, Marshall University
Alberto Coustasse-Hencke, Marshall University

ABSTRACT

Artificial Intelligence (AI) has shown transformative potential in tackling challenges within the Revenue Cycle Management (RCM) of healthcare organizations. This research aimed to analyze the effects of Artificial Intelligence implemented in Revenue Cycle Management that would impact administrative costs, staff burnout rate, and the quality of customer experience. Integrating Artificial Intelligence (AI) in healthcare Revenue Cycle Management (RCM) has revolutionized various facets, including estimating out-of-pocket costs, coding claims, and significantly streamlining processes. AI adoption has substantially reduced the workload associated with claim billing and collection. Despite certain limitations, the research underscored the positive impact of AI in healthcare RCM, paving the way for increased efficiency, improved job satisfaction, and enhanced financial well-being for healthcare institutions.

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TRACK:

IMPROVING OUTCOMES

EXAMINING THE ASSOCIATION BETWEEN STROKE OUTCOMES AND THE PROVISION OF TELESTROKE SERVICES AMONGST AFRICAN AMERICAN PATIENTS

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Hanadi Y. Hamadi, University of North Florida
Chloe E. Bailey, Brooks Rehabilitation
Emma Apatu, McMaster University
Aaron C. Spaulding, Mayo Clinic

ABSTRACT

Despite significant advancements in medical treatment, strokes remained the fifth leading cause of death in the U.S. in 2021, as reported by the Centers for Disease Control and Prevention. Notably, there exists a marked disparity in stroke incidence, recurrence, and mortality rates between African Americans and their White adult counterparts. The timing of care delivery plays a pivotal role in stroke-related outcomes. Timely intervention from the onset of a stroke is closely linked to positive results. Delays as short as an hour are associated with a reduced likelihood of achieving functional independence and an increased risk of mortality among ischemic stroke patients. While certain hospitals, particularly trauma-designated centers, possess the capabilities and resources to provide prompt medical care for stroke patients, others, especially in rural areas, may face limitations. In addressing the critical need for timely stroke care, telestroke programs emerge as valuable resources. These programs can effectively bridge the gap between the time-sensitive nature of stroke treatment and the resources available, offering a promising avenue for improving outcomes for stroke patients.

Telestroke programs involve stroke-trained medical professionals using remote telemedicine to provide essential treatment for acute stroke patients when immediate services are not locally available. These programs offer a range of services, including acute stroke expertise, provider-to-provider consultations encompassing brain imaging reviews, remote patient examinations, and expert-guided treatment plans. As the adoption of telestroke programs has increased, guidelines have been established to guide the assessment and diagnostics conducted by medical practitioners utilizing telemedicine for stroke treatment. Research indicates that patients benefiting from telestroke services exhibit improved outcomes, such as enhanced reperfusion treatment and reduced 30-day mortality, in comparison to those not receiving such services. Notably, the advantages of telestroke services are particularly pronounced for patients treated at rural hospitals. Despite the higher risk of stroke occurrence and stroke-related mortality among African Americans, a notable gap exists in the literature concerning the healthcare outcomes of African American stroke patients receiving or not receiving telestroke care. This gap underscores the need for further research to better understand the impact and effectiveness of telestroke programs in addressing health disparities within this specific demographic.

The purpose of this study is to: (1) examine the association between patient outcomes (30-day mortality and 30-day readmission) and the provision of telestroke services (dichotomized as yes/no); and (2) examine the association between patient outcomes and African American race and the provision of telestroke services (interaction term).

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THE EFFECTS OF MEDICARE ADVANTAGE AND BLACK RACE ON NURSING HOME DISCHARGE OUTCOMES AND UTILIZATION AMONG OLDER TENNESSEANS

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Cyril F. Chang, The University of Memphis

ABSTRACT

Medicare Advantage (MA), Medicare's managed care program, has increasingly placed patients in nursing homes (NHs), which now cover more than 30% of total Medicare nursing residents in the US. Despite rapid enrollment growth and a lack of clear evidence of better quality in the hospital setting, comparatively little is known about the effect of MA in the NH setting. This study examines the effects of MA and race (Black) on the NH outcomes and utilization among older Tennesseans aged sixty-five or older.

The study data were obtained from the 2019–2020 Joint Annual Report of Nursing Homes (JAR-NH) collected and governed by the Tennessee Department of Health. Using a generalized linear regression model, we examined the independent effects of MA and Black race on three outcome variables ('Discharge to Hospital,' 'Death,' and 'Rehabilitation Services Provided'). Control variables were identified and included in the models following the guidance of the Donabedian's Structure-Process-Outcome framework. Further, a subgroup analysis by the short-stay resident proportion was conducted.

The results indicate that a unit increase in the proportion of black residents raises the likelihood of death and discharge by 0.009 percent and 0.004 percent, respectively, and increases the amount of rehabilitation services provided by 0.01 in an SNF. Further, a unit increase in MA and the proportion of short-stay residents in a SNF increases the probability of death by 2.24 percent. Compared to SNFs with a lower proportion of MA, those with a higher proportion of MA had 0.90 and 1.0005 percent higher chances of death and discharge to hospital, respectively, per a unit increase in the short-stay resident proportion. As the proportion of short-stay and black residents increases in an SNF, the amount of rehabilitation services provided decreases by 0.009.

Given the considerable increase in MA enrollment, with expectations of further growth, this study examined the potential impact of MA on nursing home outcomes and utilization. Further, the study attempted to explore potential differences between black and non-black populations and considered the proportion of short-stay residents. Based on the findings, it appears that MA may not be optimal for SNFs with a higher proportion of short-stay residents. Furthermore, there is an identified need to address racial disparities in nursing home outcomes, particularly among the black population.

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NON-WHITE PATIENTS RECEIVE REGIONAL ANESTHESIA AT A LOWER RATE THAN WHITE PATIENTS: POSSIBLE CAUSES AND REMEDIES

Ciara Hardy, Marshall University
Marjorie McInerney, Marshall University
William Willis, Marshall University
Dennis Emmett, Marshall University

ABSTRACT

Regional anesthesia use has been increasing throughout this country. Unfortunately, the history of US healthcare has been discriminatory, leading to poorer patient outcomes for non-White patients. The paper is the result of an evidence-based review to determine if non-Whites receive regional anesthesia at the same rate as their White counterparts. Non-whites received a lower rate than whites. Possible causes are lack of information, doctor preferences, etc. One of the possible remedies is better information provided by healthcare providers.

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COVID-19: NURSE BURNOUT AND STAFFING

Lauren Mackey, Indiana University of Pennsylvania
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ABSTRACT

Although not a new concept, nursing burnout is a well-documented occurrence that has affected the nursing profession for many years. This presentation and manuscript will help the audience to define nursing burnout and the negative effects it has on safety, quality of care, and the overall mental health of nurses. Additionally, focusing on the role that COVID-19 has had on nursing burnout and incorporate a few strategies that may help to lessen the consequences. The literature supports that nursing burnout was present prior to COVID-19, however there are numerous new challenges the pandemic presented to the nursing profession and hospital leadership. Some of these challenges include staffing shortages, mental health concerns, and financial barriers. COVID-19 is still prevalent and strategies to address these issues are needed to decrease the negative effects that the pandemic has had on professional nursing practice. Nurses continue to leave the profession related to the issues presented in this presentation and manuscript due to these factors. Without change from nurses and leadership, the nursing profession as a whole is compromised. In conclusion, the goal for this paper and presentation is to present a few strategies which will educate and increase the awareness of the audience to create the change needed to allow nurses to continue providing safe, professional, and effective patient care.

Keywords: COVID-19, staffing, nurse, burnout, leadership

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PROMOTING HEALTHCARE ADVOCACY AMONG STUDENTS: UTILIZATION OF A MULTIPRONGED APPROACH

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J. Dwayne Hooks, Clayton State University
Victoria Foster, Clayton State University
Elicia S. Collins, Clayton State University
Sharon White, Clayton State University
Kim Campbell, Clayton State University

ABSTRACT

A novel multipronged approach was implemented in an urban state university to increase nursing advocacy focused on access to healthcare. Nursing students reported increased confidence, willingness, awareness, and participation in advocacy efforts which have contributed to engagement in legislative activities, passage of legislation, and development of health policy in Georgia.

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TRACK:

HEALTH CARE AND BELIEFS

A COMPREHENSIVE ANALYSIS OF RELIGIOUS BELIEFS AND PRACTICES TOWARD HPV VACCINE ACCEPTANCE

Sezer Kisa, Oslo Metropolitan University Adnan Kisa, Kristiania University College

ABSTRACT

Despite the availability of effective HPV vaccines, their acceptance in Islamic countries is significantly influenced by religious beliefs, practices, and misconceptions. This review aimed to identify the current literature on the religious beliefs and misconceptions toward HPV vaccine acceptance within the Organization of Islamic Cooperation countries. Using key terms, a systematic search in MEDLINE/PubMed, Embase, and CINAHL up to October 31, 2023, yielded 24 studies that met the inclusion and exclusion criteria. The review highlights the complexity of the relationship between religious beliefs and HPV vaccine uptake. The findings reveal significant religious objections and misconceptions, including beliefs that vaccines contain forbidden substances or lead to infertility and sexual promiscuity. Vaccine hesitancy is thus a result of doubts regarding the vaccine's safety, necessity, and compatibility with religious beliefs.

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TRACK:

COMMUNICATION

CROWDFUNDING AND HEALTHCARE

Joey D. Helton, Clayton State University
Margaret McAlister, Clayton State University

ABSTRACT

The phenomenon of crowdsourcing and crowdfunding has not only become increasingly important in certain entrepreneurial domains but is also benefiting health care innovation. The idea of crowdfunding is, in a broad sense, the idea of crowdsourcing applied to fundraising. In crowdfunding, an entrepreneur or group with an idea for a new product or service, rather than turning to traditional investment venues, instead turns to those with a vested interest in his or her success to obtain the necessary funding. For-profit and non-profit organizations use crowdsourcing and crowdfunding to acquire expert-level help, solve complex problems, widen their support networks, advertise services or products, seek feedback, and reach new groups of prospective investors or consumers.

Medical crowdfunding is a new and innovative way for patients to share their story among their networks to include members of their family, friends, and key contacts within their social media networks. Although there is a vast popularity with medical crowdfunding, the overall understanding of medical crowdfunding success is lacking. The purpose of this study is to explore how crowdfunding is benefiting the health care community amid intense innovation pressures. Medical researchers are examining broad qualified sample groups; providers from all backgrounds whose backgrounds impart unique perspectives are being consulted by physicians; and consumers with mounting medical expenses are requesting and receiving financial help from friends, family, and strangers. Crowdsourcing provides new possibilities for ideas, knowledge, expertise, and capital of people outside the organization.

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PATIENT COMMUNICATION EXPERIENCE IN A HOSPITAL SETTING

Marcia K. Butler, Clayton State University
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ABSTRACT

Patient communication with healthcare professionals is associated with all areas of healthcare, such as treatment adherence, patient outcomes, and providing quality care. Individuals desire communication with their nurse or physician on every facet of patient care, and the communication must be a two-way exchange to foster understanding. This is especially important when patients are hospitalized.

To maximize reimbursement, hospitals that accept Medicare must demonstrate value-based quality care. Patient surveys are one aspect of assessing value-based quality care. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) provides a patient experience survey that utilizes a 5-star scale for measuring a patient's perception of their hospital experience. This 29-question patient experience survey is randomly provided to recently discharged patients and asks about their care while they were hospitalized. Three broad goals shape the HCAHPS: 1. Perspectives of care 2. Incentives toward improving patient care 3. Accountability and transparency. Low HCAPS can negatively impact a hospital's reimbursement received from Medicare.

The methodology for this quantitative study was a review of five hospitals with emergency services within a large metropolitan area in Georgia. We reviewed the HCAHPS survey, focusing on patient's experiences regarding communication with their physicians and nurses during their stay. We looked at five measurements: communication with doctors, communication with nurses, communication about medication, discharge information, and patient's understanding of their care when they leave the hospital. We compared the data of the five hospitals to the national (U.S.) and Georgia averages.

The data shows that overall, patients were highly satisfied with their communication concerning their care with their physicians (77%) and nurses (72%), as well as information about what to do during their recovery from home (82%). This is similar to the U.S. and GA averages. However, concerning their communication related to their medication, 55% of the respondents stated that "staff always explained about the medication before giving this to them" and 49% stated that they understood their care after leaving the hospital. This data was lower than the U.S. and GA averages.

The underlying issues related to these two metrics may be a consideration for future studies. One such area to explore the effect of the patient experience of communication quality and health literacy.

Table

Survey question	Hospital 1	Hospital 2	Hospital 3	Hospital 4	Hospital 5	Overall Average	U.S. Average	Georgia Average
Patient Survey Overall Star Rating	2 Stars	3 Stars	3 Stars	3 Stars	4 Stars	NA	NA	NA
Patients who reported that their nurses "always" communicated well	67%	75%	74%	72%	74%	72%	79%	78%
Patients who reported that	75%	79%	80%	77%	75%	77%	79%	79%

their doctors "always" communicated well								
Patients who reported that the staff "always" explained about the medicine before giving it to them	52%	59%	55%	53%	58%	**55%**	62%	60%
Patients who reported the YES, they were given information about what to do during their recovery at home	76%	80%	85%	84%	86%	82%	86%	84%
Patients who "strongly agree" they understood their care when they left the hospital	43%	48%	51%	51%	52%	**49%**	52%	51%

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FIGHTING COVID-19 ONE COUNTY AT A TIME: SUCCESSES AND OPPORTUNITIES FOR IMPROVEMENT

Victoria Foster, Clayton State University
Lisa Eichelberger, Clayton State University
Elicia S. Collins, Clayton State University
Emily Kilburg, Chamberlain University
Marcia K. Butler, Clayton State University

ABSTRACT

Fighting COVID-19 at the county level has been a critical aspect of the global response to the pandemic. Through the Health Resources and Services Administration (HRSA) grant funding, Clayton Calling the Shots: Get out the VAX initiative (CCTS) provided COVID-19 vaccines and education to the Clayton County community. The CCTS grant team collaborated with community partners such as schools, daycares, and others to address the community's needs. Knowing successes and opportunities for improvement allows for better responses to the post-pandemic era and may assist with building a more resilient public health infrastructure.

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TRACK:

INTERSECTIONS

EXTENDING MODELS OF BARRIERS TO ACCESS BY CONSIDERING THE CHARACTERISTICS OF THE DIGITAL DIVIDE

David K. Wyant, Belmont University

ABSTRACT

This study contrasts two models of barriers to access to services. The Andersen Behavioral model looks at barriers to the use of health care. Models of the "digital divide" focus on barriers to the use of information technology. By contrasting the two models this study provides insights into additional applications of each model.

For example, the Andersen Behavioral model has distinguished between potential access and realized access. Applied to information technology, an individual would have potential access if they had the ability to use a patient portal to order prescriptions, and realized access if they had actually ordered a prescription. This distinction could prove useful in sorting out barriers to the use of information technology in areas besides health care. Similarly, digital divide models incorporate the role of social networks in accessing information technology.

This study looks at a series of approaches that could incorporate into the Anderson Behavioral model literature concerning social networks in health. The conclusion lists future possibilities for each of the two models.

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ARTIFICIAL INTELLIGENCE IN HEALTHCARE: SUPPORT AND IMPACTS ON THE TRIPLE AIM

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ABSTRACT

Most sectors and industries are now impacted by artificial intelligence (AI) in some capacity, with the healthcare sector being no different. Both generative-AI and adaptive-AI systems have been implemented at some point within the continuum of care for patient-centered processes as well as provider-centered processes. There are long-standing AI applications as well as some new purposes for this evolving technology. The question isn't "WILL AI change healthcare?" but, "HOW will AI change healthcare?". We must first have a look at the current state of the healthcare sector and the challenges/concerns to be addressed.

The U.S. Healthcare Sector is vast, charged with the health and well-being of an ever-changing diverse population. With such a myriad of health conditions, treatments, policies, and reimbursement models to consider, there is no 'standard' operations model that can be applied to all sector stakeholders. Patients, providers, suppliers, and others have adapted processes that work best for them which, in some cases, has resulted in duplicative efforts, increased costs, and other time/labor intensive sub-systems. The National Health Expenditure (NHE) for 2022 was $4.1T (a 4.1% increase from 2021), representing 17.3% of the nation's GDP (government and private). The NHE for 2021 showed a 3.2% increase from 2020, giving focus to the pace of growth and increases to cost (Pandemic growth 2019-2020 was 10.6% and is recognized as an outlier). To address these rapid sector changes and foster improvement for all involved, the Institute for Healthcare Improvement (IHI) has coined the healthcare Triple Aim, which aims to address sector challenges by 1) improving the experience of care, 2) improving population health and 3) reducing the per capita cost of care. Can AI support these important aims?

The purpose of this research is to examine the potential impacts of AI on the healthcare sector, within the contexts of the Triple Aim and the continuum of care. This research will discuss the current state of healthcare, and how AI can help improve systems effectiveness and efficiency. This conference session is expected to engage the audience in robust AI discussion and will achieve the following objectives:

- Learning Objective 1: Examine the healthcare sector and the issues we now face. This discussion will include an overview of legislation and current events that have shaped the U.S. healthcare picture.
- Learning Objective 2: Examine the Triple Aim and why dedicated efforts for improvement are needed. This discussion will include pre-pandemic and post-pandemic data, on how healthcare's various stakeholders are impacted.
- Learning Objective 3: Discuss where and how AI has been implemented in healthcare, and where we could potentially use it in the future. This discussion will include suggestions on multi-level operational implementation as well as the financial impacts of additional AI implementation.

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CREATING NEW MODELS OF HEALTHCARE TO ADDRESS MENTAL HEALTH DISORDERS: THE INTERSECTIONALITY BETWEEN NURSE PRACTIONERS AND SOCIAL WORKERS

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ABSTRACT

In recent years, there has been a growing recognition of the need for innovative models of care to address mental health more effectively. With the scarcity of psychiatrist, psychologist, and other mental health specialists compared to the growing demand for mental health services, new models of care can bridge the gap. In addition, mental health services are often concentrated in urban areas, leaving a huge disparity in care to underserved and rural populations (Phillips, 2023). Collaboration among nurse practitioners (NPs) and social workers can play a crucial role in addressing mental health needs and result in comprehensive effective care across the lifespan.

NPs and social workers have distinct roles. NPs are advanced practice nurses and are trained to conduct thorough medical and psychiatric assessments, diagnose mental health disorders and prescribe medications as needed. Social workers are experts in psychosocial assessments, focusing on environmental and interpersonal factors affecting mental health (Kourgiantakis et al., 2019). In addition, they may identify stressors, support systems, and resources that can increase optimal health. Moreover, social workers are skilled in case management and coordinating services to meet the psychosocial needs of individuals with mental health disorders. Both professions are skilled at psychoeducation, creating treatment plans, crisis intervention and patient advocacy but also both have a holistic approach to mental health care.

The methodology for this descriptive study was an exhaustive review of the literature. Since very few studies were done, the search was extended to sources published in the past 20 years. A total of eight articles were reviewed and six were selected for this study. Most of the studies addressed the individual contributions of the social workers and nurse psych-mental health nurse practitioners (Ahmedan, 2021; Carpenter et al., 2003, Birch et al., 2021). In a study done by Abramson and Mizrahi (1996), it was found that nurses were less likely than their social work counterparts to identify patient/family problems related to adjustment to illness and problems connected to hospital and community resources as well. Social workers are expected to understand how social factors impact health outcomes and provide interventions that improve health by addressing social barriers and acquiring community resources. The biopsychosocial dimensions inherent in being ill creates a need for closer collaboration between nursing and social work professions to improve good patient care. Collaboration among social workers and nurse practitioners may better address the multifaceted aspects of mental health, leading to increased outcomes for individuals and the community.

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TRACK:

ALTERNATIVE MODES OF DELIVERY

ON THE USE OF MEDICAL ASSISTANTS IN THE DELIVERY OF PRIMARY CARE SERVICES

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Kelly Friesner, University of Akron
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ABSTRACT

Medical assistants play a vital, yet underappreciated role in the provision of primary care services. To be employed as a medical assistant, individuals must typically complete a certification program. These programs may be offered through local colleges, vocational training centers, or within a health care system. The length of the training varies between several months (for employer-based programs) and two years (as embedded as a part of an associate degree program). Individuals employed as medical assistants may undertake administrative or clinical roles (or both) consistent with their training. The U.S. Bureau of Labor Statistics (https://www.bls.gov/ooh/healthcare/medical-assistants.htm) estimated that, in 2022, the median salary for medical assistants was $18.40 per hour. Between 2022 and 2032, the number of medical assistant positions is expected to grow by more than 105,000, or 14%, which is much higher than most other occupations. While medical assistants cannot work independently from providers, nor can they bill independently for their services, their versatility allows the providers under whom they work freedom from necessary, but mundane tasks inherent to the patient care process. This allows providers time to focus on other critical patient care activities that they are uniquely trained to undertake. As such, medical assistants create a comparative advantage for primary care providers, which leads to efficiency gains for the practice as a whole. The relative affordability and low costs of education suggest that the monetary value of these efficiency gains are likely to be substantial.

The specific magnitude of efficiency gained through the use of medical assistants is dependent on the types of services provided through the primary care clinic (which, in turn, are driven by epidemiologic and market forces) and the means through which the clinic chooses to realize those gains. If the primary care clinic is investor-owned, the gains are typically realized through additional patient care revenues, cost-reductions, and enhanced profitability. If the clinic is not investor-owned (i.e., if the clinic is operated by a community-based organization which allows the clinic to hold "not-for-profit" tax status), those gains are realized through the provision of additional patient care services, or the implementation of patient care processes, whose marginal profitability is negative. Which processes, and which additional services are provided, depends on the vision and mission of the clinic relative to those socio-economic and epidemiologic factors driving the demand for primary care services. The current study focuses exclusively on non-investor-owned (i.e., not-for-profit) organizations.

To date, few studies have empirically examined the relationship between the use of medical assistants and the mix of services provided in not-for-profit primary care clinics. From a health care workforce development perspective, an understanding of how primary clinics use medical assistants in the patient care process – particularly with regard to connecting the staffing of medical assistants in these clinics' operations to the mix of services the clinic provides, would provide critical insights into the contribution of medical assistants to the economic vitality of these health care organizations, and by extension to the health and well-being of the communities they serve.

The premise of this paper is to empirically assess the statistical relationship between medical assistant staffing and the provision of primary care clinic service in not-for-profit organizations, holding constant other salient clinic and patient population characteristics. The study uses data drawn from primary care clinics operating in the State of California during the 2022 calendar year. The California Department of Health Care Access and Information (HCAI) requires all PCCCs operating in the state to submit an audited set of utilization and basic financial information each year. The HCAI subsequently cleans the data and makes it publicly available on its website (https://data.chhs.ca.gov/dataset/primary-care-clinic-annual-utilization-data). The methodology developed by Tofallis (Journal of the Operational Research Society, 2001) is used to assess the statistical relationship between medical assistant FTE staffing and the quantity of total services provided, specific groups of services provided, and the

distribution of types of services provided, holding as many other specific clinic and patient population characteristics as possible constant. The elasticity of optimal output with respect to MAs is 0.967. Moreover, the optimal use of MAs can explain 84.4% of the variation in optimal production, while all inputs only explain 93.8%. Exogenous clinic-specific factors, especially clinic type and location, impact both optimal production, as well as the elasticity of MAs with respect to production.

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INTERPROFESSIONAL CLINICAL ASSESSMENT, ROUNDING AND EVALUATION (I-CARE)

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ABSTRACT

Interprofessional rounds is the interaction between nurses and other health professionals that allows the knowledge and skills of all health care providers to synergistically influence the patient care being provided (Vazirani, 2005). The I-CARE Core Team includes a primary Registered Professional Nurse (RN) team leader, physician, pharmacist, case manager, social worker, and community health worker. The other healthcare providers are included in the bedside patient care rounds in a consultative role as needed. Collaboration of various healthcare disciplines fosters respect and appreciation of the contributions of the team for the ultimate benefit of the patient and the family.

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TRACK:

INFORMATION ISSUES

FOCUS ON DATA CHARACTERISTICS, A CLASSIFICATION SYSTEM FOR "MEDICAL ERRORS"

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ABSTRACT

This study provides a list of data characteristics that could be responsible for negative patient outcomes. For each characteristic, an example is shown when problems with that characteristic impact the quality of care. For example, for the characteristic "currency", the example is when an outdated blood pressure measurement is used in diagnosis instead of the most recent measurement. The study also provides a series of alternative definitions of medical error.

When systems to track medical error are developed, incorporating questions concerning characteristics of the data that may have influenced the outcome could help identify reoccurring causes of quality issues. Again using the "currency" example, a solution to the confusion over the proper source for the most current source of blood pressure measurement might be identified earlier if questions concerning data issues are included in the monitoring system.

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RESOURCE DEPENDENCIES, SERVICE MIX, AND FINANCIAL STATEMENT COMPARABILITY IN PRIMARY CARE CLINICS

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ABSTRACT

Health care organizations exist to provide services that improve the health and well-being of their clients. Primary care community clinics (PCCCs) are a particular type of health care organization that provide a comprehensive array of essential health care services to vulnerable, at-risk populations in a community. These organizations typically have missions and visions that focus on meeting a critical community need, rather than on the accumulation of profit and/or wealth. As such, the vast majority of PCCCs are classified as non-profit organizations and hold not-for-profit tax status. PCCCs must balance several competing forces. First, while the pursuit of profits and/or wealth is not a primary objective, PCCCs must generate sufficient revenues (whether through patient care revenues or other sources such as grants) to cover their operating expenses. Second, to best serve the community, a PCCC must tailor the breadth and frequency of services offered to match the sociologic, economic, and epidemiologic characteristics that exist within the community. According to Resource Dependency Theory (RDT), as those conditions evolve, a PCCC must adapt its resource utilization accordingly to ensure that the services it provides match the evolving needs of the community. Third, PCCCs must operate efficiently. Not only do they need to change resource utilization to match the needs of patients within its community, they must also re-structure the processes through which resources (human resources, information technology, supplies, buildings, etc.) are used in combinations to provide services. The pursuit of efficiency requires PCCCs to benchmark themselves against peers to ensure that resources are not wasted, an optimal mix of resources are available, and that those resources generate maximum output and sustainable levels of revenue. The challenge in this process is identifying which other PCCCs in a market are truly one's peers.

In a recent manuscript, Friesner, Brajcich, Friesner, and McPherson (BHAA Conference Proceedings, 2022) used both RDT and financial statement comparability analysis to demonstrate how resource utilization at the department or cost center level can be used in combination with organization-wide information (data drawn from basic financial statements and utilization measures) on critical access hospitals to benchmark an organization's success against its peers. Their analysis focused on two specific cost centers within a hospital (medical laboratory and pharmacy), as well as the performance of the hospital as a whole. Hospitals that were found to be comparable at both the level of the overall organization and at the level of the cost center likely utilize department resources in similar ways, and thus employ similar productive systems within those cost centers. That is, they were comparable both financially, and in their use of productive technologies. The limitations of their analysis are twofold. First, they only examined two cost centers (out of several dozen that typically exist) within a critical access hospital. Second, they focused on the expenses of those cost center, ignoring the mix of services provided through cost centers.

This study addresses the limitations of the Friesner, Brajcich, Friesner, and McPherson (BHAA Conference Proceedings, 2022) study by conducting a similar analysis on PCCCs, rather than critical access hospitals. The more simplified nature of PCCC production allows us to comprehensively match the provision of all services provided, as well as aggregate financial information and resource usage, to benchmark peers. In this way, we can more effectively illustrate which PCCCs are using similar production technologies. We can also assess how the mix of services provided by a given PCCC impacts the identification of its peers. Data for the study are drawn from PCCCs operating in the State of California in 2022. Our findings are twofold. First, service mix characteristics under the PCCC's control do significantly impact financial statement comparability. Excluding service mix variables leads to approximately a 15% reduction in the amount of information used to create financial statement comparability. Secondly, adding department-specific information does, at least for a substantial number of PCCCs, change the relative ranking of PCCCs. That is, service mix differences do change who an organization's closest peers are, or are not.

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THE GLOBAL SPREAD OF COVID-19 MISINFORMATION: A COMPREHENSIVE ANALYSIS OF ITS SOURCES, EFFECTS, AND PUBLIC HEALTH RESPONSES

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ABSTRACT

The COVID-19 pandemic was marked by an "infodemic"—that is, it witnessed the rapid spread of information that was both accurate and false, and which significantly affected public health. The purpose of this comprehensive analysis was to examine the complexities of COVID-19 misinformation. It explored its sources, themes, target audiences, and the effectiveness of public health communication strategies by utilizing MEDLINE/PubMed, Embase, and Scopus. Arksey and O'Malley's systematic approach was employed in the research methodology, which included all relevant studies from December 2019 to September 2023. The findings indicate that misinformation has profoundly impacted mental health, vaccine hesitancy, and healthcare decision-making, with social media and traditional media being the main conduits. Misinformation ranged from the virus's origins to ineffective treatments and misunderstandings about public health measures. Strategies to counter misinformation include enhancing health literacy, utilizing digital technology, and promoting clear, authoritative communication. The research results emphasize the need for accurate and consistent messaging and cooperative efforts among policymakers, health professionals, and communication experts to develop effective interventions. Addressing the infodemic is essential for developing a well-informed, health- literate society, one that is better equipped to handle misinformation in future global health crises.

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TRACK:

ETHICS AND RESOURCES

IMPLEMENTING AI IN HEALTHCARE: A FRAMEWORK FOR UNDERSTANDING PATIENT ATTITUDES AND INTENTIONS

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ABSTRACT

Ethical development and implementation of healthcare technology require a deep understanding of patient perspectives. Particularly challenging is the assessment of patient attitudes towards healthcare artificial intelligence (AI) tools that operate behind the scenes, beyond direct patient interaction. To bridge this gap, proactive patient engagement research is crucial. In this study, we address these challenges by proposing a framework that integrates the Unified Theory of Acceptance and Use of Technology (UTAUT) with a patient compliance approach. Our aim is to understand patient attitudes and intentions towards healthcare AI, enabling informed decision-making and ethical AI integration into patient care.

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NAVIGATING THE STORM: A SCOPING REVIEW OF POLITICAL LEADERSHIP COMMUNICATION STRATEGIES DURING THE COVID-19 PANDEMIC IN SEVERELY AFFECTED COUNTRIES

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ABSTRACT

This scoping review aimed to map the communication strategies employed by political leaders during the COVID-19 pandemic. The analysis includes 40 articles published between 2019 and October 2023. It identifies various strategies, such as the use of social media platforms, scientific based communication, narrative control, empathetic approaches, ideological influences, and storytelling. The study highlights adaptability and context-specific approaches in crisis leadership, noting variations influenced by media, political ideologies, gender, and non-verbal cues. The study offers insights for public health officials and policymakers, emphasizing informed, empathetic leadership's role in shaping public health responses and outcomes.

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RURAL HOSPITAL CLOSURES IN THE US: DETRIMENTAL IMPACTS ON HEALTHCARE ACCESS

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ABSTRACT

Rural hospital closures in the United States have escalated, impacting healthcare access and outcomes. This literature review examines the repercussions of closures on healthcare availability. Findings revealed increased patient travel distances and emergency medical service response times, particularly affecting obstetric and pediatric care access. Physician shortages exacerbated these challenges, contributing to heightened mortality rates post-closure. Urgent policy interventions are necessary to mitigate these adverse effects, ensuring equitable healthcare access for rural communities. Sustaining rural healthcare infrastructure is essential to safeguarding the well-being of citizens in underserved areas.

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TRACK:

EMERGING ISSUES

THE EFFICACY OF SMARTPHONE-BASED APPLICATIONS FOR HEALTHCARE REMOTE MONITORING AND MANAGEMENT – AN EXPLORATORY STUDY

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ABSTRACT

Smartphone-based applications are becoming common for mobile healthcare (mHealthcare) and telemedicine particularly for remote patient monitoring management. Smartphone-based applications are the most promising and effective means of delivering mobile healthcare (mHealthcare). Several apps have been used for remote monitoring and management such as; blood pressure, weight, body analysis, pulse rate, electrocardiograph, blood glucose, blood glucose saturation, sleeping and physical activity.

The mHealthcare is attracting the attention of researchers and scientists for embracing technology for better healthcare ecosystem. Such mHealthcare environment not only could provide significant cost savings by reducing infrastructure costs but also could help in collecting real-time data of patients for better healthcare and diagnostics. Smartphone-based apps are also very critical for the monitoring and effective management of emerging epidemics and outbreaks.

The study attempts to survey various stakeholders of healthcare ecosystem for their opinions about use of Smartphone-based applications for remote patient monitoring management. In depth interviews of physicians and app developers will be conducted to gain insights from them about the effectiveness of apps. Further, online survey of the users of the smartphone-based applications can enable us to get an understanding of its effectiveness in monitoring and maintaining health from their perspective.

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DEVELOPING AND INTEGRATING ACCREDITED CLINICAL TRAINING PROGRAMS WITHIN ACADEMIC DEGREES: A CASE STUDY AT THE UNIVERSITY OF AKRON

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ABSTRACT

The U.S. Bureau of Labor Statistics identifies more than one hundred unique occupations in the health and clinical sciences (https://www.bls.gov/ooh/). Some of these occupations require a specific academic degree in order to sit for licensure/certification exams and/or meet minimum job requirements. However, many health care occupations do not require a degree, or a specific degree, to enter into practice. Yet individuals pursuing these positions still require an academic degree to support career advancement, whether moving into a managerial position or into an advanced area of practice. This is a challenging endeavor, as these students often demand flexible curricular delivery, content that matches specific career development aspirations, and that focuses on connections to practice (rather than theory-driven learning). Moreover, developing and implementing academic programs at state-supported colleges and universities is a cumbersome and political process, both within the institution and within the state higher educational system. Programs meeting the needs of non-traditional students, or that are structured differently to allow adult learners greater flexibility to chart their course of learning, often face even greater challenges in negotiating the approval process.

Despite these challenges, new program development and implementation is possible. This abstract presents a case study describing the development and revitalization of a Certificate in Medical Assisting and a Certificate in Phlebotomy at a branch campus that transitions graduates into a new Associate of Science in Health Science and a Bachelor of Science in Healthcare Leadership and Management program at a state-supported institution of higher education. Each of the certificate programs, as well as the two academic degree programs (considered jointly) are pursuing nationally recognized accreditations. The case study will describe some of the historical context surrounding the simultaneous launch of these academic offerings, a discussion of the market forces that shaped the structure, program location, and mode of delivery for each offering, and some of the lessons learned as the programs negotiated the approval process. Lastly, we will discuss some next steps for each of these offerings as they negotiate the various accreditation processes.

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MANAGEMENT IS NOT MANAGEMENT: INADEQUATE HEALTH ADMINISTRATION EDUCATION SOURCE OF LACK OF QUALITY IN THE AMERICAN HEALTHCARE SYSTEM?

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ABSTRACT

What if a major root cause of the lack of access to care, the high cost of care, and the low quality of care (in terms of unnecessary injuries and deaths of patients and residents) is the overall poor quality of health administration education in the United States? What if some current health administration education programs produce significant numbers of hacks and quacks in addition to the truly professionally educated healthcare managers and leaders produced by others—all with the same degree title or certificate?

In 1910, in addressing similar questions, the Carnegie Foundation published a report entitled "Medical Education in the United States and Canada." More commonly referred to today as the "Flexner Report," its positive plea was for medical education to be science-based and that the resulting professional medical practitioners would utilize diagnostic scientific methods in the treatment of patients. We suggest an analogous plea that "health administration education" move to be social science-based with the intent that the resulting professional healthcare manager/leader practitioners also use diagnostic scientific methods in their treatment of healthcare teams, production systems, departments, organizations, and larger healthcare systems for the betterment of the communities they serve.

Why link "health administration education" with the poor quality of care in the United States? This conclusion follows four major considerations. First, Deming, Juran and other quality experts and organization theorists recognize that quality outcomes are based upon a stable production system producing outputs aligned with the external customers' wants and needs. Low quality is the product of system instability and/or misalignment. Paul Batalden is often cited for the statement "Every system is perfectly designed to get the results it gets." In other words, poorly designed systems (including the design of operations) are perfectly designed to "get" poor results in terms of access, cost, and quality of care and resulting in diminished quality of community health. Consider a level of health score card—simply look at the health outcomes of the U.S. compared to other countries that spend half of what we spend per capita on healthcare…we simply do not get what we pay for.

Second, the administration and their governing board control the "system." If system misalignment occurs, the employees are not at fault because the employees do not control the system. In "The New Economics," W. Edwards Deming addresses the question of "Where is quality made?" Deming states: "The answer is, by the top management. The quality output of a company cannot be better than the quality determined at the top." Why is this the case? Because quality is made by systems. Management owns and controls systems, owns the ability to change those systems, and management owns those systems' current and future states of internal and external alignments necessary to produce quality outcomes.

Third, healthcare organizations are very different from "typical" organizations. Peter Drucker states that "the hospital is the most complex organization ever devised." Henry Mintzberg, who identifies hospitals as a type of "professional organization," says that "to understand the professional organization, simply take every characteristic of the machine organization (typical organization) and turn it upside down: you won't be far off." If future managers of healthcare systems are taught that all systems (organizations) are the same (management is management), how could they use diagnostic scientific methods in their treatment of the more highly complex healthcare organizations?

This equates to these hack/quack managers being taught to speak only English where the healthcare organization requires both English and Japanese to be spoken to produce quality care.

Specifically, healthcare organizations are the very complex NS-NS-NS type of organizations producing human experiences. This translates as being organizations with non-standardized inputs utilizing non-standardized transformation processes dependent on professional clinicians to produce non-standardized outputs—individual patient outcomes. This radically differs from a typical (S-S-S) type organization that takes standardized inputs and applies standardized processes (think assembly line) producing standardized outputs (a truck load of chairs). Professional healthcare managers are necessary because organizational success requires their ability to diagnose and treat the healthcare organization as a whole as well as the different types of subsystems it contains. The ability to diagnose and treat the complex culture and processes of NS-NS-NS healthcare organization requires the ability to think rather than a simple stimulus-response found using "rules of thumb" management practices designed for S-S-S organizations. In addition, professional healthcare managers must consider the need of S-S-S subsystems within the general NS-NS-NS organizational structure. Comparable with Flexner's call for science-based medical education, this implies the deep need of professional healthcare management students to be much better equipped to conduct science (think quality improvement PDSA) and outcomes based research in general. The results of these diagnostic scientific methods are then used to inform better management decisions in very dynamic and complex environments.

Finally, fourth, we must acknowledge that not all universities and educational programs recognize and teach these essential differences between health administration and typical administration and are thus equivalent to the "hack/quack" medical schools of the 1910s that produced "hack/quack" physicians. At best, they are "alternative medicine" programs with unproven benefits that are currently allowed to retain the recognition of being mainstream. The responsibility of both health administration profession practitioners and professional health administration educators is to upgrade or eliminate these "hack/quack" health administration programs that teach "management is management" and that currently produce healthcare managers (in name only)—releasing "hack/quack" graduates to create systems that injure and kill the citizens of this country.

Learning theory suggests that sufficient time and effort is required for long-term retention of professional "meaningful learning" that associates knowledge, understanding and wisdom (values). Professionalism requires an infusion of values and this requires time for observation. This time was built into the traditional MHA model of two years coursework followed by one-year internship/fellowship. Drives to streamline healthcare management education are drives to produce healthcare management "hacks/quacks." It makes as much sense for a student to do a condensed 10-week or two month or two-semester program in the rules of thumb for traditional typical management as it does for someone to get the same professional development to serve as a nurse or a doctor. To think otherwise reflects the lack of understanding of the complexity of healthcare administration recognized by professional practitioners in the field and writers such as Drucker and Mintzberg.

Unfortunately, we have Gresham's Law that is often stated in terms of "bad money drives out good." This proposition also applies to societal situations where consumers do not recognize or do not value the differences between two competing products or services. If this is the case for health administration educational programs, why would any student desire to invest more time into learning? But are the educational outcomes equivalent?

The "Flexner Report" changed the developing profession of medicine by calling upon medical education to become science-based. Mintzberg insists that there is no profession without science-based education leading to science-based decision making. The science of leading the complex healthcare type of organization (NS-NS-NS producing human experiences) requires of its professional practitioners a more comprehensive understanding and use diagnostic scientific methods than for those of traditional organizations. The uniform future creation of these professional healthcare managers/leaders is dependent upon their production by only high quality health administration education programs that are significantly different from the hack/quack programs that also populate the field today. The Flexner Report itself provides a study model of identifying the current quality educational programs and their pre-program entrance requirements, extent and content of the program curriculum, and the resulting length of time utilized to create a professional practitioner.

Hack/quack producing programs typically exist due to ignorance and/or greed of both the producers and the customers. With the original Flexner Report, the former was diminished and the second publicly disclosed along with

the public harm those educational programs were generating. We suggest that the field of "healthcare management education" desperately needs its own positive version of the Flexner Report…and the time to create it is now.

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